STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255244	A. BUILDING _____ B. WING _____	C 03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPLEX SUB-ACUTE CENTER	6520 SUNSCOPE DRIVE OCEAN SPRINGS, MS 39564

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #24135 and CI MS #24388), at the facility from 3/14/24 through 3/15/24. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. CI MS #24135 was investigated related to a possible medication error and F760 was cited. CI MS #24388 was investigated for quality of care and there were no citations related to the complaint. The facility held a license for 73 beds, with a census of 64.	F 000		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to prevent a significant medication error by applying a transdermal medication patch without removing the previously applied medication patch from the resident for one (1) of three (3) sampled residents. Resident #1 Findings include: A review of the facility's policy, "Medications, Transdermal Drug Delivery System (Patch) Application," revised 8/25/14, revealed " ...To administer medication through the skin for continuous absorption while the patch is in place,	F 760	Resident #1 was sent to the hospital on 1-11-2024 and the patch was removed. All residents receiving transdermal patches have the potential to be affected by the deficient practice. On 1-12-2024 the Director of Nursing (DON) and Transitional Care Unit Manager (TCU Manager) completed a 100 percent audit of all residents receiving transdermal patches with no adverse findings. All nurses were in-serviced by the DON on transdermal patch procedure on 1-12-2024. An emergency QA meeting	4/25/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/26/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 760	Continued From page 1 through proper placement of the patch and care of the application sites ...Procedure ...Remove old patch from body ..." A record review of the "Pulmonary/Critical Care Medicine History and Physical", dated 1/12/2024 revealed Resident #1 had two fentanyl (Duragesic) patches on when he arrived at the Emergency Department (ED). On 3/14/24 at 10:35 AM, during an interview with the Director of Nurses (DON), it was revealed that Resident #1 had 2 (two) Duragesic Patches before he was sent to the emergency department on 1/11/24. Licensed Practical Nurse (LPN) #1 reported she had searched for the old patch on the resident and in the linen on 1/10/24 and she was unable to find it. She went ahead and applied the new pain patch on Resident #1. On 3/15/24 at 10:10 AM, during an interview with LPN #1, confirmed on 1/10/24 at approximately 8:10 AM, she did not feel or see the previous Duragesic patch on the resident. She felt as if it had been removed by the previous shift, which is why she applied the new Duragesic Patch. A record review of the "Order Summary Report", with "Active Orders As Of: 1/12/2024" revealed Resident #1 had a Physician's Order, dated, 10/21/23, for "Duragesic-25 Patch (A type of transdermal pain patch) 72 hours 25 mcg/hr (micrograms/hour) (fentanyl) apply 1 patch transdermally every 72 hours and remove per schedule. A record review of the "Medication Administration Record" for January 2024 revealed there was no documentation indicating the Duragesic-25 Patch	F 760	was held on 1-12-2024 to discuss policy and procedure with no changes needed. The Director of Nursing will complete an audit of residents receiving transdermal patches weekly for four (4) weeks starting 3/25/2024 ending 4-15-2024 then monthly for three (3) months starting 5-1-2024 ending 8-1-2024 for proper placement and dosage, document findings and report to the Quality Assurance and Performance Committee monthly beginning 4-24-2024 ending 8-15-2024.	

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F 760	Continued From page 2 was removed 1/10/24 at 05:59 AM. There was documentation that a Duragesic -25 Patch was applied at on 1/10/24 at 8:15 AM by LPN #1. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 12/31/21 with diagnoses including Alzheimer's Disease and Cerebral Infarction.	F 760		