

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/01/2026
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.			
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F 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. Based on interview and record review, the facility failed to ensure that the activities program was directed by a qualified professional for a facility census of 106 residents. Findings include: Interview on 7/1/26 at approximately 10:15 a.m. with Staff D (Administrator) revealed Staff T (Activities Director) started in mid-May 2026 but had been on leave since the beginning of June 2026. Staff D revealed that Staff T did not have the qualifications required to direct the facility's activities program. Staff T's previous position at the facility was the front desk receptionist. The facility was registering Staff T for an activities training program this fall. Staff D stated that they were covering for Staff T. Staff D revealed they also did not have the qualifications required to direct the facilities activities program. Staff D revealed they developed the monthly activities calendars and resident care plans for activities. Review on 7/2/26 of Staff D's resume revealed that they had education in Psychology, Business, Public Administration, and Health Care. Staff D's experience did not include experience in a social or recreational program/therapeutic activities program.		

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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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview and record review, the facility failed to ensure that irregularities identified by the pharmacist during the monthly Drug Regimen Review (DRR) were reviewed by the provider and that the provider documented their rationale for the action taken for the pharmacy recommendation for 4 of 5 residents reviewed for unnecessary medications in a final sample of 23 residents (Resident Identifiers are #1, #6, #8 and #30). Findings include: Resident #8 Review on 7/1/26 of Resident #8's DRRs revealed a note written by pharmacy, dated 11/21/25, that stated, .see report for comments/recommendations. Review on 7/1/26 of Resident #8s medical record revealed no DRR recommendation for 11/21/25. Interview on 7/01/26 at approximately 1:15 p.m. with Staff N (Director of Nursing) revealed the above DRR recommendation was not available, and Staff N did not know what the recommendation was or if it was reviewed by the medical provider. Resident #1 Review on 7/1/26 of Resident #1's DRRs revealed a note, dated 4/23/26, that stated .see report for comments/recommendations. Review on 7/1/26 of Resident #1's medical record revealed there was no documentation of the DRR recommendation for 4/23/26. Interview on 7/1/26 at approximately 2:00 p.m. with Staff N revealed the above DRR recommendation was not available, and Staff N did not know what the recommendation was or if it was reviewed by the medical provider. Resident # 6 Review on 7/1/26 of Resident #6's DRRs revealed notes, dated 3/24/26, 4/24/26, and 5/23/26, that stated, .see report for comments/recommendations. Review on 7/1/26 of Resident #6's medical record revealed there was no documentation of the DRR recommendation for 3/24/26, 4/24/26 and 5/23/26. Interview on 7/1/26 at approximately 2:00 p.m. with Staff N (Director of Nursing) revealed the above DRR recommendations were not available, and Staff N did not know what the recommendation was or if it was reviewed by the medical provider. Resident #30 (continued on next page)		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review on 7/1/26 of Resident #30's Pharmacy MRR dated 5/22/26 revealed the following recommendation to the provider. This resident is currently receiving metoprolol tartrate 12.5 mg [milligrams] once daily for HTN [hypertension] treatment. This medication is usually dosed BID [twice daily], please review and clarify if this order should be Tartrate form BID or Succinate form once daily. discharged med [medication] from Hospital was Metoprolol Succinate ER 12.5 once daily - please update order to correct medication. Further review revealed that the provider wrote Reviewed and signed and dated the form on 6/3/26. The provider did not indicate if they accepted or declined the MRR recommendation, and the provider did not indicate a rationale for any action taken. Review on 7/1/26 of Resident #30's physician's order revealed an active order for Metoprolol tartrate 12.5 mg once daily, with a start date of 6/25/26. Review on 7/1/26 of Resident #30's medical record revealed no provider's rationale regarding why the Metoprolol order was not changed. Interview on 7/1/26 at 2:23 p.m. with Staff N confirmed the above findings. Review on 7/1/26 of the facility's policy titled Medication Monitoring Medication Regimen Review and Reporting dated January 2024 revealed, . 6. Resident-specific MRR recommendations and findings are documented and acted upon by the nursing care center and/or physician . 8. The nursing care center follows up on the recommendations to verify that appropriate action has been taken. Recommendations should be acted upon within 30 calendar days or per facility specific protocols. a. For those issues that require physician intervention, the attending physician either accepts and acts upon the report and recommendations or rejects all or some of the report and should document his or her rationale of why the recommendation is rejected in the resident's medical record		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, interview, and record review, it was determined that the facility failed to ensure medications were labeled according to professional standards on 5 of 5 medication carts observed. Findings include: TCU (Transitional Care Unit) Observation on 6/29/26 at approximately 8:20 a.m. of the TCU Back Medication Cart revealed the following expired medications: Resident #50's Fiasp insulin pen, labeled with an open date of 5/23/26 and open/expiration date of 6/19/26. Resident #9's Fluticasone Propionate/Salmeterol inhaler, labeled with an open date of 3/24/26. Interview on 6/29/26 at approximately 8:20 a.m. with Staff A (Registered Nurse (RN)) confirmed the above findings. Review on 6/29/26 of the manufacturer's instruction for Fiasp, Revision Date 6/23 revealed, . In use 3 ml (milliliter) single patient pen, in use (opened) good for 28 days. Review on 6/29/26 of the manufacturer's instructions for Fluticasone Propionate/Salmeterol inhaler, Revision Date 9/22, revealed, Discard fluticasone propionate and salmeterol inhalation powder 1 month after opening the foil pouch . Observation on 6/29/26 at approximately 8:30 a.m. of the TCU Front Medication Cart revealed a 70/30 insulin pen opened, with no resident identifier. Interview on 6/29/26 at approximately 8:30 a.m. with Staff E (RN) confirmed the above findings. Opechee Unit Observation on 6/29/26 at approximately 8:35 a.m. of the Opechee Medication Cart #1 revealed Resident #23's opened Fluticasone Propionate/Salmeterol inhaler with no date opening/open-expiration date. Interview on 6/29/26 at approximately 8:35 a.m. with Staff F (RN) confirmed the above findings. Lakeport Unit Observation on 6/29/26 at approximately 8:50 a.m. of the Lakeport Medication Cart revealed the following medication not labeled with a date of opening or an open-expiration date: Resident #12's Latanoprost eye drops, Resident #86's Ozempic pen, Resident #94's Spiriva inhaler and Resident #6's Fluticasone Propionate/Salmeterol inhaler. Interview on 6/29/26 at approximately 8:50 a.m. with Staff G (Licensed Practical Nurse) confirmed the above findings. Review on 6/29/26 of the manufacturer's instructions for Latanoprost eye drops, undated, revealed, . Once a bottle is opened for use, it may be stored at room temperature . for 6 weeks. Review on 6/29/26 of the manufacturer's instructions for Ozempic, Dated 2017, revealed, . The Ozempic pen you are using should be thrown away after 56 days, even if it still has Ozempic left in it. Review on 6/29/26 of the manufacturer's instructions for Spiriva Respimat inhaler, Dated 2025, revealed, . After, assembly, The Spiriva Respimat inhaler should be discarded at the latest 3 months after first . Winnisquam Unit Observation on 6/29/26 at approximately 9:00 a.m. of the Winnisquam Front Medication Cart revealed the following medication not labeled with a date of opening or an open-expiration date: Resident #65's two Lantus insulin pens, Resident #56's Humalog insulin pen, and Resident #102's Lantus insulin pen. Interview on 6/29/26 at approximately 9:00 a.m. with Staff H (RN) confirmed the above findings. Review on 6/29/26 of the manufacturer's instructions for Lantus Solostar insulin pen, undated, revealed, You can store your Lantus Solostar for 4 weeks after it has been activated. After this time, you must throw it away, even if there is some medicine left in it . Review on 6/29/26 of the manufacturer's instructions for Humalog insulin, Revision Date 3/2013, revealed, . Humalog Kwipen In-Use (Opened) Room Temperature, . good for 28 days .		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on observation, record review, and interview, the facility failed to keep residents free from physical restraints for 1 of 1 resident reviewed for physical restraints in a final sample of 23 residents (Resident identifier is #38). Findings include: Observation on 6/29/26 at approximately 9:45 a.m. and at approximately 12:00 p.m. revealed Resident #38 sitting in their scoot Broda chair in the common area with the back of their chair up against the wall and both wheel brakes locked. Interview on 6/29/26 at approximately 12:00 p.m. with Staff G (Licensed Practical Nurse) confirmed that Resident #38's wheels were locked. Staff G stated that Resident #38's wheels are locked so they can keep an eye on him/her because they will go all over the place if their wheels are not locked. Observation on 6/30/26 at approximately 8:15 a.m. revealed Resident #38 sitting in their scoot Broda chair in the common area with both their wheels locked and an empty tray table in front of him/her. Resident #38 was moving their pelvis back and forth and was pushing backwards in chair causing the front wheels to come off the ground several times. Review on 6/30/26 of Resident #38's physician's orders, assessments, and care plan revealed no restraint orders, restraint assessment or restraint care plan in place for locking the wheels on Resident #38's Broda chair, limiting their movement. Interview on 7/1/26 at approximately 8:30 a.m. with Staff M (Unit Manager) confirmed that there were no restraint orders, restraint assessment or restraint care plan in place for locking the wheels on Resident #38's Broda chair, limiting their movement.		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow physician orders for 1 resident in a final sample of 23 residents. (Resident identifier is #9.) Findings include:[NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 10th edition St. Louis, Missouri: Elsevier, 2021. Page 614 .It is essential to verify the accuracy of every medication you give to your patients with the patient's order. If the medication order is incomplete, incorrect, or inappropriate, or if there is a discrepancy between the original order and the information on the MAR [Medication Administration Record]. consult with the health care provider. Do not give a medication until you are certain that you can follow the seven rights of medication administration . Page 672 .seven rights of medication administration include right medication, right dose, right patient, right route, right time, right documentation and right indication . Review on 6/30/26 of Resident #9's June 2026 MAR (Medication Administration Record) revealed the following physician's order:Midodrine HCL (hydrochloride) Oral Tablet 2.5 mg (milligram), Give 1 tablet by mouth three times a day for Hypotension, hold for SBP (systolic blood pressure) over 120 ., Start Date 6/19/26. Further review revealed the resident received Midodrine when the SBP was above the ordered parameter:6/20/26 9:00 a.m., SBP 154/66, 6/20/26 1:00 p.m. SBP 152/75, 6/20/26 9:00 p.m. SBP 130/77, 6/21/26 1:00 p.m SBP 136/83, 6/21/26 9:00 p.m. SBP 136/83,6/22/26 9:00 p.m. SBP 123/68,6/26/26 9:00 p.m. SBP 140/71, and6/28/26 1 :00 p.m. SBP 124/62. Interview on 6/30/26 at approximately 2:00 p.m. with Staff N (Director of Nursing) confirmed the above findings.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide supervision and assistance at meals for 1 of 5 resident reviewed for ADL's (Activities of Daily Living) in a final sample of 23 residents. (Resident identifier is #94). Findings include: Observation on 6/30/26 at approximately 8:15 a.m. of Resident #94 revealed him/her to be sitting in their wheelchair in common room with meal tray in front of them. Resident #94 was attempting to eat their breakfast. Resident #94 was noted to have a moderate amount of ground sausage and cut up pancakes in their lap and on the floor around their chair. Resident #94 was using their fingers trying to pick up their ground breakfast sausage and would drop it before getting it to their mouth. There were no staff visible in the common area to assist or supervise Resident #94. Observation on 6/30/26 at approximately 8:40 a.m. of Resident #94 revealed him/her to be sitting in the common area being assisted with their breakfast by their Durable Power of Attorney for Healthcare (DPOA-HC). Interview on 6/30/26 at approximately 9:00 a.m. with Resident #94's DPOA-HC revealed that they have requested staff assist Resident #94 with meals as he/she struggled and food ends up on the floor and on their lap. Resident #94's DPOA-HC stated that they have not seen staff assisting him/her with the meal when they visit and they are in the facility a few times a week at meal time. Review on 6/30/26 of Resident #94's care plan revealed the following care plan focus areas and interventions: Resident exhibits or is at risk for impaired swallowing related to Parkinson's disease, initiated on 6/12/26, with the following interventions: Provide supervision to partial mod [moderate] assistance during meals, initiated 6/23/26, encourage small sips/bites and cue as needed, initiated 6/12/26, encourage resident to chew and swallow each bite, initiated 6/12/26, encourage resident to perform chin tuck, initiated 6/12/26, Monitor for signs/symptoms of aspiration i.e. coughing, watery eyes, choking, moist sounding voice, initiated 6/12/26, if coughing occurs, no food/fluids until cough resolves, initiated 6/12/26.; At risk for decreased ability to perform ADL(s) (Activities of Daily Living), initiated 12/9/25, with an intervention to provide with set up to partial/moderate assist of one for eating, initiated 12/9/25; and Restorative swallowing: Patient demonstrates difficulty with swallowing (related to) Parkinson's, initiated 6/9/26, with the following interventions: Help assist with eating during meals, as well as provide verbal cues to maintain safety, initiated 6/9/26, Use verbal cues to guide patient through the meal, initiated 6/9/26, Allow for adequate time and support, initiated 6/9/26, Encourage patient to alternate liquids and solids, initiated 6/9/26.		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. Based on observation, interview, and record review, the facility failed to ensure that activities were provided to support residents based on the resident's choices and care plan for 1 out of 2 residents reviewed for activities in a final sample of 23 residents (Resident Identifier is #9). Findings include: Observation on 6/29/26 at approximately 9:30 a.m revealed Resident #9 was in his/her room light was off, television not on, and music not playing while he/she was awake sitting in a chair. Resident #9 was observed multiple times wandering in the hallways of the unit, going through the trash and attempting to go into other resident rooms. Observation on 6/29/26 from approximately 11:30 a.m. through 12:20 p.m. on the TCU Unit outside of the nursing station revealed Resident #9 in his/her wheelchair rummaging through a trash located by the sink. Resident #9 then stood up out his/her wheelchair and began touching the nursing station, portable vital signs machine (including the blood pressure cuffs), and the top and drawers of the treatment cart. Review on 7/1/26 of the Recreation Participation Record revealed that Resident #9 did not have any activities documented for 6/29/26. Further review of June 2026 revealed the following: Preferences Group Engagements: Not Applicable was checked on 6/2, 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/10, 6/11, 6/12, 6/16, 6/17, 6/18, 6/19, 6/21, 6/22, 6/23, 6/27, and 6/28. Resident Not Available was checked on 6/9, 6/13, 6/15, 6/20, 6/23, 6/24, 6/25, 6/26, and 6/30. Interview on 7/1/26 at approximately 10:30 a.m. with Staff O (Activities Assistant) revealed that they select Not Applicable when a resident did not attend an activity on the Preferences for Group Engagements. Further interview revealed that Staff O had not offered any activities to Resident #9 and does not know what Resident #9's preferences were for activity involvement. Interview on 7/1/26 at approximately 9:00 a.m. with Staff R (Recreation Assistant) revealed that he/she was not aware if Resident #1 had been invited to any group activities over the last month. Further interview revealed that Resident #9 is not able to self initiate attending an activity due to his/her cognitive status. Review on 7/1/26 of the facility's Activity Calendar for June 2026 revealed that there was a Coffee Social daily at 10:00 a.m. On 6/29/26, there was Music with a performer at 2:00 p.m. Review on 7/1/26 of Resident #9's MDS (Minimum Data Set) dated March 13, 2026, revealed, Section F (Preferences for Customary Routine and Activities, . F0500. Interview for Activity Preferences revealed:A. how important is it to you to have books, newspapers, and magazines to read? coded 1. Very importantB. how important is it to you to listen to music you like? coded 1. Very importantC. how important is it to you to be around animals such as pets? coded 2. Somewhat importantD. how important is it to you to keep up with the news? Coded 2. Somewhat importantE. how important is it to you to do things with groups of people. Coded 2. Somewhat importantF. how important is it to you to do your favorite activities? Coded 2. Somewhat importantG. how important is it to you to go outside to get fresh air when the weather is good? Coded 1. Very importantH how important is it to you to participate in religious services or practices. Coded 1. Very important Review on 7/1/26 of Resident #9's care plans, Revision Date 6/9/26 revealed the following: Focus, While in the facility, [name omitted] states that is important that he/she has the opportunity to engage in daily routines that are meaningful relative to their preferences. Interventions: Encourage and facilitate [name omitted] activity he/she doesn't go to activities, . It is important for me to have reading materials, Newspaper, I enjoy listening to music country, I keep up with the news by discussions with another person reading the newspaper, watching TV (television), I like to participate in socializing and being outside with groups of people, I like to do crosswords/puzzles/games, listen to music, look out the window, lay down/rest, read, think, watch TV/movies, and or other by myself in my bedroom, I enjoy watching/listening TV, . I am of the blank (continued on next page)		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	faith and would like to participate in religious services/practices such as blank. (specify type) ., and I would benefit from accommodation for cognitive limitations by using decreased ., single step activity, small groups, time limited, verbal prompts, .		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review, the facility failed to ensure that the residents' environment remained as free as possible from accident hazards for 1 of 2 residents reviewed for falls in a final sample of 23 residents (Resident identifier is #94). Findings include: Interview on 6/30/26 at approximately 9:00 a.m. with Resident #94's Durable Power of Attorney for Health Care revealed that they were concerned with the number of falls that Resident #94 has had. Review on 6/29/26 of Resident #94's Progress notes for June 2026 revealed the following falls were documented: 6/23/26 seen falling out of wheelchair while trying to reach and touch the ground; 6/26/26 seen lying on the ground, head against bedside table, unable to give description; 6/27/26 found on floor with bedside table on them, unable to give description. Review on 6/29/26 of Resident #94's care plan revealed no new interventions were put into place after the above falls. Interview on 6/30/26 at approximately 2:15 p.m. with Staff B (Interim Director of Nursing) confirmed that no root cause analysis was done for the above falls and no interventions put into place in an effort to prevent further falls or injury.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed failed to follow infection control standards for cleaning and disinfecting 2 out of 5 glucometers observed. Findings include: Glucometers Observation on 6/29/26 at approximately 8:20 a.m. of the TCU Back Medication Cart revealed two glucometers in black cloth cases. Further observation revealed that both glucometers had dried red/brown substance adhered to the glucometers. One of the glucometers also had tape on it. Interview on 6/29/26 at approximately 8:20 a.m. with Staff A (Registered Nurse) revealed that the two glucometers were ready for use in the case. Staff A confirmed the above findings. Review on 6/30/26 of the facility procedure titled, Fingerstick Glucose Monitoring, Revision Date 7/15/25, revealed, . 23. Clean and disinfect the blood glucose meter after use with EPA (Environmental Protection Agency) approved disinfectant, following manufacturer's instructions . Review on 6/306/26 of the manufacturer's instructions for [company name omitted], undated, revealed, . Cleaning and Disinfecting your [company name omitted] Meter . Cleaning and disinfecting the meter . is very important in the prevention of infectious disease. wipe all external areas of the meter including both front and back surfaces until visibly clean .		