

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Laconia Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 175 Blueberry Lane Laconia, NH 03246	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45419</p> <p>Based on record review, interview, and policy review, it was determined that the facility failed to establish and maintain a system of records of receipt and disposition of controlled drugs in sufficient detail to enable an accurate reconciliation for 3 out of 7 residents reviewed for controlled drugs (Resident Identifiers are #2, #6, and #7).</p> <p>Findings Include:</p> <p>Resident #7</p> <p>Review on 10/1/24 of the controlled drug record for the Opechee Cart #1 for Resident #7's Diazepam 10 milligram (mg) tablets revealed that there were 22 tablets remaining on 9/30/24 at 8:20 a.m.</p> <p>Observation on 10/1/24 at approximately 9:20 a.m. with Staff A (Registered Nurse (RN)) of Resident #7's Diazepam 10 mg medication card revealed that there were 21 tablets remaining in the medication card.</p> <p>Interview on 10/1/24 at approximately 9:21 a.m. with Staff A confirmed the above findings.</p> <p>Resident #6</p> <p>Review on 10/1/24 of the controlled drug record for Winnisquam D Cart for Resident #6's Clonazepam 0.5 mg tablets revealed that there were 58 tablets remaining on 10/30/24 at 10 p.m.</p> <p>Observation on 10/1/24 at approximately 9:30 a.m. with Staff C (Licensed Practice Nurse (LPN)) of Resident #6's Clonazepam 0.5 mg medication card revealed that there were 57 tablets remaining in the medication card.</p> <p>Interview on 10/1/24 approximately 9:31 a.m. with Staff C confirmed the above findings. Staff C stated that he/she gave Resident #6 his/her Clonazepam 0.5 mg around 8:00 a.m. and he/she didn't document the information on the controlled drug record sheet when he/she administered the medication.</p> <p>Resident #2</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 10/1/24 of Resident #2's controlled drug record for Oxycodone 5 mg revealed that there were 50 tablets remaining on 9/25/24. An entry revealed on on 9/26/24, one tablet was administered with 59 tablets left, not 49. The administration entries continued to decrease with each dose from the count of 59 and not 49 and there were 10 entries with the incorrect count and staff did not identify that the count was incorrect.</p> <p>Interview on 10/1/24 at 12:40 p.m. with Staff B (Director of Nursing) confirmed the above finding.</p> <p>Review on 10/01/24 of the facility policy titled, Controlled Drugs: Management of, revision date of 7/17/24, revealed: .Ongoing inventory: A complete count of all scheduled II-IV controlled substances is required at change of shift .The count must be performed by two licensed nurses and/or authorized nursing personnel . Destruction: Two licensed professionals are required to destroy and document destruction of controlled substances .</p> <p>47129</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>47129</p> <p>Based on observation, policy review, and interview, it was determined that the facility failed to maintain locked storage of medications and biologicals in 1 of 3 medication carts.</p> <p>Findings include:</p> <p>Observation on 10/1/24 at 12:30 p.m. of Staff A (Registered Nurse) revealed they were at the Opechee Unit medication cart and walked into the medication room, leaving the medication cart unlocked in the hallway and out of sight until 12:33 p.m. with no other staff in the area of the medication cart. One resident was in the hallway in the area of the medication cart.</p> <p>Interview on 10/1/24 at 12:35 p.m. with Staff A confirmed the above findings.</p> <p>Review on 10/2/24 of the facility's policy, Storage and Expiration Dating of Medication, Biologicals, revised 8/7/23, revealed: .3.3 Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors .</p>		