

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Sunplex Sub-Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6520 Sunscope Drive Ocean Springs, MS 39564	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>41306</p> <p>Based on interviews, record review, and facility policy review, the facility failed to prevent a significant medication error by applying a transdermal medication patch without removing the previously applied medication patch from the resident for one (1) of three (3) sampled residents. Resident #1</p> <p>Findings include:</p> <p>A review of the facility's policy, Medications, Transdermal Drug Delivery System (Patch) Application, revised 8/25/14, revealed .To administer medication through the skin for continuous absorption while the patch is in place, through proper placement of the patch and care of the application sites .Procedure .Remove old patch from body .</p> <p>A record review of the Pulmonary/Critical Care Medicine History and Physical, dated 1/12/2024 revealed Resident #1 had two fentanyl (Duragesic) patches on when he arrived at the Emergency Department (ED).</p> <p>On 3/14/24 at 10:35 AM, during an interview with the Director of Nurses (DON), it was revealed that Resident #1 had 2 (two) Duragesic Patches before he was sent to the emergency department on 1/11/24. Licensed Practical Nurse (LPN) #1 reported she had searched for the old patch on the resident and in the linen on 1/10/24 and she was unable to find it. She went ahead and applied the new pain patch on Resident #1.</p> <p>On 3/15/24 at 10:10 AM, during an interview with LPN #1, confirmed on 1/10/24 at approximately 8:10 AM, she did not feel or see the previous Duragesic patch on the resident. She felt as if it had been removed by the previous shift, which is why she applied the new Duragesic Patch.</p> <p>A record review of the Order Summary Report, with Active Orders As Of: 1/12/2024 revealed Resident #1 had a Physician's Order, dated, 10/21/23, for Duragesic-25 Patch (A type of transdermal pain patch) 72 hours 25 mcg/hr (micrograms/hour) (fentanyl) apply 1 patch transdermally every 72 hours and remove per schedule.</p> <p>A record review of the Medication Administration Record for January 2024 revealed there was no documentation indicating the Duragesic-25 Patch was removed 1/10/24 at 05:59 AM. There was documentation that a Duragesic -25 Patch was applied at on 1/10/24 at 8:15 AM by LPN #1.</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
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Admission Record revealed the facility admitted Resident #1 on 12/31/21 with diagnoses including Alzheimer's Disease and Cerebral Infarction.</p>