

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Newport Subacute Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 Newport Blvd Costa Mesa, CA 92627	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to provide the pharmaceutical services to meet the needs for one of three sampled residents (Resident 3).</p> <p>* The facility failed to ensure Resident 3's medication was administered as ordered. This failure had the potential for Resident 3 to experience adverse effects.</p> <p>Findings:</p> <p>Review of facility's P&P titled Medication Orders revised 1/2018 showed the medications are administered only upon the clear, complete, and signed order of a person lawfully authorized to prescribe. The prescriber is contacted by nursing for direction when delivery of a medication will be delayed, or the medication is not or will not be available.</p> <p>Review of facility's P&P titled Medication Administration General Guidelines revised 12/2019 showed the medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.</p> <p>Medical record review for Resident 3 was initiated on 4/18/25. Resident 3 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 3's H&P examination dated 3/23/25, showed Resident 3 had the capacity to make decisions.</p> <p>Review of Resident 3's MDS Quarterly assessment dated [DATE], showed the resident's BIMS score was 15 indicating the resident was cognitively intact.</p> <p>Review of Resident 3's Order Summary dated 4/22/25, showed a physician's order dated 1/25/25, to administer Xopenex (bronchodilator) Inhalation Nebulization Solution 0.63 mg/3ml oneial via ventilator four times a day.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 3's Respiratory Therapy Administration Record for April 2025 showed the Xopenex Inhalation Nebulization Solution 0.63 mg/3ml onevia via ventilator was not administered on 4/11/25 at 1800 hours.</p> <p>Further review of Resident 3's medical record failed to show the physician was notified the medication was not administered on 4/11/25 at 1800 hours.</p> <p>On 4/22/25 at 1237 hours, an interview was conducted with Resident 3. Resident 3 stated on 4/11/25, he was left with no RT for hours. Resident 3 stated the assigned RT left early and did not give his breathing medication until midnight. Resident 3 further stated he needed the breathing medication for his lungs not to close. Resident 3 stated he was afraid for not being able to breathe and could die because he did not receive his breathing treatment on time.</p> <p>On 4/22/25 at 1410 hours, an interview and a concurrent medical record review was conducted with RT 1. RT 1 stated she left at 1530 hours on 4/11/25 and someone was supposed to come in early to cover for her shift. RT 1 verified the Xopenex Inhalation Nebulization Solution 0.63 mg/3ml was not administered to Resident 3 on 4/11/25 at 1800 hours on the Respiratory Therapy Administration Record.</p> <p>On 4/22/25 at 1445 hours, an interview and concurrent medical record review was conducted with the DON. The DON verified the Xopenex Inhalation Nebulization Solution 0.63 mg/3ml was not administered on 4/11/25 at 1800 hours, on the Respiratory Therapy Administration Record.</p> <p>On 4/22/25 at 1640 hours, an interview was conducted with the DON. The DON stated the RN Supervisor should have given the medication to Resident 3 when the RT could not administer the medication. The DON was informed and acknowledged the above findings.</p>		