

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2020
NAME OF PROVIDER OF SUPPLIER WHITE HOUSE HEALTH CARE INC		STREET ADDRESS, CITY, STATE, ZIP 2871 HIGHWAY 31W WHITE HOUSE, TN 37188	
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 - Some	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 facility policy review, observation, and interview, the facility failed to ensure medications were stored properly in 3 of 8 medication storage areas (Palm Medication Cart, Dogwood Medication Cart, and the Supply Room). The findings include: Review of the facility's policy titled, Storage of Medication, revised (NAME)2019, showed that discontinued and outdated medications should be returned to the dispensing pharmacy or destroyed. Observation of the Palm Medication Cart on [DATE] at 11:20 AM, showed the following: a. 1 bottle of [MED] [MED] with an open date of [DATE] b. 2 open and undated bottles of [MEDICATION NAME]. c. 1 bottle of [MEDICATION NAME] with an open date of [DATE] Observation of the Dogwood Medication Cart on [DATE] at 12:16 PM, showed 4 open and undated bottles of [MEDICATION NAME] sublingual tablets. Observation in the Supply Room on [DATE] at 7:37 AM, showed: a. 1 bottle of [MEDICATION NAME] with an expiration date of [DATE] b. 1 bottle of Optimum multi-vites (vitamin) liquid with an expiration date of [DATE] c. 2 bottles of [MEDICATION NAME] packing strips (medicated wound dressing) with an expiration date of [DATE] d. 3 bottles of liquid [MEDICATION NAME] sodium with an expiration date of [DATE] e. 2 bottles of liquid [MEDICATION NAME] sodium with an expiration date of [DATE] During an interview conducted on [DATE] at 7:57 AM, the Director of Nursing (DON) confirmed that there should not be expired, opened, or undated medications in the medication storage areas.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure practices were followed to prevent the potential spread of infection during medication administration when 1 of 4 nurses (Licensed Practical Nurse (LPN) #1) allowed the tip of the eye drop applicator to touch the top of the eyelid for 1 of 4 residents (Resident #221) during medication administration. The findings include: 1. The facility's policy titled, Instillation of Eye Drops, revised 1/2014 documented, .Do not touch the eye or eyelid with the dropper . Review of the medical record, showed Resident #221 had [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED].[MEDICATION NAME] 0.3% (sign for percent) Eye Drops .Both Eyes Daily for Chronic [MEDICAL CONDITION] . Observation in the resident's room on 3/17/2020 at 8:46 AM, showed LPN #1 administered one eyedrop into Resident #221's right eye, and touched the top of the right eyelid with the tip of the applicator. LPN #1 administered one eyedrop into Resident #221's left eye, and touched the tip of the applicator to the top of the left eyelid. LPN #1 recapped the medication, placed the medication back into the medication cart, and failed to clean the tip of the applicator. During an interview conducted on 3/17/2020 at 10:03 AM, the Director of Nursing (DON) was asked should nursing staff touch the top of the eyelid with the tip of the applicator when administering eye drops. The DON stated, No, ma'am.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.