

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  White Oak Manor - Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE  3001 Beechaven Road Columbia, SC 29204	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>31846</p> <p>Based on review of facility policy, record review, and interview, the facility failed to ensure Resident (R)79 was screened timely for a PASARR Level II, with recommendations for further evaluation based on intellectual disabilities indicators for 1 of 3 residents reviewed for a PASARR Level II.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Preadmission Screening and Resident Review states: Level II screens are federally mandated to be performed prior to admission for all MI, ID, DD and RC applicants to Medicaid certified nursing facilities (Preadmission Screen). Subsequent assessments are required in the event of a significant change in the mental or physical condition of a resident suspected of having a mental illness, intellectual disability, development disability or related condition. All applicants to and residents of Medicaid certified nursing facilities (NFs), regardless of whether they are funded by Medicaid or utilize other sources of payment, must be screened through Level I and, if appropriate, Level II process. Residents of these facilities who exhibit significant change in mental health intellectual/development disability or related condition needs must also be re-screened through Level I as a change in status. A change in status can occur for residents with newly discovered diagnoses or symptoms of MI, ID, DD, and RC as well as residents known to have MI, ID, DD, and/or RC but whose treatment needs for those conditions change significantly.</p> <p>Review of R79's Face Sheet revealed the facility admitted R79 on 09/27/21, with diagnoses including, but not limited to: anxiety, depression, and intellectual disabilities. Since admission on 09/27/21, R79 has presented with diagnoses of schizophrenia, major depressive disorder, psychotic disorder with hallucinations, dementia, mood disturbance and psychotic disturbance. To date, no PASARR Level II screening has been completed for R79.</p> <p>Review of R79's PASARR Level I screening dated 09/27/21, prior to admission, included anxiety, depression and intellectual disabilities. Further review of the PASARR Level 1 recommended further evaluation based on the intellectual disabilities indicators.</p> <p>Review on 08/24/24 at 11:20 AM, of a social service note written on admission states, Resident was admitted from the hospital with diagnoses of altered mental status, anxiety and depression. Resident will be long term. Resident also has diagnoses of pressure injury of a deep tissue of buttock, Parkinson's, chronic hypotension, tremors and adult failure to thrive. Social Services will assist as needed with adjustment.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/24/24 at approximately 12:00 PM, the Social Service Worker for R79 stated she would have to pull the notes from her files. After a period of time the Social Service Worker provided a form completed on 08/20/24, titled Psychiatric Evaluation Level II. The form contained the diagnoses of Parkinson's Disease, dementia, major depressive disorder, anxiety disorder and intellectual disabilities. The form did not include schizophrenia, psychotic disorder with hallucinations and mood disturbance. R79 was not screened using the PASARR Level II Process, in a timely manner in which R79 may have benefited from aide of outside services not provided by the facility.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>49918</p> <p>Based on observations, interview, record review, and review of facility policy, the facility failed to administer oxygen therapy at the physician's prescribed setting for 1 of 3 residents (Resident (R)78) reviewed for respiratory care and services.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Oxygen Therapy with a revised date of 06/25/18, did not reveal verifying physician orders related to the flow rate of oxygen.</p> <p>Review of R78's admission record revealed the facility admitted R78 on 01/11/24, with diagnoses including: hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus, vascular dementia, psychotic disturbance, mood disturbance, anxiety, anemia, dysarthria following cerebral infarction, and Type 2 diabetes mellitus with hyperglycemia.</p> <p>Review of R78's Order Summary Report for the month of August 2024, revealed an order for oxygen (O2) via nasal cannula (N/C) @ 2 liters per minute (L/Min), dated 08/01/24.</p> <p>Review of R78's Comprehensive Care Plan, initiated on 07/12/24, revealed the resident is at risk for respiratory distress related to (r/t) shortness of breath/end of life care. Interventions included administer oxygen as ordered by provider.</p> <p>Review of R78's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/30/24, revealed R78 had a Brief Interview for Mental Status (BIMS) of 5 out of 15, which indicated the resident was severely cognitively impaired. Further review of the MDS revealed R78 required substantial/maximal assistance with Activities of Daily Living (ADLs).</p> <p>During an observation on 08/20/24 at 12:33 PM, R78 was receiving oxygen via nasal cannula and the oxygen concentrator was at a flow rate of 5L/Min.</p> <p>During an observation on 08/22/24 at 9:08 AM, R78 was receiving oxygen via nasal cannula and the oxygen concentrator was at a flow rate of 5L/Min.</p> <p>During an interview on 08/22/24 at 9:13 AM, License Practical Nurse (LPN)1 stated R78 is ordered for 2L/Min.</p> <p>During an interview on 08/22/24 at 9:21 AM, LPN1 stated, I don't have no idea how he was on 5L/min. I checked Oxygen when I go in the room to give med pass.</p> <p>During an interview on 08/22/24 at 10:02 AM, the Director of Nursing (DON) stated, We have a pharmacy tech who verifies all our orders in the system and print out a copy for the wound nurse to check every morning.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/22/24 at 10:25 AM, the Wound Nurse stated, I realized my oxygen print out was old. I come to work at 5 AM, so I was tasked with checking everyone's oxygen levels. [R78's] oxygen level was accurate this morning. I checked it about 6ish. I don't know how it was on 5L, that's mind boggling.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49818</p> <p>Based on observations, interviews and review of facility policy, the facility failed to: 1) remove/dispose of expired medication from 1 of 4 medication carts. 2) Date/label open insulin pens on 1 of 4 medication carts. 3) Remove expired biological from 1 of 4 treatment carts reviewed for medication storage.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Storage In The Facility dated September 21, 2022, stated, Policy: Medications and biologicals are stored safely, securely and properly following manufacturer's recommendations or those of the supplier . Procedure: . 9. Outdated, contaminated or deteriorated medications and those in containers that are cracked, soiled, without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists . 11. Multi-dose vials, ophthalmics, otics and other sterile products will be dated and initialed with the first puncture of the vial or opening. Multi-dose vials including insulin may be used after opening for 28 days unless the manufacturer has data to support longer dating .</p> <p>During an observation on 08/22/24 at 10:48 AM, the medication and treatment cart on the 1st floor long hall with Licensed Practical Nurse (LPN)1 revealed the following:</p> <p>Medication cart:</p> <p>1 Basaglar Kwipen 100 units/ml (milliliters) with no open date. Manufacturer's label directed staff to discard after 28 days.</p> <p>1 Insulin glargine with no open date. Manufacturer's label directed staff to discard after 28 days.</p> <p>1 Lantus Solostar insulin glargine injection 100 units/ml with no open date. Manufacturer's label directed staff to discard after 28 days.</p> <p>1 Lantus Solostar insulin glargine injection 100 units/ml with no open date. Manufacturer's label directed staff to discard after 28 days.</p> <p>1 bottle Fluticasone Propionate nasal spray 50 mg (milligrams) with a missing cap.</p> <p>Treatment cart:</p> <p>1 skin closure strip reinforced 1/2 x 4 open package. Manufacturer's label directed staff do not reuse.</p> <p>2 boxes of 25 [NAME] Allyn thermometer probe covers boxes, covered in a sticky red substance.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 08/22/24 at 11:39 AM, of the 1st floor short hall treatment cart with LPN5 revealed the following:</p> <p>Treatment cart</p> <p>1 box of 8 Mepilex border sacrum 22x25 cm (centimeters) 8.7 x 9.8 in (inches) pads with an expiration date of 2024-07-28.</p> <p>1 Mepilex border sacrum 22x25 cm/8.7 x 9.8 in (inches) with an expiration date of 2022-05.</p> <p>During an observation on 08/22/24 at 12:33 PM, of the 2nd floor long hall medication and treatment carts with LPN4 revealed the following:</p> <p>Medication Cart:</p> <p>9 Meloxicam 7.5 mg unichem (PRN) with an expiration date of 7/31/24.</p> <p>Treatment cart:</p> <p>1 skin closure strip reinforced 1/2 x 4 opened. Manufacturer's label directed staff do not reuse.</p> <p>1 4.9 oz tube ammonium lactate 12% with an expiration date of 08/20/24.</p> <p>During an observation on 08/22/24 at 1:28 PM, with LPN of 2nd floor short hall medication cart revealed:</p> <p>1 pack skin closure strip reinforced 1/2 x 4 open package. Manufacturer's label directed staff do not reuse.</p> <p>4 loose small round orange pills in the back of drawer 8.</p> <p>2 loose small white pills in the back of drawer 8.</p> <p>During an interview on 08/22/24 at 11:23 AM, LPN1 revealed they thought the insulin pen was ok as long as it has an expiration date on them. LPN1 explains that when they open an insulin pen, they write the expiration date on it and that there is a calendar they follow from the date it was open to determine the expiration date.</p> <p>During an interview on 08/22/24 at 12:10 PM, LPN5 revealed that the medication and treatment carts are checked by all the nurses including the treatment nurse because we all use it. LPN5 continues to explain that the charts are checked weekly for supplies. LPN5 states that the expired medication on the treatment cart just came to the facility this week and has been here for 2 weeks. LPN5 revealed that when items come into the facility they just sign something saying they received the items but they are not left with any documentation.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/22/24 at 12:20 PM, the Assistant Director of Nursing (ADON) revealed we (nursing staff and pharmacy) are all responsible for making sure that the medication carts are free from expired medications. The ADON continues to explain that when insulin pens are received from the pharmacy they are put in the refrigerator and when they are opened the nurses should put an open date and end date on them.</p> <p>During an interview on 08/22/24 at 1:23 PM, LPN4 revealed that the Meloxicam 7.5 is a PRN (as needed) medication and there is no new order for it and had not been given to the resident. LPN4 continues to explain that the medication had been discontinued (d/c). LPN4 further explains that if medication has been d/c it should be pulled off the cart. LPN4 revealed that the carts are checked all the time, we check them and the pharmacy checks behind us and the same goes for the treatment carts.</p> <p>During an interview on 08/22/24 at 2:02 PM, LPN2 revealed all nurses should make sure the carts are up to par which means dates should put on items we open, we should make sure that tops are on bottles, wipe off bottles if there is spillage and pick up loose pills if we notice a pill drops.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50788</b></p> <p>Based on observation, interviews and facility policy, the facility failed to label and date open food items. The facility further failed to discard expired food items for 1 of 1 kitchen. This has the potential to lead to food poisoning, gastrointestinal distress and or growth of harmful bacteria.</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Storage of Food and Supplies with a revision date of ,d+[DATE], revealed, Food and supplies are received, stored, and monitored according to federal, state, and local guidelines. Potentially hazardous foods are stored in the refrigerator in a manner to prevent cross-contamination. When meat, poultry, and fish products require simultaneous refrigerated storage, the items are stored from bottom shelf to top in this order: poultry, meat, fish, then ready-to-eat. All items are labeled with a use-by date as well as the contents (if not readily identifiable). All opened items are securely wrapped or stored in a secure storage container and labeled to identify the product (if not readily identifiable) as well as a use-by date no greater than 72 hours after opening (unless documentation available for a longer shelf life is available). Staple products such as flour, sugar, cornmeal, dries pasta, etc. may be stored in designated, secured bins. Staple bin scoops may be stored in the product if the handle is out the product in a manner to prevent touching of the food product.</p> <p>During an observation on [DATE] at 10:18 AM, revealed the following under the preparatory counter:</p> <p>1 package of chicken flavor gravy mix wrapped in saran wrap was open and undated.</p> <p>5 slices of bread in a clear bag was open and undated without label.</p> <p>1 container of poultry seasoning without an expiration date.</p> <p>During an observation on [DATE] at 10:38 PM revealed the following in the walk-in freezer:</p> <p>1 open undated pack of swiss cheese.</p> <p>1 open undated pack of smoked provolone cheese.</p> <p>1 open undated container of daisy sour cream.</p> <p>1 open undated box of pasteurized eggs.</p> <p>1 open undated package of [NAME] Italian sausage.</p> <p>During an observation on [DATE] at 10:57 AM, revealed the following in the dry storage:</p> <p>1 box with six bottles of mint extract, one of the six bottles was opened with an expiration date of [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1 eleven ounce container of parsley flakes with an expiration date of [DATE].</p> <p>1 open undated bag of [NAME] Choice mini sweet chocolate chips.</p> <p>1 open undated box of US no. onions.</p> <p>6 cans of no salt added diced tomatoes without expiration date.</p> <p>1 can of [NAME] Brand fruit cocktail without an expiration date.</p> <p>7 cans of [NAME] Choice peach fillers without an expiration date.</p> <p>3 bags of yellow cake mix without an expiration date.</p> <p>1 bottle of Kibmee Farms natural orange blossom honey was open and undated.</p> <p>3 128 ounce jars of maraschino cherries without an expiration date.</p> <p>During an interview on [DATE] at 11:10 AM, the Certified Dietary Manager (CDM) revealed, when items are received, items are opened and put on shelf, boxes are thrown away.</p> <p>During an interview on [DATE] at 12:24 PM, the Dietary Aide [NAME] revealed, anything opened should be dated and anything outdated should be thrown away. If food items are close to the expiration date, its circled and after discarded. The Dietary Aide [NAME] stated when food items are pulled it should be put in the refrigerator and labeled with the date of use.</p> <p>During an interview on [DATE] at 12:39 PM, the CDM revealed, food items should be labeled with an open date. The CDM checks for expired food items every Monday.</p> <p>During an interview on [DATE] at 12:40 PM, the Dietary Technician revealed, food items should be labeled with an open date, for example, if we open on the 21st we would use by the 23rd. The Dietary Technician stated, A walk through is done to check for expired food items. The CDM checks for expired food items during inventory every Monday.</p> <p>During an interview on [DATE] at 12:47 PM, the Dietician revealed, items should have an open and a discard date. Food items can be used 3 days from manufacture date, if expired discard immediately.</p>