

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25504</p> <p>Based on interview and record review it was determined the facility misappropriated narcotic medication for 1 of 3 sampled residents (#3) reviewed for abuse. This placed residents at risk for increased pain. Findings include:</p> <p>Resident 3 was admitted to the facility in May 2024, with diagnosis including arthritis of the joints. The resident was discharged on [DATE].</p> <p>Review of a narcotic receipt dated 7/7/24, revealed the facility received 30 pills of morphine and 16 pills remained unadministered.</p> <p>Review of a narcotic receipt dated 7/12/24, revealed the facility received 30 pills of hydrocodone/acetaminophen and 28 pills remained unadministered.</p> <p>Review of a Discharge Planning and Summary form dated 7/14/24, revealed no documentation the resident received any medications on discharge. The discharge paperwork included two paper prescriptions for hydrocodone/acetaminophen and morphine pills.</p> <p>Review of the facility's incident investigation dated 8/5/24, revealed on 7/24/24 at 2:30 PM the DNS was notified Resident 3's medication of(hydrocodone/acetaminophen 28 pills) was missing. Evening staff identified 16 pills of morphine extended release was also missing. The investigation indicated the resident was not given any medication upon discharge per physician orders. The investigation concluded the facility was unable to determine how the medications went missing.</p> <p>In an interview on 10/29/24 at 11:20 AM, Staff 1 (Administrator) acknowledged the resident's medications were not located and were misappropriated.</p> <p>On 8/21/24, the Past Noncompliance was corrected when the facility completed a root cause analysis of the incident and determined there was misappropriation of pain medications. The Plan of Correction included: 1. Staff educated on policy and procedures of pharmaceutical receipt, documentation, storage and destruction, 2. Auditing procedure and verification processes by DON and Administrator, and 3. Review of receipt and storage of medications and audits to be performed weekly and post-discharge for four weeks and then monthly for two months.</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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