

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Portsmouth Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 900 London Boulevard Portsmouth, VA 23704	

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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34306</p> <p>Based on observation, resident interview, staff interview, clinical record review, and review of facility documents, the facility staff failed to ensure a resident was free of a significant medication error which resulted in an opioid overdose, which caused harm for 1 of 5 residents (Resident #4), in the survey sample.</p> <p>The findings included:</p> <p>Resident #4 was originally admitted to the facility 9/6/24 after an acute care hospital stay. The resident's admission diagnoses included acute osteomyelitis of the right foot and ankle and chronic pain.</p> <p>The resident had not been admitted to the facility long enough for the Minimum Data Set (MDS) to be completed therefore the following information was obtained from a nurse's note dated 9/6/24 at 11:59 PM. The resident Brief Interview for Mental Status (BIMS) score was 15 out of a possible 15. This indicated Resident #4's cognitive abilities for daily decision making was intact. A review of the resident's admission documentation did not reveal any type of transdermal patches were on the resident's body.</p> <p>The resident's care plan had a problem dated 9/7/24 which read, I have pain which I will rate. The interventions included medicate for pain as ordered by the physician and follow up for effectiveness.</p> <p>The resident's POS also revealed an order dated 9/6/24 to apply a Fentanyl Transdermal Patch 72 Hour, 25 MCG/HR on 9/7/24. Apply 1 patch transdermally one time a day, every 3 days for Pain Control and remove per schedule.</p> <p>The MAR was coded for application of a Fentanyl Transdermal Patch 25 MCG/HR at 3:52 PM on 9/7/24 but the removal of a previously applied Fentanyl Transdermal Patch was x out.</p> <p>A nurse's note dated 9/8/24 at 10:00 AM stated the nurse was notified that the resident was unresponsive. Upon the nurse's arrival the resident's blood oxygen level was at 73 percent on room air, blood sugar 202 mg/dl and his pupils were pinpoint and the resident responded only to a sternal rub. Emergency services was called, and the resident was transported to a local hospital.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Portsmouth Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 900 London Boulevard Portsmouth, VA 23704	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>The emergency room (ER) notes dated 9/8/24 confirmed upon the resident's arrival he presented with a blood oxygen level of 64 percent, blood pressure 81/47, respirations at 22 breaths per minute and his heart rate was 107 and rising. The ER notes also stated the resident's eyes fluttered, but he remained non-verbal to stimuli.</p> <p>The ER notes further revealed that a Registered Nurse observed a Fentanyl Transdermal Patch to the resident's left shoulder. The Fentanyl Transdermal Patch was removed, and the area was wiped. The Physician was notified of the Fentanyl Transdermal Patch and an order for Narcan 0.4 mg intravenously (IV) push was administered, and the resident immediately woke up and began speaking clearly. The ER notes further revealed the resident had acute toxic encephalopathy related to an opioid overdose likely because of two/two (2/2) Fentanyl Transdermal Patches.</p> <p>Since 9/8/24 thirteen other residents were identified to receive as needed or scheduled opioid medications. Twelve of the thirteen received oral opioid medications and there were no symptoms of overdose documented in their clinical record.</p> <p>The thirteenth resident (Resident #3) was identified with an order for an opioid transdermal patch (Butrans Transdermal patch 7.5 mcg/HR to be applied weekly and remove per schedule). Random observations, and a review of Resident #3's POS, MAR and the person-centered care plan was completed. Resident #3 was admitted to the facility on [DATE] and his BIMS score on 8/8/24 was coded as 15 out of 15. This indicated Resident #3's cognitive abilities for daily decision making was intact.</p> <p>An interview was conducted with the resident on 10/2/24 at approximately 11:00 AM. The resident stated he was fully aware of why the Physician/Practitioner ordered the Butrans Transdermal patch, when and where the nurses applied the Butrans Transdermal patch, and he how he ensured it remained intact. The observation confirmed the Butrans Transdermal patch was in the correct place and there was only one Butrans Transdermal patch on the resident's body.</p> <p>On 10/2/24 at 12:34 PM an interview was conducted with LPN #1. LPN #1 stated they had an in-service recently regarding Fentanyl patches. She learned from the in-service to make sure that you look for Fentanyl patches on admission, document findings and find out the schedule for application and removal. Another nurse is required to validate removal of a Fentanyl patch.</p> <p>On 10/2/24 at 12:53 PM an interview was conducted with RN #1. RN #1 stated she was educated on how to identify Fentanyl patches on a resident, and she learned techniques to make the patches more visible, using a penlight. She stated she has never seen a Fentanyl patch outside the packaging before, but it was explained they are difficult to see.</p> <p>On 10/2/24 at 12:56 PM an interview was conducted with LPN #2. LPN #2 stated they were in-service that upon admission if a Resident has a Fentanyl patch ordered they are to a complete a body check with a CNA assistance identify the location of the patch, count the number of Fentanyl patches a resident has on their body and if they identify a patch, it is to be removed and a new one applied. LPN #2 stated Fentanyl patches are transparent and hard to see and if necessary, verified with the Unit Manager. LPN #2 stated nurses were not allowed to work until they attended the in-service on opioid transdermal patches.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Portsmouth Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 900 London Boulevard Portsmouth, VA 23704	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>A 9/13/24 at 4:34 PM nurse's note in the resident's clinical record stated it had been brought to the facility's attention that Resident #4 was identified with two Fentanyl Transdermal Patches on his body while he was on leave to the hospital therefore the facility developed a five-point corrective action plan:</p> <ol style="list-style-type: none"> 1. Resident #4 was no longer a resident of the facility. He was identified by the hospital's staff with two Fentanyl transdermal patch affixed to his body. 2. The facility determined current residents and new admissions with an order for a transdermal opioid medication has the potential to be affected. The center identified one current resident with an opioid transdermal medication order. The Director of Nursing (DON)/Designee validated the order. Placement was confirmed and only one patch was present on the resident's body as ordered. The resident was assessed for adverse effects related to opioid use and no negative findings were found. 3. Current licensed nurses will receive education on the admission order process related to opioid transdermal patch orders, placement verification, shift to shift validation of current residents with an opioid transdermal patch and the admission skin assessment process and the high risk for not seeing Fentanyl transdermal patch due to the size, clear appearance, and dependent on the resident's skin tone. Two licensed nurses will conduct the admission skin assessment for new admissions and readmissions. New hire licensed nurses will receive education by the DON/Designee during orientation. The DON/Designee will complete a second skin assessment of admissions/readmissions the first working day after the admitted . 4. The DON/Designee will conduct an order review and second skin assessment on the resident with a new order for a narcotic transdermal patch and new admission/readmissions with an order for a narcotic transdermal patch weekly times four weeks then monthly times two. Findings will be reviewed through a weekly Quality Assurance (QA) meeting and additional intervention will be initiated as needed. An Ad Hoc QAA meeting with attendance by Medical Director via teleconference was held on 9/20/24 at 3:00 PM and the plan was reviewed and accepted. 5. Compliance date was 9/19/24. <p>A final interview was conducted with the Administrator, the Director of Nursing, two Nurse Consultants and the [NAME] President of Operation on 10/2/24 at approximately 4:15 PM regarding the above information. It was determined that the facility implemented its corrective action plan, and there was sufficient evidence obtained by review of the Ad Hoc QAA meeting, weekly audits, observations and an interview with Resident #3, as well as interviews with three licensed nurses, that the facility corrected the noncompliance and was in substantial compliance at the time of the current survey for the regulatory requirement at F-760.</p> <p>Fentanyl is a strong opioid analgesic (pain medicine). It acts on the central nervous system (CNS) to relieve pain. Fentanyl skin patch is used to treat severe and persistent pain that requires an extended treatment period and when other pain medicines did not work well enough or cannot be tolerated. Symptoms of an overdose include drowsiness, extreme dizziness or weakness, irregular, fast or slow, or shallow breathing, pale or blue lips, fingernails, or skin, pinpoint pupils, relaxed and calm, slow heartbeat or breathing, seizures, sleepiness, trouble breathing, or cold, clammy skin. (https://www.mayoclinic.org/drugs-supplements/fentanyl-transdermal-route/description/drg-20068152)</p>		