

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 10/10/2024
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 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48515</p> <p>Based on record review and interview, it was determined that the facility failed to notify the resident or resident representative of the bed hold policy before discharge to the hospital for 2 of 2 residents reviewed for hospitalization s in a final sample of 37 residents (Resident Identifiers are #75 and #97).</p> <p>Findings include:</p> <p>Resident #75</p> <p>Review on 10/9/24 of Resident #75's nursing notes revealed a note dated 4/27/24 stating the resident was sent to hospital and admitted .</p> <p>Interview on 10/10/24 at approximately 11:15 a.m. with Staff T (Social Services Office Coordinator) confirmed Resident #75 was hospitalized on [DATE]. Staff T revealed that the facility provides residents their bed hold policy on admission but not upon transfer. Staff T stated the facility will readmit all residents after hospitalization .</p> <p>Resident #97</p> <p>Review on 10/10/24 of Resident #97's progress notes revealed that the resident was sent to the hospital on 8/11/24 and on 9/9/24.</p> <p>Review on 10/10/24 of Resident #97's medical record revealed that there was no documentation that the facility's bed hold policy had been given to Resident #97 or Resident #97's representative for either hospitalization .</p> <p>Interview on 10/10/24 at approximately 12:00 p.m. with Staff B (Administrator) confirmed the above findings.</p> <p>49819</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 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review on 10/10/24 of facility policy titled, Bed Hold Notice Upon Transfer, dated 5/2022, revealed: At the time of transfer for hospitalization or therapeutic leave, the facility will provide to the resident and/or the resident representative written notice which specifies the duration of the bed-hold-policy and addresses information explaining the return of the resident to the next available bed.</p> <p>Review on 10/10/24 of facility policy titled Transfer and Discharge (including AMA), revised 5/2023, revealed: .Policy Explanation and Compliance Guidelines: .12. Emergency Transfers/Discharges .g. Provide .the facility's bed hold policy to the resident and representative as indicated .</p>		

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<p>F 0637</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident when there is a significant change in condition</p> <p>49819</p> <p>Based on record review and interview, it was determined that the facility failed to conduct a comprehensive Minimum Data Set (MDS) assessment within 14 days after a significant change was determined for 2 of 4 residents reviewed for hospice in a final sample of 37 residents (Resident identifiers are #165 and #11).</p> <p>Findings include:</p> <p>Resident #165</p> <p>Review on 10/8/24 of Resident #165's medical record revealed he/she was admitted to Hospice on 7/5/24. Further review revealed the Significant Change MDS was completed on 8/2/24, 28 days after the determination of the significant change.</p> <p>Resident #11</p> <p>Review on 10/9/24 of Resident #11's medical record revealed he/she was admitted to hospice on 9/13/24. Further review revealed the Significant Change MDS was completed on 10/4/24, 21 days after the determination of the significant change.</p> <p>Interview on 10/10/24 at approximately 12:00 p.m. with Staff Z (MDS Coordinator) confirmed the above findings.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>43002</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure a resident who was unable to carry out activities of daily living (ADL) received services to maintain good personal hygiene for 1 of 3 residents reviewed for ADL in a final sample of 37 residents (Resident Identifier #62).</p> <p>Findings include:</p> <p>Observation on 10/8/24 at 9:39 a.m. of Resident #62 revealed he/she was in their room dressed and sitting in a chair. Resident #62 had disheveled hair and long dark stubble on their face and chin.</p> <p>During an interview on 10/8/24 at 9:39 a.m. with Resident #62, the resident asked Can you help me shave and shower?</p> <p>Observation on 10/9/24 at 11:00 a.m. of Resident #62 revealed there was long, dark stubble on their face and chin. This was again observed on 10/10/24 at 9:25 a.m.</p> <p>Review on 10/10/24 of Resident #62's Quarterly Minimum Data Set revealed under Section GG - Functional Abilities and Goals, the resident had been coded as Dependent for showers/bathing and for personal hygiene (which included shaving).</p> <p>Review on 10/10/24 of Resident #62's care plan, initiated on 7/30/21 with a target date of 10/9/24, revealed that the resident had an activities of daily living self care deficit related to dementia. Further review revealed under Interventions that the resident needed 1 staff to assist for bathing and personal hygiene tasks.</p> <p>Review on 10/10/24 of Resident #62's weekly bath in the electronic record, which was where the nurses's aides document care that was received, revealed that Resident #62 was scheduled for a weekly bath on Fridays on the 7-3 shift. Further review for the months of September 2024 revealed on 9/6/24, 9/20/24 and 9/27/24, not applicable was coded and on 9/13/24 there was no entry that a shower had been given.</p> <p>Interview on 10/10/24 at 10:56 a.m. with Staff L (Licensed Practical Nurse), who was Resident #62's nurse, revealed that they were not sure when Resident #62 had last had a shower or shaved.</p> <p>Interview on 10/10/24 at approximately 11:30 a.m. with Staff R (Licensed Nursing Assistant (LNA)) and Staff S (LNA), who routinely work with Resident #62, revealed that neither had provided a shower or a shave to Resident #62 in the past 7 days.</p> <p>Interview on 10/10/24 at 11:23 a.m. with Staff AA (Assistant Director of Nursing) confirmed that showers for Resident #62 had not been documented in September 2024. Staff AA revealed that shaving should be done per resident preferences and with routine daily care.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 10/10/24 of the facility's policy Activities of Daily Living, revised 2/2023, revealed: . Care and services will be provided for the following activities of daily living; 1. Bathing . grooming . 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good . grooming, and personal . hygiene .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28881</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to label and date opened multi-dose medications on 1 of 6 medications carts observed and 1 of 5 medication rooms observed.</p> <p>Findings include:</p> <p>45419</p> <p>48515</p> <p>5 East Medication Cart</p> <p>Observation on [DATE] at approximately 8:14 a.m. of the 5 East Medication Cart with Staff F (Licensed Practical Nurse) revealed one opened Lispro Insulin Quik Pen with no name, open date or expiration date.</p> <p>Interview on [DATE] at approximately 8:14 a.m. with Staff F confirmed the above findings.</p> <p>Review on [DATE] of policy titled, Insulin Pen, date reviewed ,d+[DATE], revealed: .2. Insulin pens must be clearly labeled with the resident name, type of insulin, amount to be given, frequency, and expiration date. 3. If the label is missing, the pen will not be used .</p> <p>49819</p> <p>100's Medication Room</p> <p>Observation on [DATE] at approximately 8:30 a.m. of the medication refrigerator revealed influenza vaccine (1 box of prefilled syringes) and of Tuberculin Protein Derivative (1 vial). Further observation revealed open/in use Tuberculin Purified Protein Derivative with two hand written dates [DATE] and [DATE].</p> <p>Interview on [DATE] at approximately 8:30 a.m. Staff A (Licensed Practical Nurse) confirmed the above findings and he/she was not sure when the vaccine had been opened or when it expired.</p> <p>Review on [DATE] of manufacturer instructions for 'Aplisol' Tuberculin Purified Protein Derivative revealed: . Storage .Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency.</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>43002</p> <p>Based on observation, interview and record review, it was determined that the facility failed to provide dental services and assist the resident with making dental appointments when referred to an oral surgeon for 1 of 1 residents reviewed for dental services in a final sample of 37 residents (Resident Identifier #88).</p> <p>Findings include:</p> <p>Interview on 10/8/24 at 1:19 p.m. with Resident #88 revealed that their teeth were all broken. Resident #88 stated that they had been asking to see a dentist, but was told by the facility that they can't get him/her in to see a dentist.</p> <p>Observation on 10/8/24 at 1:19 p.m. of Resident #88's teeth revealed nearly all were broken and black.</p> <p>Review on 10/10/24 of Resident #88's care plan, initiated on 5/26/23 with a target date of 11/17/24, revealed that the resident had dental health problems with multiple decaying teeth and roots. Interventions included to coordinate arrangements for dental care and transportation as needed.</p> <p>Review on 10/10/24 of Resident #88's Dental Visit notes revealed the following:</p> <p>On 4/26/21, patient states all teeth are broken and wants all to be pulled and dentures made. Will be referred to oral surgeon for evaluation for extractions; On 10/5/21, patient report tooth #9 and #11 painful. Referred to outside oral surgeon; On 9/2/22, patient report tooth #12 and #26 bother when eating. Referred to oral surgeon; On 10/4/22, Staff X (Unit Manager) was informed that patient need extraction of tooth #12 and #26 and referred to oral surgeon.</p> <p>and On 5/8/23, patient with generalized breakdown of teeth, multiple decay, multiple roots. recommend dental treatment every 6 months. There were no additional dental visits noted for Resident #88.</p> <p>Review on 10/10/24 of Resident #88's outside provider dental visit revealed a treatment plan was made on 11/5/21 for removal of teeth and upper/lower dentures fabrication. There was no follow-up to this visit noted in the medical record.</p> <p>Interview on 10/10/24 at 10:13 a.m. with Staff X confirmed the above findings.</p> <p>Interview on 10/10/24 at 10:44 a.m. with Staff K (Medical Records) confirmed that there were no additional dental visits for Resident #88.</p> <p>(continued on next page)</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 10/10/24 of the facility's policy titled Dental Services revised 2/2023, revealed: .It is the policy of this facility to assist residents in obtaining routine (to the extent covered under the State plan) and emergency dental care . 1. The dental needs of each resident are identified through the physical assessment and MDS [Minimum Data Set] assessment process, and are addressed in each resident's plan of care. a. Oral/dental status shall be documented according to assessment findings. b. Oral care . shall be provided with identified needs and as specified in the plan of care . c. Referral to . dental providers shall be made as appropriate . 4. The facility will, if necessary or requested, assist the resident with making dental appointments and arranging transportation to and from the dental services location . 8. For residents or resident representative who do not which to be referred for dental services: a. The physician shall be notified . c. The resident's plan of care will be revised to reflect preferences. 9. All actions and information regarding dental services, including any delays related to obtaining dental services, will be documented in the resident's medical record.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>51267</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow menu preferences, allergies, and intolerances for 2 of 8 residents reviewed for meal/food concerns in a final sample of 37 residents (Resident Identifiers are #4 and #49).</p> <p>Findings include:</p> <p>Resident #4</p> <p>Interview on 10/8/24 at approximately 8:15 a.m. with Resident #4 revealed they frequently received meal trays with items they have allergies to, such as chocolate and tomatoes. Resident #4 stated that they get sick to their stomach if they eat chocolate or tomatoes.</p> <p>Observation on 10/10/24 at approximately 11:45 a.m. of Resident #4's lunch tray revealed vanilla cake with chocolate frosting. Review of their meal ticket revealed an allergy to chocolate and tomatoes.</p> <p>Review on 10/10/24 of Resident #4's record revealed an allergy to chocolate and tomatoes.</p> <p>Interview on 10/10/24 at approximately 11:55 a.m. with Staff X (Unit Manager) stated Resident #4 had an allergy to chocolate and tomatoes and confirmed Resident #4 had received vanilla cake with chocolate frosting for lunch.</p> <p>50163</p> <p>51109</p> <p>Resident #49</p> <p>Interview on 10/9/24 at 8:11 a.m. with Resident #49 revealed Resident #49 had been served beef every time it was on the menu, but he/she had an allergy to beef listed on their meal ticket.</p> <p>Review on 10/9/24 of Resident #49's meal ticket confirmed beef was listed as an allergy.</p> <p>Review of the facility policy revised 9/2024 and titled, Food Preparation Guideline, revealed, .Resident preferences and allergies shall be obtained during the resident assessment process and added to the resident's dietary tray card. Staff shall accommodate resident allergies, intolerances, and preferences, providing appropriate alternatives when needed .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47129</p> <p>Based on observation, interview, and review, it was determined that the facility failed to ensure that dietary staff used facial hair restraints when cooking and serving food from the steam table for 1 of 1 kitchens observed for meal service, and failed to label and store food in accordance with professional standards for food safety to prevent foodborne illness for 1 of 1 kitchens and 5 of 7 kitchenettes observed.</p> <p>Findings include:</p> <p>Review on 10/10/24 of the U.S. Food and Drug Administration Food Code, dated 2017, retrieved from https://www.fda.gov/food/FDA-food-code/food-code-2017 revealed the following: .Annex 3, Public Health Reasons/Administrative Guidelines .Chapter 2 Management and Personnel .2-402 Hair Restraints 2-402.11 Effectiveness. (A) Except as provided in (B) of this section, Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens . Chapter 3 Food .3-305.11 Food Storage .Food shall be protected from contamination by storing the Food: . On-premises preparation .(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunchmeat or a roast, or for which date marking is impractical . (3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded .; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods .Products which are damaged, spoiled, or otherwise unfit for sale or use in a food establishment may become mistaken for safe and wholesome products and/or cause contamination of other foods . (5) Certain foodborne pathogens that are anaerobes or facultative anaerobes are able to multiply under either aerobic or anaerobic conditions. Therefore special controls are necessary to control their growth. Refrigerated storage temperatures of 5 C (41 F) may be adequate to prevent growth and/or toxin production of some pathogenic microorganisms .</p> <p>Beard Restraints:</p> <p>Observation on 10/8/24 between 8:05 a.m. to 8:25 a.m. of Staff H (Cook) in the kitchen revealed that Staff H was preparing and cooking for lunch. Staff H had a beard that was over an inch long that was not covered with a beard restraint.</p> <p>Interview on 10/8/24 at 8:25 a.m. with Staff H revealed that he/she never wore a covering over his/her beard.</p> <p>Interview on 10/8/24 at 8:45 a.m. with Staff E (Director of Culinary) confirmed the above findings.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 10/9/24 between 11:15 a.m. and 11:25 a.m. of Staff I (Dietary Aide) in the kitchen revealed that Staff I was preparing soup and salad for lunch to be served to the residents in the dining room. Staff I had a beard that was over an inch long that was not covered with a beard restraint.</p> <p>Observation on 10/9/24 at 11:27 a.m. of Staff H in the kitchen revealed that Staff H was cutting quiche that was to be served to the residents for lunch. Staff H had a beard that was over an inch long that was not covered with a beard restraint.</p> <p>Interview on 10/8/24 at 11:28 a.m. with Staff E confirmed the above findings that staff with beards who were cooking and serving in the kitchen should always be wearing beard restraints.</p> <p>Review on 10/10/24 of the facility's policy titled, Food Safety Requirements, last revised 2/2023, revealed: . 1b. Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms .7d. Dietary staff must wear hair restraints (e.g. hairnet, and/or beard restraints) to prevent hair from contacting food .</p> <p>Main Kitchen:</p> <p>Observation on 10/8/24 at 8:20 a.m. of the dairy refrigerator revealed the following:</p> <ul style="list-style-type: none"> 1 container of mayonnaise with a manufacturer's use by date of 7/22/24; 1 clear plastic container of pasta salad with no prepared date or use by date; 1 clear plastic container of sliced tomatoes with no prepared date or use by date; 1 open package of shredded cheddar cheese with no prepared date or use by date; 1 clear plastic container of cooked meat with a preparation date of 9/14/24. <p>Observation on 10/8/24 at 8:25 a.m. of the dessert refrigerator revealed the following:</p> <ul style="list-style-type: none"> 1 paper plate with 2 slices of pizza covered by saran wrap with no prepared or use by date; 1 metal container of salad exposed to the air with no prepared date or use by date; 1 open package of sliced cheese with no open or use by date; 15 slices of cheese, not wrapped, open to the air with dried edges sitting on the shelf of the refrigerator; 1 metal container of unknown liquid with a prepared date or use by date; 1 clear package of whipped cream topping with no manufacturer's, open, or use by date. <p>Interview on 10/8/24 at 9:00 a.m. with Staff E confirmed the above findings.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>48515</p> <p>Unit 5 Kitchenette:</p> <p>Review on 10/8/2024 of September 2024 refrigerator temperature logs for Unit 5 Kitchenette revealed the following missing September temperatures: 9/18, 9/19, 9/21, 9/25, 9/26, 9/27, 9/28, 9/29.</p> <p>45419</p> <p>Unit 3 Kitchenette:</p> <p>Observation on 10/08/2024 of the Unit 3 Kitchenette freezer revealed that there was a plate containing a sandwich, pasta salad, a leaf of lettuce and a slice of tomato. The plate was not dated or labeled with a resident's name.</p> <p>Interview on 10/08/24 at 8:15 a.m. with Staff V (Licensed Nursing Assistant) confirmed the above findings</p> <p>Review on 10/8/2024 of the September 2024 refrigerator temperature logs for Unit 3 Kitchenette revealed the following missing September temperatures: 9/18, 9/19, 9/21, 9/25, 9/26, 9/27, 9/28, 9/29.</p> <p>Interview on 10/08/24 at approximately 8:45 a.m. with Staff N (Unit Manager) confirmed the above findings.</p> <p>50163</p> <p>Unit 2 Kitchenette:</p> <p>Review on 10/8/24 at approximately 9:45 a.m. of the Unit 2 Kitchenette refrigerator and freezer temperature logs revealed the following missing September temperatures: 9/18, 9/19, 9/21, 9/25, 9/26, 9/27, 9/28, 9/29.</p> <p>49819</p> <p>Unit 1 Kitchenette:</p> <p>Review on 10/8/24 of Unit 1's [NAME] kitchenette refrigerator logs revealed the following missing September temperatures: 9/18, 9/19, 9/21, 9/25, 9/26, 9/27, 9/28, and 9/29.</p> <p>Review on 10/8/24 of Unit 1's East kitchenette refrigerator logs revealed the following missing September temperatures: 9/18, 9/19, 9/21, 9/25, 9/26, 9/27, 9/28, and 9/29.</p> <p>43002</p> <p>Observation on 10/9/24 at 8:11 a.m. of Unit 1 [NAME] side kitchenette revealed there was a half loaf of slightly hard bread that had a fresh by date of 9/21/24.</p> <p>Interview on 10/9/24 at 8:22 a.m. with Staff CC (Unit Manager) confirmed the above.</p> <p>(continued on next page)</p>		

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 10/10/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review on 10/10/24 of the facility's policy titled, Date Marking for Food Safety, dated 5/2022, revealed: .2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded .</p>		

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 10/10/2024
NAME OF PROVIDER OR SUPPLIER Premier Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 55 Harris Road Nashua, NH 03062	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49819</p> <p>Based on observation, record review, and interview, it was determined that the facility failed to follow established infection control guidelines for facility water management that had the potential to effect the facility census of 220 residents who resided at the facility.</p> <p>Findings include:</p> <p>Observation on 10/8/24 at approximately 8:30 a.m. of Unit 4 revealed the unit was not in use.</p> <p>Review on 10/9/24 of the facility's Legionella Surveillance with a revised date of 6/2023, revealed .5. Primary prevention strategies: .d. Temperature controls: . ii. Hot water shall be stored above 140 degrees Fahrenheit .</p> <p>Review on 10/9/24 of the facility's undated Water Management Plan Overview for: Premier Rehab and Healthcare revealed on page 12 .Control Measures: Hot Water Systems .Water Heater Control Measure: Check flow and return temperatures at hot water heater .Frequency: Monthly .Monitoring: Supply Temperature should be checked at the outlet of the Hot Water Heater and should not be lower than 140 degrees [Fahrenheit] . Further review revealed on page 21 .Risk factors: Little used Outlets Control Measures: .flush program .frequency: Twice weekly where users are at high risk .</p> <p>Interview on 10/10/24 at approximately 10:00 a.m. with Staff J (Maintenance and Environmental Services Director) confirmed that Unit 4 had been closed a long time. Interview further revealed that he/she had been performing random flushes of Unit 4 and had no documentation of flushes or monitoring of temperature for the water heater.</p> <p>51109</p>		

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 10/10/2024
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.			
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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49819</p> <p>Based on record review and interview, it was determined that the facility failed to provide pneumococcal immunization for 1 of 5 residents reviewed for pneumococcal vaccination in a final sample of 37 residents (Resident Identifier #73).</p> <p>Findings include:</p> <p>Review on 10/9/24 of Resident #73 immunizations revealed: Pneumococcal - historical type unknown: Pneumococcal given 3/1/2017.</p> <p>Review on 10/9/24 of Resident #73 medical record revealed a consent for pneumococcal vaccine signed by the resident on 4/5/23. Further review revealed the pneumococcal vaccine was not given to Resident #73.</p> <p>Interview on 10/10/24 at approximately 11:45 p.m. with Staff M (Infection Preventionist) confirmed Resident #73 had not received the consented second pneumococcal vaccine.</p> <p>Review on 10/10/24 of the facility policy titled Pneumococcal Vaccine (Series), revised 5/2023, revealed: . Policy Explanation and Compliance Guidelines: .6. The type of pneumococcal vaccine (PCV15, PCV20, or PPSV23) offered .in accordance with current CDC (Center for Disease Control and Prevention) guidelines and recommendations .TABLE 1. Pneumococcal vaccine schedules for adults [AGE] years or older .Vaccine received previously at any age .PCV13 only .Schedule option A .Administer a single dose of PCV20 after a year or more interval since the last PCV13 .No specified immunocompromising condition .Schedule option B . Administer a single dose of PPSV23 after a year or more interval since the last PCV13 .Specified immunocompromising condition .Schedule option B .Administer a single dose of PPSV23 after 8 weeks or more interval since the last PCV13 .</p>		