STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305044	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden View Health Care Center	19 NH Route 104 Meredith, NH 03253

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to maintain evidence demonstrating the result of all grievances and ensure that all written decisions include the necessary elements for 2 out of 2 grievances reviewed.Findings include: Review on 5/21/26 of the facility 2026 Grievance Log revealed the following grievances:Resident #3, dated 4/1/26 and 4/15/26, Issue: [sic] LNA (Licensed Nursing Assistant) put cream on was burning and washed it off and did not come back after placing him/her in front of the sink to brush teeth. Ombudsman reported there was a concerned of nepotism re: LNA. Outcome: No abuse, neglect. Communication/technique. Staff educated.Resident #1, dated 4/1/26 and 4/15/26, LNA is too fast, rushes him/her and makes him/her feel anxious and that LNA left (spouse's) torso uncovered after care. Ombudsman reported there was a concerned of nepotism re: LNA uncovered after care. Reported: No. Outcome: No abuse, neglect. Communication/technique. Staff educated.Interview on 5/21/26 at approximately 1:00 p.m. with Staff A DON (Director of Nursing) revealed a Grievance Form would be completed when grievances are received and there was no grievance form for the above grievances. There was no documentation of the steps taken to investigate the grievance and the date the decision was issued on the grievance log. Interview on 5/21/26 at approximately 1:30 p.m. with Staff F (Administrator) confirmed the above findings.Review on 5/21/26 of the facility policy titled, ASAP Program and Resident Grievances, Revision Date 1/26/26, revealed, Golden View will respond to grievances within 5 working days, unless otherwise required by law, and work collaboratively with Residents towards an acceptable resolution .

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to ensure that 3 allegations of neglect and 1 injury of unknown source were reported timely to the Administrator of the facility and the State Survey Agency (SSA) for 4 of 8 residents reviewed for Abuse or Neglect. (Resident identifiers are #2, #3, #4, and #5.)Findings include: Resident #2Review on 5/21/26 of Resident #2's medical record revealed the following progress note, dated 3/2/26: Noted a skin tear to guest's left elbow about 2 cm (centimeters) x 0.6 cm. Wound cleansed with wound cleanser and pat dried. Bacitracin and steri strips applied. Non adherent pad placed on top of wound and covered with primapore wound dressing .Interview on 5/21/26 at approximately 12:30 p.m. with Staff A (Director of Nursing) revealed the resident was unable to provide a causative factor for the above skin tear and it was not reported to the SSA.Resident #3Review on 5/21/26 of Resident #3's medical record revealed the following progress note, dated 4/1/26, Found in BR (bathroom) chair, adjacent to toilet, quite agitated, was unhappy w (with) O/N (over night) cares by LNA (Licensed Nursing Assistant) who states was 'Very rough getting me up, and [pronoun omitted] just left me here' .Interview on 5/21/26 at approximately 12:45 p.m. with Staff A confirmed the above allegation was not reported to the SSA.Resident #4 and #5Interview on 5/21/26 at approximately 1:00 p.m with Staff D (LNA) revealed he/she left a note for Staff G (Unit Manager) on 5/20/26 with concerns of Resident #4 and #5 not receiving care on the previous shift. Interview on 5/21/26 at approximately 2:10 p.m. with Staff G confirmed Staff D left a letter with concerns of care not being provided to residents.Review on 5/21/26 of the letter from Staff D, dated 5/20/26 revealed: . I found [name omitted (Resident #4)] and [name omitted (Resident #5)]- in the same room, still in the same clothing I put them in yesterday from 2nd shift. both smelled like sweat.Interview on 5/21/26 at approximately 2:15 p.m. with Staff A revealed they were aware of the above allegations.Interview on 5/21/26 at approximately 2:20 p.m. with Staff F (Administrator) was not aware of the above allegations.Review on 5/21/26 of the facility policy titled, Prohibition of Resident Abuse, Reporting and Investigating Allegations of Resident Abuse & Crimes Against a Resident, Revision Date 1/2026, revealed, Any healthcare professional, . employee, . having information of an alleged violation involving ., including injuries of unknown source, neglect, . shall immediately report the information by following the reporting procedure.1. Internal Reporting: Within the facility any suspicion of abuse, neglect, ., whether supportable or not, will immediately be reported to the employee's department head or the Administrator including non-regular business hours, . Staff members including supervisors and department heads who receive a report will immediately notify the Administrator. External Reporting: The Administrator or her designee shall report allegations meeting the definition of abuse, neglect, . outlined in this policy and procedure to the state survey and certification agency .