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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345238</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>09/28/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WHITE OAK MANOR - CHARLOTTE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4009 CRAIG AVENUE<br/>CHARLOTTE, NC 28211</b> |
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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 761<br>SS=D | <p>Label/Store Drugs and Biologicals<br/>CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals<br/>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observations and staff interviews, the facility failed to discard expired medications from 1 of 3 medication refrigerators, the East hall Medication Room.</p> <p>The findings included:</p> <p>Observation of the Medication Room on the East hall on 09/28/18 at 10:18 AM revealed the following medications that were expired, in the</p> | F 761 | <p>White Oak of Charlotte assures that drugs and biologicals are labeled with the expiration dates clearly marked. The 58 doses of Lorazepam gel that had expired at the time of survey were removed and given to the Director of Nursing (DON) to be discarded with the licensed Pharmacist upon their next facility visit.</p> <p>The citation occurred because the facility</p> | 10/26/18 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE<br><br>10/12/2018 |
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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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| F 761  | <p>Continued From page 1</p> <p>lock box in the refrigerator and available for use.</p> <ol style="list-style-type: none"> <li>30 doses of Lorazepam gel with expiration date of 07/05/18</li> <li>28 doses of Lorazepam gel with expiration date of 06/02/18</li> </ol> <p>An interview with the East Hall nurse supervisor on 09/28/18 at 10:23 AM revealed the expired medications should have been removed from the lock box and sent to the pharmacy to be discarded.</p> <p>An observation of the West hall and South hall Medication Rooms found no expired medications.</p> <p>An interview with the Director of Nursing on 09/28/18 at 12:21 PM revealed their process for checking Medication Rooms for expired medications was done by the nursing staff on 3rd shift. She stated they were responsible once a week for checking all the medications and sending all out of date medications back to the pharmacy for discarding. The DON stated the nurses working the carts are responsible for checking them weekly and sending any out of date medications back to the pharmacy. She stated in addition she had 2 pharmacy technicians that check all orders against the medications received from the pharmacy to ensure their accuracy. The DON also stated the pharmacist was here monthly and looked through the carts and Medication Rooms to audit for expired medications. The DON stated it was her expectation the nurses check all medications on the carts and in the Medication Rooms and send all out of date medications back to the pharmacy to be discarded.</p> | F 761   | <p>process for the 3rd shift nurses to check medications weekly and all nurses to check medications prior to administering was not followed. It should be noted that the 30 doses and the 28 doses of Lorazepam gel were packaged respectfully in 2 solid brown plastic packing bags with an external label that contained a non-expired date. The current check system that White Oak of Charlotte had in place did not specify to check the external and internal content expiration dates. The internal date on the medication had expired. The procedure for correction includes all medications will be checked regardless of packaging and multiple dates will be compared.</p> <p>The licensed nursing staff were re-educated by the Staff Development Coordinator (SDC) on checking medications for expiration dates per the medication pass policy and the facility current process of checking multiple labels to include medications that are packaged. In addition to orientation, the newly hired licensed nurse staff will receive this education during their job specific orientation with the SDC.</p> <p>The assigned Pharmacist/Technician for White Oak of Charlotte will continue to check medications and biologicals monthly on their routine visits. The Pharmacy will place an auxiliary sticker on the outside of the packages that state "Discard unused portion prior to the expiration date."</p> |                      |   |

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

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| F 761  | Continued From page 2  | F 761   | <p>The Nursing Administration (DON,ADON (Assistant Director of Nursing), SDC, QIM (Quality Improvement Manager), or Nursing Supervisors/Coordinators will check the medication carts/medication rooms to include the medications stored in the refrigerators once every 2 weeks for 2 times, then monthly for 2 months, then periodically thereafter to assure compliance to F 761.</p> <p>Concerns or trends identified when checking medications for expiration dates will be discussed during the morning QI (Quality Improvement)meeting once every 2 weeks for 2 times , then monthly for 2 months and periodically thereafter with the committee making recommendations for system changes as indicated.</p> <p>The DON is responsible for ongoing compliance to F761.</p> <p><b>**Compliance Date: 10/26/2018</b></p> |                      |   |