

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: 056361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2026
NAME OF PROVIDER OR SUPPLIER Fortuna Rehabilitation and Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2321 Newburg Road Fortuna, CA 95540	
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	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the Director of Nursing (DON) and Consultant Pharmacist failed to ensure controlled drugs (drugs or other substances that are tightly controlled by the government because it may be abused or cause addiction) that were ready to be disposed of, were securely stored inside the facility, when 30 tablets of hydrocodone (a semi-synthetic opioid prescribed to manage severe chronic pain) and 19 tablets of hydromorphone hydrochloride (a potent opioid used to treat moderate-to-severe pain) were discovered missing from the facility's locked box of controlled medications. This failure decreased the facility's potential to prevent drug diversion (the unlawful channeling of regulated pharmaceuticals from legal medical sources to the illicit marketplace or for personal, unauthorized use) of controlled drugs. Findings: A review of a facility document titled, Controlled Substance Disposition Log, dated May 2026, indicated the DON received hydrocodone and hydromorphone from a licensed nurse on 5/5/26. This document also indicated that the DON and the Consultant Pharmacist destroyed other controlled drugs on 5/21/26, except for two missing controlled drugs. During an interview on 6/23/26 at 7:30 a.m., the DON stated she was the only person who had the keys to the lock boxes that stored controlled medication that needed to be destroyed. During a concurrent observation and interview with the DON on 6/26/26 at 9:02 a.m. the DON stated on 5/21/26 the Consultant Pharmacist arrived to assist her to destroy the narcotics and other medications. The DON stated that it was at that time that she observed the bar lock on the file cabinet was broken at the bottom. After opening the top drawer, the DON found that the internal lockbox was not fully closed. Inside the lockbox, multiple bubble pack (also known as blister packs used to organize medications into individual, sealed compartments according to the exact day and time they need to be taken) cards were still present; however, the partially closed lid raised concern. The DON noted that the internal lockbox in the file cabinet drawer had been loose and needed to be pushed down to fully engage the lock prior to the discovery. The DON stated as she and the Consultant Pharmacist reviewed the narcotic count sheets and cards to begin the narcotic destruction, they identified 30 tablets of hydrocodone and 19 tablets of hydromorphone were missing. The DON stated that during the facility's internal investigation, she reported that the office door did not meet double lock requirements and could be opened using a credit card. In a video recorded observation with the DON, the DON demonstrated that the internal lock box could be opened by a spoon if the lid was not firmly pushed down to engage the lock. A review of a facility's policy and procedure (P&P) titled, Medication Storage in the Facility, dated May 2022 indicated, Medication in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, disposal, and record keeping in the facility. Controlled substances remaining in the facility after the order has been discontinued or the resident has been discharged are retained in the facility in a securely locked area with restricted access until destroyed.		

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: 056361
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