

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305022	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Edgewood Centre (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 928 South Street Portsmouth, NH 03801	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>Based on interview and record review, it was determined that the facility failed to determine if a resident's request for rehabilitation services was necessary or appropriate for 1 of 1 resident reviewed for Specialized Rehabilitative or Restorative Services in a final sample of 28 residents (Resident identifier is #57).</p> <p>Findings include:</p> <p>Interview on 6/3/25 at approximately 9:30 a.m. with Resident #57's Durable Power of Attorney revealed that he/she had requested Physical Therapy (PT) services because of right shoulder pain.</p> <p>Review on 6/3/25 of Resident #57's Social/Psychosocial note, dated 4/9/25, revealed a meeting was held with the resident, a family member of the resident, the facility administrator, a nurse manager and social services. The note contained the following: [names of family and resident omitted] would like to have a PT eval [evaluation] for [name omitted]'s shoulder, which is causing [pronoun admitted] a great deal of pain.</p> <p>Interview on 6/5/25 at approximately 8:45 a.m. with Staff C (Rehabilitation Manager) revealed that he/she was not aware of the DPOA's request for a PT evaluation for Resident #57's shoulder pain.</p> <p>Interview on 6/5/25 at approximately 8:50 a.m. with Staff B (Unit Manager), who attended the family meeting on 4/9/25, revealed that he/she did not put in a referral for a PT evaluation for Resident #57.</p> <p>Specialized Rehabilitative or Restorative 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305022	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Edgewood Centre (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 928 South Street Portsmouth, NH 03801	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the resident's medical records were complete and accurate for 3 of 28 residents in a final sample of 28 residents. (Resident identifier are #44, #46, and #68.)</p> <p>Findings include:</p> <p>Resident #46</p> <p>Review on 6/3/25 of Resident #46's May and June 2025 Medication Administration Record (MAR) revealed the following physician's orders:</p> <p>Enteral Feed Order two times a day for nutrition, . Nocturnal feeding of Glucerna 1.5 at 60 ml (milliliters)/hr (hour) x 12 hours (up at 6:30 p.m., down at 6:30 a.m., start date 2/26/25 and D/C date 5/22/25</p> <p>Enteral Feed: Glucerna 1.5 at 50 ml/hr continuous. Up at 6:00 a.m., down at 6:00 p.m. Total volume to be administered daily: 873 mls., . start date 5/30/25.</p> <p>Further review of Resident #46's MAR revealed there was no ml recorded on the following dates:</p> <p>May 2, 6, 7, 8, 12, 14, 15, 18, 20, and 21</p> <p>June 1, 2, and 3</p> <p>Interview on 6/4/25 at approximately 11:30 a.m. with Staff A (Assistant Director of Nursing/Infection Preventionist) confirmed the above findings.</p> <p>Resident #44</p> <p>Review on 6/3/25 of Resident #44's medical record revealed a nursing note dated 4/12/25, . resident returned to the unit via stretcher .report from [name omitted] hospital Imaging noted T12 &L5 compression fracture . Further review revealed that there was no note in the medical record to indicate the reason or time Resident #44's transfer to the hospital.</p> <p>Interview on 6/4/25 at approximately 12:30 p.m. with Staff B (Unit Manager) confirmed the above. Staff B further revealed that Resident #44 had an unwitnessed fall on 4/11/25 and that there was no status post fall nursing assessment documented in Resident #44's medical record.</p> <p>Resident #68</p> <p>Review on 6/3/25 of Resident #68's medial record revealed a nursing note dated 3/17/25, . Previous shift reports Res. [resident] fell onto floor mat with no injury noted . Further review revealed that there was no status post fall nursing assessment documented in Resident #68's medical record.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305022	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Edgewood Centre (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 928 South Street Portsmouth, NH 03801	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 6/3/25 of Resident #68's medical record revealed a Physician Telehealth note dated 3/27/25 at 3:51 a.m. Chief complaint : fall without injury. History Present illness: Patient sustained a fall, [pronoun omitted] did hit [pronoun omitted] head but no injury. Further review of Resident #68's medical record revealed that there was no status post fall nursing assessment documented in Resident #68's medical record.</p> <p>Interview on 6/5/25 at approximately 10:30 a.m. with Staff D (Director of Nursing) confirmed the lack of a status post fall nursing assessment in Resident #68's medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305022	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Edgewood Centre (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 928 South Street Portsmouth, NH 03801	
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that residents are offered the COVID-19 and are educated regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine for 2 of 5 residents reviewed for immunizations (Resident Identifiers are #46 and #124).</p> <p>Findings include:</p> <p>Review on 6/4/25 of the current CDC immunization guidelines retrieved from https://www.cdc.gov/covid/vaccines/stay-up-to-date.html revealed People ages 65 years and older .are up to date when you have received: 2 doses of any 2024-2025 COVID-19 vaccine 6 months apart.</p> <p>Resident #46</p> <p>Review on 6/4/25 of Resident #46's vaccination records revealed Resident #46 received the 2024-2025 Moderna COVID-19 on 11/18/24. There was no documentation of Resident #46 being offered or educated about the next dose recommendations.</p> <p>Resident #124</p> <p>Review on 6/4/25 of Resident #124's vaccination records revealed the 2024-2025 Moderna COVID-19 vaccine was administered on 10/5/2024. There was no documentation of Resident #46 being offered or educated about the next dose recommendations.</p> <p>Interview on 6/4/25 at approximately 1:10 p.m. with Staff A (Assistant Director of Nursing/Infection Preventionist)confirmed that Residents #46 had been eligible for the next dose in May 2025 and Resident #124 had been eligible for the next dose in April 2025.</p> <p>Review on 6/4/25 of facility policy titled TOPIC: Immunization of Resident policy with a revision date of 3/2025 revealed .PROCEDURE .B .administer .COVID-19 as per CDC [Centers for Disease Control and Prevention] recommendations.</p>		