

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365756	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OF SUPPLIER WHITEHOUSE COUNTRY MANOR		STREET ADDRESS, CITY, STATE, ZIP 11239 WATERVILLE ST WHITEHOUSE, OH 43571	
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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, policy and procedure review, resident and staff interviews, the facility failed to ensure pain medications were available for administration as physician ordered. This effected one (#1) of three reviewed for timeliness of medication administration. The facility census was 80. Findings include: Medical record review for Resident #1 revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the physician orders [REDACTED]. Review of the physician order [REDACTED]. Review of the Medication Administration Record [REDACTED]. Interview on [DATE] at 11:55 A.M., with Resident #1 stated she did not receive the requested pain medications for two consecutive days in September. Resident #1 stated she was told the facility had an order for [REDACTED].M., with the Assistant Director of Nursing (ADON) #40 revealed the medication itself hadn't expired, it just needed to be refilled. The ADON #40 verified the resident did not receive [MEDICATION NAME] capsule 10 (mg) milligrams for pain as requested on the 27th and 28th of September, due to not being available. Interview on [DATE] at 4:14 P.M., with the Director of Nursing (DON) revealed the pharmacy stated the order was still good but needed quantity of tabs to be distributed and didn't receive script until the 28th. DON confirmed the resident didn't receive the medication on the 27th and the 28th of September as requested. Review of facility policy titled Medication Administration-General Guidelines, dated [DATE], revealed the facility has sufficient personnel and medication distribution system to ensure safe administration of medications without unnecessary interruptions. This deficiency substantiates the allegations in Complaint Number OH 6123.</p>		

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.