

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Sunrise Nursing Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3434 State Route 132 Amelia, OH 45102	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44080</p> <p>Based on observations, staff interview interview, and review of the facility policy, the facility failed to ensure there were no expired tube feed formula bottles stored in the medication rooms and central supply room. The facility identified one resident (#26) who received Glucerna 1.5 (a specialized tube feed formula) and no residents currently who received Nephro 1.8 (a specialized tube feed formula). The facility identified 11 residents who receive tube feed formula. The facility census was 63.</p> <p>Findings include:</p> <p>Observation of medication room B with Registered Nurse (RN) #206 on [DATE] at 11:15 A.M. verified there were eight bottles of expired Glucerna 1.5 in the medication room. The eight bottles had expiration date of [DATE]. Subsequent observations of the central supply room with RN #206 verified there were eight bottles Glucerna 1.5 with the expiration date of [DATE]. RN #206 verified there were a total of 16 bottles of Glucerna 1.5 bottles with expired date [DATE] in medication room B and central supply room.</p> <p>Observation of medication room A with Licensed Practical Nurse (LPN) #709 on [DATE] at 11:58 A.M. verified there was one bottle of Nephro 1.8 and one bottle of Glucerna 1.5 with an expiration date of [DATE] in medication room A.</p> <p>Interview on [DATE] at 1:38 P.M. with Central Supply (CS) #215 stated she was educated recently on checking in central supply the expiration dates on the gastric tube feeds. CS #215 stated she recently got rid of many expired gastric tube feeds bottles with expired dates already.</p> <p>Review of the facility policy titled Storage of Medication, dated ,d+[DATE], revealed drugs and biologicals used at the facility are stored in a locked compartment. Discontinued, outdated, or deteriorated drugs or biologicals are returned to dispensing pharmacy or destroyed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154163 and Complaint Number OH00153892.</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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