

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/10/2011
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NAME OF PROVIDER OR SUPPLIER  WHITE OAK MANOR - RUTHERFORDTO	STREET ADDRESS, CITY, STATE, ZIP CODE 188 OSCAR JUSTICE RD RUTHERFORDTON, NC 28139
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and medical record review, the facility failed to prevent crushing of an extended release medication for one (1) of eleven (11) residents observed during medication pass. (Resident #64 )</p> <p>Findings are:</p> <p>Resident #64 was readmitted from the hospital 1/3/11 with diagnoses including Gastrointestinal (GI) Bleeding and Acute Anemia.</p> <p>Review of the March 2011 Physician's Orders revealed an order entered 2/10/11 for K-Dur (extended release potassium supplement) 20 meq (milliequivalent) two times a day to be given with or after meals.</p> <p>During medication pass observations 3/9/11 at 3:44 p.m., Medication Aide (MA) #1 prepared medications to administer to the resident. The medication box for the potassium was labeled with Klor-Con M 20meq (substituted by the pharmacy for K-Dur) and included the instruction, "Do Not Crush." The K-Dur order on the Medication Administration Record (MAR) did not specify not to crush the medication. The MA compared the medication box label and the MAR, and the potassium pill was placed in a cup with other medications and crushed. The MA was questioned regarding appropriateness of</p>	F 333	<p>White Oak Manor-Rutherfordton does ensure that residents are free of any significant medication errors.</p> <p>Medication Aide #1 was immediately removed from the medication cart until further education could be given. On 3-10-11 Facility RN, Staff Development and Corporate Pharmacy Consultant re-educated Medication Aide #1 by giving her a comprehensive training and re-education on the proper techniques of preparing medication for medication administration.</p> <p>Resident #64 was monitored on the acute board overnight for any signs and symptoms of gastrointestinal distress. None noted at any time.</p> <p>MAR for resident #64 was corrected immediately to include the "DO NOT CRUSH" for the potassium ordered. All other residents on potassium were also checked to ensure compliance by the Assistant Director of Nursing on 3-10-11. An audit of physicians orders was completed by Corporate Consultants on 3-25-11 to ensure compliance to F333.</p>	4/7/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kathryn G. Dotor BA, CNHA</i>	TITLE <i>Administrator</i>	(X6) DATE 3/25/11
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 333	<p>Continued From page 1</p> <p>administering crushed potassium. The MA stated the resident had trouble swallowing and this was how she took her medications.</p> <p>On 3/9/11 at 3:50 p.m., interview with the Assistant Director of Nursing revealed potassium should not be crushed.</p> <p>On 3/9/11 at 4:00 p.m., interview with the Consultant Pharmacist revealed the facility did not use a list of medications that should not be crushed, but potassium is enteric-coated and should not be crushed. The Pharmacist stated the "M" preparation is composed of enteric-coated crystals and is less irritating to the GI system, but the protective effect of the enteric coating was negated when the crystals were crushed.</p> <p>During an interview on 3/9/11 at 4:30 p.m., MA #1 stated she compared the medication label to the medication order and recognized the medication label specified not to crush the medication. The MA offered no explanation for crushing the medication without seeking clarification of instructions for administration.</p>	F 333	<p>In service education will be completed on 3-25-11 by Staff Development, RN with all licensed nurses and medication aides on proper medication administration techniques and compliance.</p> <p>Routine monitoring of physicians orders will be conducted nightly to ensure compliance of new orders.</p> <p>Medication Pass observation will continue by the Corporate Pharmacy Consultant during routine monthly visits. Staff Development will observe medication aide #1 during medication pass once every 2 weeks for 8 weeks for continued compliance.</p> <p>Monitoring will be done monthly by Pharmacy Consultants and facility nurses on all physicians orders to ensure ongoing compliance.</p> <p>Random monitoring will be done by the Assistant Director of Nursing and Director of Nursing monthly for 3 months.</p> <p>Issues and trends are discussed in the morning QI meeting every Monday-Friday for 4 weeks and monthly for 3 months.</p> <p>The Director of Nursing is responsible for ongoing compliance to F333.</p>	4/7/11	