

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Warde Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21 Searles Road Windham, NH 03087	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>49819</p> <p>Based on interview and record review, it was determined that the facility failed to develop a care plan for psychotropic medications in 1 out of 5 residents reviewed for unnecessary medications in a final sample of 12 residents (Resident Identifier #2).</p> <p>Findings include:</p> <p>Review on 3/27/24 of Resident #2's current electronic Medication Administration Record (eMAR) revealed 3 psychotropic medications (Prozac start date 7/5/23, Wellbutrin start date 7/5/23, Buspar start date 1/23/24) administered between 3/1/24 and 3/27/24.</p> <p>Review on 3/27/24 of Resident #2's Psychotropic Medication Use Monthly Review dated 3/10/24 revealed the reason for medication use was depression. Symptoms observed in the past month were the resident staying in his/her room, occasionally attending meals, and sleeping late. Individual non-pharmacological approaches included: life enrichment, room visits, reading, and movies.</p> <p>Review on 3/27/24 of Resident #2's comprehensive care plan revealed no care plan for psychotropic (antidepressant, antianxiety) medications or symptom management.</p> <p>Interview on 3/27/24 at approximately 10:30 a.m. with Staff A (Directors of Nursing) confirmed the above findings.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38218</p> <p>Based on interview and record review, it was determined that the facility failed to follow physician orders for 1 of 1 resident reviewed for constipation/diarrhea and 1 of 5 residents reviewed for unnecessary medications in a final sample of 12 residents (Resident Identifiers #7 and #24).</p> <p>Findings include:</p> <p>Standards:</p> <p>[NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 7th ed. St. Louis, Missouri: Mosby Elsevier, 2009.</p> <p>Page 336 - Physicians' Orders</p> <p>The physician is responsible for directing medical treatment. Nurses follow physician's orders unless they believe the orders are in error or harm clients. Therefore you need to assess all orders, and if you find one to be erroneous or harmful, further clarification from the physician is necessary .</p> <p>Resident #7</p> <p>Review on 3/27/24 of Resident #7' Medication Administration Record (MAR) revealed the following physician orders:</p> <p>Milk of Magnesia Suspension 1200 mg/ml [milligram per milliliter] (Magnesium Hydroxide), give 30 ml by mouth every 24 hours as needed for constipation, may offer after second day without a bowel movement (30 ml), start date 7/5/23; stop date 2/29/24.</p> <p>Polyethylene Glycol 3350 Powder (Polyethylene Glycol 3350 (Bulk)), Give 17 grams by mouth every 24 hours as needed for constipation, mix with 4-6 ounce (oz) liquid of choice, start date 7/5/23.</p> <p>Senna S Oral Tablet, 8.6 - 50 mg (Sennosides-Docusate Sodium), give 2 tablets by mouth as needed for constipation PRN [as needed] for constipation PRN 1x [time] /day, Start Date 7/5/23.</p> <p>Review on 3/27/24 of Resident #7's Bowel Elimination Record from 2/1/24 through 3/26/24 revealed that Resident #7 did not have a bowel movement for two or more days during the following days: on 2/4/24, 2/5/24, and 2/6/24; on 2/25/24, 2/26/24, and 2/27/24; and on 3/5/24, 3/6/24, and 3/7/24</p> <p>Interview on 3/27/24 at approximately 8:45 a.m. with Staff A (Director of Nursing) confirmed the above findings. Staff A revealed that the facility did not have a bowel policy/protocol.</p> <p>Resident #24</p> <p>Review on 3/27/24 of Resident #24's March 2024 MAR revealed the following physician order:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Blood glucose monitoring, two times a day, start date 7/5/23. Further review revealed no documentation of morning glucose monitoring on 3/2/24, 3/7/24, 3/8/24, 3/14/24, 3/15/24, and 3/22/24.</p> <p>Interview on 3/27/24 at approximately 11:15 a.m. with Staff A confirmed the above findings.</p>