STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305041	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Wood Center at Claremont	290 Hanover Street Claremont, NH 03743

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to protect that residents' right to be free from emotional abuse and exploitation by staff for 3 of 6 residents reviewed for abuse. (Resident identifiers are Resident #1, #2 and #3.)Findings include: Review on 9/11/25 of the facility reported incident and investigation for Resident #1 revealed that Staff I (Licensed Nurse Aide (LNA)) was video recorded by Staff J (LNA) laying in Resident #1's bed next to them talking about cuddling and mocking the resident. Both Staff I and Staff J were giggling. This video was sent via social media to the daughter of Staff G (Registered Nurse) on 4/23/25. Staff G was shown the videos on 8/25/25 and reported it immediately to Staff A (Administrator) and Staff B (Director of Nursing).Review on 9/11/25 of Resident #1's care plan, initiated 8/26/25, revealed interventions due to the resident being a victim abuse related to a social media posting. Review on 9/11/25 of the facility reported incidents and investigation for Resident #2 revealed that Staff I video recorded themselves sitting on the edge of Resident #2's bed mocking the resident saying you do not even know who I am and giggling. This video was sent via social media to the daughter of Staff G (Registered Nurse) on4/22/25. Staff G was shown the videos on 8/25/25 and reported it immediately to Staff A (Administrator) and Staff B (Director of Nursing).Review on 9/11/25 of Resident #2's care plan, initiated 8/26/25, revealed interventions due to the resident being a victim abuse related to a social media posting. Review on 9/11/25 of the facility reported incidents and investigation for Resident #3 revealed that Staff I video recorded themselves standing next to Resident #3's bed mocking Resident #3 saying no, no while Resident #3 was talking to Staff I using nonsensical words. This video was sent via social media to the daughter of Staff G (Registered Nurse) on 3/26/25. Staff G was shown the videos on 8/25/25 and reported it immediately to Staff A (Administrator) and Staff B (Director of Nursing) Review on 9/11/25 of Resident #3's care plan, initiated 8/26/25, revealed interventions due to the resident being a victim abuse related to a social media posting. Review on 9/11/25 of the facility's Quality Assurance and Performance Improvement Meeting minutes, dated 8/26/25, revealed a plan to conduct interviews with all staff and residents (completed 8/26/25), to re-educate staff on the privacy and social media policy (Completed 8/28/25), and to perform continued auditing for compliance. Interview on 9/11/25 with Staff C (Social Services) revealed Staff C interviewed the above 3 residents and they did not recall the incidents. Staff C revealed the 3 residents were referred to telepsychology services to verify there was no psychosocial harm. Review of the Telepsychology visits for Resident #1, #2 and #3 revealed no identified trauma and there were no recommendations for any of the residents. Review on 9/11/25 of Staff I's and Staff J 's employee record revealed that disciplinary action (termination) was taken for the above incidents. Interview on 9/11/25 at approximately 11:00 a.m. with Staff A and Staff B confirmed the above findings. Interview with Staff A and B revealed that Staff I and Staff J were reported to the Board of Nursing and the local police for the above incidents.

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