

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Golden View Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>38218</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow procedures in place for self-administration of medications for 2 residents out of 4 residents reviewed for choices in a final survey sample of 16 residents (Resident Identifiers are #38 and #28).</p> <p>Findings include:</p> <p>Resident #38</p> <p>Observation on 11/4/24 at approximately 9:30 a.m. of Resident #38's walker tray revealed a bottle of premium nasal spray with an expiration date of 6/9/24.</p> <p>Interview on 11/4/24 at approximately 9:30 a.m. with Resident #38 revealed that he/she administers the nasal spray Once in a while, maybe once a week.</p> <p>Review on 11/4/24 of Resident #38's current physician orders revealed that Resident #38 did not have an order for nasal spray.</p> <p>Interview on 11/4/24 at approximately 9:45 a.m. with Staff B (Registered Nurse) confirmed the above findings.</p> <p>Review on 11/5/24 of Resident #38's medical record revealed that Resident #38 did not have an assessment to self-administer medications.</p> <p>Resident #28</p> <p>Observation on 11/4/24 at approximately 9:40 a.m. of Resident #28's room revealed a bottle of eye drops and a can of lidocaine maximum strength spray on his/her window sill.</p> <p>Interview on 11/4/24 at approximately 9:40 a.m. with Resident #28 revealed that he/she uses the eye drops twice daily and the lidocaine spray when he/she needs it.</p> <p>Review on 11/4/24 of Resident #28's current physician orders revealed that Resident #28 did not have an order for the eye drops or the lidocaine spray.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/4/24 at approximately 9:45 a.m. with Staff B confirmed the above findings.</p> <p>Review on 11/5/24 of Resident #28's medical record revealed that Resident #28 did not have an assessment to self-administer medications.</p> <p>Interview on 11/5/24 at approximately 1:15 p.m. with Staff E (Director of Nurses) confirmed that Resident #38 and Resident #28 were not assessed to self-administer medications.</p> <p>Review on 11/5/24 of the facility policy titled, Self Administration of Medication, Revision Date 3/24 revealed:</p> <p>.Residents will be allowed to self-administer medications only after the interdisciplinary team determines it is safe for the resident to self administer before the resident may exercise that right. The interdisciplinary team must also determine who will be responsible (resident or nursing staff) for the storage and documentation of the administration as well as the location of drug administration .</p>

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>49819</p> <p>Based on record review and interview, it was determined that the facility failed to accurately code Minimum Data Set (MDS) assessments for 4 residents in a final sample of 15 residents (Resident Identifiers are #15, #3, #24, #27).</p> <p>Findings Include:</p> <p>Resident #15</p> <p>Review on 11/5/24 of Resident #15's Preadmission Screening and Resident Review (PASARR) Determination Summary Level II, due to mental illness, dated 5/5/23, revealed that Resident #15 was approved for Nursing Facility Services.</p> <p>Review on 11/5/24 of Resident #15's Annual MDS with an Assessment Reference Date (ARD) of 7/15/24 revealed Section A 1500 was coded as No for Level II PASARR.</p> <p>47129</p> <p>Resident #3</p> <p>Review on 11/5/24 of Resident #3's Significant Change in Status MDS with an ARD of 10/24/24 revealed under section N0415 Medications: High-Risk Drug Classes: Use and Indication E. Anticoagulant was coded indicating that Resident #3 had received an anticoagulant medication during the last 7 days.</p> <p>Review on 11/5/24 of Resident #3's Medication Administration Record for October revealed that no anticoagulant medication was ordered or administered between 10/17/24-10/24/24.</p> <p>Interview on 11/5/24 at 11:15 a.m. with Staff I (Unit Manager) confirmed that Resident #3 was never on an anticoagulant medication.</p> <p>Resident #24</p> <p>Review on 11/5/24 of Resident #24's medical record revealed that Resident #24 had a PASARR Level II Evaluation and Determination completed on 3/28/24, indicating that Resident #24 had a diagnosis of a serious mental illness and was approved for Nursing Facility Services.</p> <p>Review on 11/5/24 of Resident #24's Admission MDS with an ARD of 5/23/24 revealed that Item A1500, Preadmission screening and Resident Review - Is the resident currently considered by the state level II PASARR process to have a serious mental illness and/or intellectual disability or a related condition? was coded as a 0 or No.</p> <p>Resident #27</p> <p>Review on 11/5/24 of Resident #27s Annual MDS with an ARD of 9/30/24 revealed that Item P0100 A Restraints and Alarms - Bed Rail was coded as 2 or Used Daily.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review on 11/5/24 of Resident #27's Bed Rail Assessment, dated 7/31/24, revealed that Resident #27 used bed rails to assist with bed mobility.</p> <p>Interview on 11/5/24 at 11:38 a.m. with Staff I confirmed that Resident #27 used bed rails to assist with bed mobility and it was not a restraint.</p> <p>Interview on 11/5/24 at 2:00 p.m. with Staff J (MDS Coordinator) confirmed the above findings that Resident #3, #15, #24, and #27's MDS were not accurately coded.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>47129</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that licensed staff had infection control competencies in skills and techniques necessary to care for residents' needs for 6 of 6 staff reviewed (Staff Identifier's are A, B, C, M, N, and O).</p> <p>Findings include:</p> <p>Review on 11/6/24 of the facility's infection control in service competency records revealed that there were no competencies documented for standard universal precautions, donning and doffing of personal protective equipment (PPE), and hand hygiene for Staff A (Licensed Practical Nurse), Staff B (Registered Nurse (RN)), Staff C (RN), Staff M (Licensed Nursing Assistant (LNA)), Staff N (LNA), and Staff O (LNA).</p> <p>Interview on 11/6/24 at 11:02 a.m. with Staff P (Administrator in Training (AIT)) confirmed that the facility was unable to provide documentation that Staff A, Staff B, Staff C, Staff M, Staff N, and Staff O completed competencies for standard universal precautions, donning and doffing of PPE, and hand hygiene.</p> <p>Review on 11/6/24 of the facility's facility assessment with a review date of September 2024 under the section titled, Staff training/education and competencies, revealed .Competency .Some of the competencies and skill sets needed as direct care giver include: .Infection Control - hand hygiene, isolation, standard universal precautions including use of personal protective equipment, MRSA/VRE/CDI precautions, environmental cleaning .</p> <p>Review on 11/6/24 of the facility's policy titled, In-Services Education, undated, revealed: .4. In-Service Education Program: Golden View's in-service education program consists of: A. Continuing in-service education for all personnel. B. Planning in-service classes, lectures, demonstrations, ect. C. Job position orientation for all new personnel. Training shall include demonstrations, practice and supervision of simple procedures applicable to the individual department .</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>38218</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure a medication error rate less than 5 percent for 3 of 29 medications observed during medication administration (Resident Identifiers are #22, #47 and #25).</p> <p>Findings include:</p> <p>Resident #22</p> <p>Observation on 11/4/24 at approximately 12:00 p.m. of Staff A (Licensed Practical Nurse) administering medications to Resident #22 revealed Staff A prepared 1,000 milligrams (mg) of Calcium Carbonate.</p> <p>Review on 11/4/24 of Resident #22's November 2024 Medication Administration Record (MAR) revealed the following physician's order:</p> <p>Calcium Carbonate 500 mg calcium (1,250 mg) give 1 tablet daily, start date 10/28/24.</p> <p>Interview on 11/4/24 at approximately 12:00 p.m. with Staff A confirmed the above findings.</p> <p>Resident #47</p> <p>Observation on 11/4/24 at approximately 12:20 p.m. of Staff A administering medications to Resident #47 revealed Staff A administering 1 spray of Flonase Allergy Relief to each nostril.</p> <p>Review on 11/4/24 of Resident #47's November 2024 MAR revealed the following physician's order:</p> <p>Flonase Allergy Relief (Over The Counter), 50 micrograms (mcg), 2 sprays each nostril, start date 9/11/23.</p> <p>Interview on 11/4/24 at approximately 12:20 p.m. with Staff A confirmed the above findings.</p> <p>Resident #25</p> <p>Observation on 11/4/24 at approximately 7:30 a.m. of Staff C (Registered Nurse) administering medications to Resident #25 revealed Staff C prepared Multivitamin with minerals.</p> <p>Review on 11/5/24 of Resident #44's November 2024's MAR revealed the following physician's order:</p> <p>Multivitamin, 1 tablet in the morning, start date 10/11/22.</p> <p>Interview on 11/5/24 at approximately 7:30 a.m. with Staff C confirmed the above findings.</p> <p>In total there were 3 medication errors out of a total of 29 medication pass opportunities resulting in a 10.34% error rate.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49819</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure sanitization of dishware and failed to label and store food in accordance with professional standards for food safety to prevent foodborne illness for 1 of 1 kitchens and 2 of 2 kitchenettes observed.</p> <p>Findings Include:</p> <p>Refrigerator Temperatures</p> <p>Review on 11/4/24 of the Main Kitchen refrigerator/freezer temperature logs, Cascade/Retreat refrigerator/freezer temperature logs, and the third floor refrigerator/freezer temperature logs for October and November 2024 revealed no logs were available for November 2024 (11/1, 11/2, and 11/3), and missing temperatures for 10/2, 10/22, 10/24, 10/28, 10/29, and 10/31.</p> <p>Observation on 11/4/24 of the third floor refrigerator revealed no thermometer for taking temperatures.</p> <p>Interview on 11/4/24 8:00 a.m. with Staff L (Assistant Kitchen Director) confirmed above refrigerator temperature findings.</p> <p>Review on 11/6/24 of facility policy titled Dining Services: Food and Refrigeration Temperature revision date 3/24 revealed POLICY: .Refrigerator Temperatures shall be taken daily and logged by the cooks .</p> <p>Dish Machine Temperatures</p> <p>Interview on 11/4/24 at approximately 8:20 a.m. of Staff F (Cook) confirmed the dish machines were High Temperature machines.</p> <p>Review on 11/4/24 of the Main Kitchen Dish Machine Temperature logs revealed no logs were available for September through November 2024.</p> <p>Review on 11/4/24 of Cascade/Retreat Kitchenette Dish Machine Temperature logs revealed no logs were available for November 2024 (11/1, 11/2, 11/3).</p> <p>Interview on 11/5/24 at approximately 2:00 p.m. with Staff H (Kitchen Director) confirmed the above findings for dish machine temperature logs.</p> <p>Review on 11/6/24 of facility policy titled Dining Services: Documentation of Dish Machine Temperatures and Third Sink Sanitizer, dated 3/21, revealed: .At the beginning of their shift Inspect equipment to make sure all functions of the dish machine or operational preform testing of the dish machine wash and rinse temperatures .Dish machine wash temp is 150 degrees Fahrenheit Dish machine rinse temp is 180 degrees Fahrenheit</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Chemical Sanitizing (quaternary ammonium compounds)</p> <p>Review on 11/4/24 of Main Kitchen Sanitizer Sink logs revealed no logs were available for September through November 2024.</p> <p>Observation on 11/4/24 at approximately 8:20 a.m. of Cascade/Retreat sink sanitizer testing with Staff K (Kitchen/Dietary Staff) revealed Staff K dipped the strip into the sanitizer sink and immediately read the result 150 without comparing the strip color to the vial color.</p> <p>Interview on 11/4/24 at approximately 8:20 a.m. with Staff K confirmed the Cascade/Retreat sink sanitizer tested at 50 parts per million (PPM) when compared to the vial. Staff K confirmed that the PPM was outside of effective 150-400 PPM range for quaternary ammonium compounds. Interview further revealed he/she had not tested prior to use on this date.</p> <p>Review on 11/6/24 of manufacturer's instructions for the test strips revealed that the strip should be dipped in the sink sanitizer for 5 seconds and that the acceptable sanitizing ranges of quaternary ammonium compounds was 150-400 PPM.</p> <p>Review on 11/6/24 of facility policy titled Dining Services: Documentation of Dish machine Temperatures and Third Sink Sanitizer reviewed 3/21 revealed .At the beginning of their shift .the PPM (parts per million) of the third (3rd) sanitizer sink and record all the findings .</p> <p>Food Storage</p> <p>Observation on 11/4/24 at approximately 8:30 a.m. of the Main Kitchen refrigerator revealed an open almond milk with an expiration date of 10/29. Further observations revealed soft fresh green peppers with black and gray fuzzy areas on them.</p> <p>Interview on 11/4/24 at approximately 8:30 a.m. with Staff L (Assistant Kitchen Director) confirmed the above refrigerator findings.</p> <p>Observation on 11/4/24 at approximately 8:20 a.m. of the Cascade/Retreat refrigerator revealed 2 metal containers. One metal container was unlabeled, uncovered, and not dated and contained brown wilted lettuce and hard crusted orange slices. The second metal container was partially covered and unlabeled with brown lettuce.</p> <p>Interview on 11/4/24 at approximately 8:20 a.m. of Staff K confirmed the above Cascade/Retreat refrigerator findings.</p> <p>Review on 11/6/24 of facility policy titled Dietary: Labeling and Dating of Facility Supplied Food Items, revised date 3/24, revealed: .Staff shall assess the quality of food items at a minimum of one (1) time per day .PROCEDURE: .4 .and discard food items according to policy and to federal/state and manufacturer guidelines.</p> <p>Review on 11/6/24 of the U.S. Food and Drug Administration Food Code, dated 2017, retrieved from https://www.fda.gov/food/FDA-food-code/food-code-2017 revealed the following: .Annex 3, Public Health Reasons/Administrative Guidelines .Chapter 6 Food Storage .6-404.11 Segregation and Location.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Products which are damaged, spoiled, or otherwise unfit for sale or use in a food establishment may become mistaken for safe and wholesome products and/or cause contamination of other foods, equipment, utensils, linens, or single-service or single-use articles. To preclude this, separate and segregated areas must be designated for storing unsalable goods.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49819</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow the Center for Disease Control and Prevention (CDC) guidelines for Enhanced Barrier Precautions (EBP) to prevent the spread of infections for 4 out of 8 residents reviewed for EBP in a final sample of 15 residents (Resident Identifiers are #12, #16, #23, and #39).</p> <p>Findings include:</p> <p>Resident #16</p> <p>Observation on 11/4/24 at approximately 11:00 a.m. revealed a cart with personal protective equipment (PPE) and a sign for EBP at Resident #16's room.</p> <p>Interview on 11/4/24 at approximately 11:00 a.m. with Resident #16 revealed Resident #16 stated that staff do not wear gowns or gloves while providing his/her care.</p> <p>Review on 11/4/24 of Resident #16's physician orders revealed a current order for EBP due to a urinary catheter.</p> <p>Observation on 11/5/24 at approximately 2:00 p.m. of Staff T (Licensed Nursing Assistant (LNA)) revealed Staff T transferring Resident #16 from their wheelchair to their bathroom for toileting. Staff T was wearing gloves and was not wearing a gown.</p> <p>Interview on 11/5/24 at approximately 2:00 p.m. with Staff T confirmed they did not wear a gown when transferring and toileting Resident #16.</p> <p>Resident #23</p> <p>Review on 11/6/24 of Resident #23's physician orders revealed a current order for EBP due to open wound.</p> <p>Observation on 11/6/24 at approximately 8:00 a.m. revealed Staff R (LNA) and Staff T transferring Resident #23 from their bed to their wheelchair without wearing gowns or gloves.</p> <p>Interview on 11/6/24 at approximately 8:00 a.m. with Staff R confirmed that he/she wasn't wearing a gown or gloves and Staff R was unaware the Resident #23 was on EBP.</p> <p>47129</p> <p>Resident # 12</p> <p>Observation on 11/4/24 at 10:40 a.m. of Resident #12's room revealed that an indwelling catheter bag hanging from Resident #12's wheelchair. There was no sign indicating that Resident #12 was on EBP.</p> <p>Resident #39</p> <p>(continued on next page)</p>		

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