

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER White Oak Manor - Charleston		STREET ADDRESS, CITY, STATE, ZIP CODE 9285 Medical Plaza Dr Charleston, SC 29406	
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, observation, and interview, the facility failed to ensure an insulin pen (in use) contained the open date and the expiration date in Medication Cart 1 on [NAME] Hall. The facility further failed to ensure an expired medication on Medication Cart 2, on the [NAME] Hall, was removed from and not stored on the cart with medications currently in use for residents, in 2 of 8 medication carts reviewed. Findings include: Review of the facility policy titled, Medication Storage in the Facility, states as the policy: Medications and biological's are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The Procedure: . 9. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock,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 initialled 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. During an observation on [DATE] at 7:40 AM, of Medication Cart 1, on [NAME] Hall, revealed a Humalog Insulin Pen Lot #R2FJ826, with no open date, no expiration, and no use-by date. The findings were confirmed by Licensed Practical Nurse (LPN)1, and the insulin pen was removed from storage. During an observation on [DATE] at 11:41 AM, of Medication Cart 2, on [NAME] Hall, revealed one bottle of Nasal Allergy Spray, manufactured by [NAME], Lot #4FK1249 was expired on [DATE]. The nasal spray was confirmed as expired by LPN2 and removed from the medication cart.		

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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