

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/12/2026
NAME OF PROVIDER OR SUPPLIER  Fairhaven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  476 Varnum Avenue Lowell, MA 01854	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interviews, for one of three sampled residents (Resident #1), the Facility failed to ensure he/she was free from a significant medication error, when upon admission Resident #1's medications were not reconciled and transcribed accurately, resulting in him/her receiving two doses of Rifampin (powerful antibiotic) which had been discontinued at the hospital prior to his/her discharge. Findings include: Review of the Facility Policy titled Physician's Orders and Transcription Policy, dated May 2025, indicated all physician and authorized practitioner orders shall be: - accurately transcribed and verified by a second licensed nurse prior to final entry into the electronic medical record (EMR). - orders shall be reconciled with the physician upon admission, after hospitalization and discrepancies must be clarified immediately with the prescriber. Review of the facility Policy titled, Admissions and Medication Verification Policy, dated May 2023 and as last revised January 2026 after the Incident, indicated that the Facility reconciles medications: - utilizing the official, final medical document from the discharging hospital. - the admitting nurse identifies and resolves discrepancies prior to order entry. - second verification nurse reviews the discharge summary to confirm accuracy prior to activating in EMR. Resident #1 was admitted to the Facility in December 2025, diagnoses include latent tuberculosis (mycobacterium tuberculosis bacteria in the body- dormant causing no symptoms and non-contagious), anemia, muscle wasting, diabetes mellitus and acute kidney failure. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 12/24/25, indicated the Hospital called the facility on 12/15/25 to notify them that Resident #1's Rifampin had been discontinued on discharge 12/04/25 and he/she should not have received the medication. The HCFRS Report further indicated the Nurse who completed Resident #1's admission to the facility as well as the second nurse verifying the orders utilized the Preliminary Hospital Discharge summary, dated [DATE], to obtain physicians order, and did not utilize the finalized Hospital Discharge summary dated [DATE], to ensure accurate reconciliation of his/her medications. Review of Resident #1's preliminary Hospital Discharge summary, dated [DATE], indicated he/she had a discharge diagnosis of Hepatotoxicity (Liver damage) secondary to Rifampin and Latent Tuberculosis and that Rifampin was stopped due to toxicity and to remain off Rifampin indefinitely. Further review of Resident #1's Medical Record indicated there was no documentation to support that the nursing staff reviewed the finalized Discharge Summary or clarified discrepancies related to orders for Rifampin with the Provider. Review of Resident #1's finalized Hospital Discharge summary, dated [DATE], indicated not to administer the following: - Rifampin 150 mg capsule- Ibuprofen 600 mg tablet. Review of Resident #1's Medication Administration Record (MAR), for the month of December 2025, indicated he/she had physicians order for Rifampin 150 milligram (mg) capsule- give three capsules once daily and although it was documented as not having been administered on 12/05/25 through 12/13/25 due to not being available, it was however documented as being administered on 12/14/25 and 12/15/25. Further review of Resident #1's medical record indicated he/she</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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