

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Oakland Manor Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 N Main St Giddings, TX 78942	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50872</p> <p>Based on observations, interviews, and record review, the facility failed to ensure pharmaceutical services were provided to meet the needs of each resident: specifically, expired or opened medical supplies were stored in 1 of 2 (100/200-hall Nurses' medication cart) medication carts.</p> <p>The facility failed to ensure expired or open supplies were removed from the 100/200-hall Nurses' medication cart that included one 5 x 9 Xeroform dressing that expired 01/2025, one sterile cotton tipped applicator that expired 08/01/2024, five 4 x 4 drain sponges that expired 12/05/2024, one 2 x 2 hydrogel saturated dressing that expired 11/15/2024, one 1 x 8 Xeroform dressing that expired 03/2024, three 6 x 7 Silicone Composite Dressings that expired 02/22/2025, and one opened package of rolled gauze bandage.</p> <p>These failures could place residents at risk of contamination causing illness or decreased effectiveness of medication.</p> <p>Findings included:</p> <p>Observation on 02/26/2025 at 11:50 AM of the 100/200 hall Nurses' medication cart with LVN E in attendance revealed one 5 x 9 Xeroform dressing that expired 01/2025, one sterile cotton tipped applicator that expired 08/01/2024, five 4 x 4 drain sponges that expired 12/05/2024, one 2 x 2 hydrogel saturated dressing that expired 11/15/2024, one 1 x 8 Xeroform dressing that expired 03/2024, three 6 x 7 Silicone Composite Dressings that expired 02/22/2025, and one opened package of rolled gauze bandage.</p> <p>During an interview on 02/26/2025 at 11:58 AM, LVN E stated the nurses' including herself were responsible for checking for expiration dates. She stated there used to be a schedule to ensure it was getting done but she hadn't seen that schedule in a long time. She stated open packages should be thrown away and not put back in the cart because it was no longer sterile. LVN E stated if the saturated dressings were used, they may not be as effective.</p> <p>During an interview on 02/26/2025 at 03:57 PM, LVN C stated the nurses were responsible for checking for expired medication and supplies in their carts. She stated if the supplies were used after the expiration date they may not be as effective.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675101
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/26/2025 at 04:40 PM, the ADON stated the nurses were responsible for checking expiration dates in their carts. She stated the pharmacist also checked all the carts once a month. She stated if the supplies were used, they may not be as effective.</p> <p>During an interview on 02/26/2025 at 04:57 PM, the DON stated it was a combination of everyone that was responsible for ensuring all expired medications and supplies were removed from the medication carts. She stated the pharmacist checked all the carts once monthly and provided a report each month. She stated she expected her staff to not use an expired supply. She stated the integrity of the product could be affected after the expiration date.</p> <p>During an interview on 02/26/2025 at 05:19 PM, the ADM stated the DON was responsible for ensuring expired medication and supplies were removed from all medication carts. She stated if supplies were used after the expiration date, then it could cause an injury.</p> <p>Record Review of the facility policy and procedure titled Storage of Medications dated 2001 and revised in November 2020 revealed: Policy heading the facility stores all drugs and biologicals in a safe, secure, and orderly manner.</p> <p>Policy interpretation and Implementation . 4. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Discontinues, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.</p> <p>Record review of grievances indicated no complaint or concerns from residents about expired medications or supplies being administered.</p>