STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385263	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Hermiston Nursing & Rehab Center	970 W Juniper Avenue Hermiston, OR 97838

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 42271 Based on interview and record review it was determined the facility failed to ensure narcotics were administered according to physician's orders for 1 of 4 sampled residents (#1) reviewed for medication errors. This placed residents at risk for adverse medication consequences. Findings include: On 3/21/24 a concern was received by the State Survey Agency (SSA) which alleged Resident 1 was given an additional dose of the narcotic Oxycodone. Resident 1 was admitted to the facility in 2022, with diagnoses including a fractured leg and dementia. Resident 1's 3/2024 signed physician orders revealed she/he was to be administered an Oxycodone 5 mg tablet by mouth every eight hours for pain. A review of Resident 1's 3/2024 MAR revealed on 3/20/24 Resident 1 was given Oxycodone 5 mg at 6:00 AM, 2:00 PM and 10:00 PM. On 3/20/24 at 9:00 PM, Staff 9 (CMA) and Staff 10 (CMA/CNA) counted the narcotics for Resident 1 and discovered there was a missing Oxycodone tablet. Staff 9 stated she had accidentally given Resident 1 an extra dose of 5 mg Oxycodone. Staff 9 and Staff 10 informed the charge nurse, a medication error form was filled out and Resident 1 was closely monitored. On 6/4/24 at 9:20 AM, Staff 9 stated on 3/20/24 she accidentally gave Resident 1 two 5 mg tablets of Oxycodone instead of one 5 mg tablet of Oxycodone per the MAR and physician order. On 6/4/24 at 3:17 PM, Staff 2 (DNS) acknowledged Staff 9 did not follow the physicians' orders for Resident 1's Oxycodone administration. Staff 2 stated she expected staff to follow physician orders when administering medications.

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