

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Premier Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 55 Harris Road Nashua, NH 03062	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>43408</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide services or assist a resident in making appointments to maintain good foot health for 1 of 3 residents reviewed for foot care (Resident Identifier #5).</p> <p>Findings include:</p> <p>Interview on 7/26/24 at approximately 12:30 p.m. with Resident #5 revealed they had been requesting to see a podiatrist for overgrown toenails.</p> <p>Review on 7/26/24 of Resident #5's medical record revealed a podiatry visit note dated 9/14/23 that stated . Routine podiatry care is medically necessary due to patient's atherosclerosis of the extremities and DM II [Diabetes Mellitus Type 2] due to the associated increased risk of bone infection, and digital or limb loss . Further review of Resident #5's medical record revealed no other podiatry visit notes.</p> <p>Review on 7/26/24 of Resident #5's Dialysis Communication Book revealed an entry dated 7/3/24 from the Dialysis Center to the Facility that stated .Please make sure [name omitted] has [pronoun omitted] toenails trimmed ASAP [as soon as possible], they are too long and could cut [pronoun omitted] toes .</p> <p>Observation on 7/26/24 at approximately 1:55 p.m. of Resident #5's toes on the left foot with Staff A (Unit Manager) revealed all 5 toenails to be grown out past the end of the toes and the 4th toe nail was noted to be curled under the toe. (Right foot not observed)</p> <p>Interview on 7/26/24 at approximately 2:00 p.m. with Staff B (Director of Nursing) confirmed the above findings. Staff B stated that Resident #5 had been seen by the podiatrist but was at Dialysis when the podiatrist was at the facility.</p> <p>Review on 7/26/24 of the facility policy titled, Podiatry Services revised on 2/2023, revealed: .To ensure residents receive proper treatment and care within professional standards of practice and state scope of practice, as applicable, to maintain mobility and good foot health .Residents requiring foot care who have complicating disease process will be referred to qualified professionals such as a Podiatrist, Doctor of Medicine, and/or Doctor of Osteopathy .The social worker or designee will assist residents in making appointments to obtain needed services .</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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