

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2024
NAME OF PROVIDER OR SUPPLIER  Pleasant View Center		STREET ADDRESS, CITY, STATE, ZIP CODE  239 Pleasant Street Concord, NH 03301	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>26364</p> <p>Based on record review, policy review, and interview, it was determined that the facility failed to report alleged misappropriation/diversion of medications.</p> <p>Findings include:</p> <p>Interview on 3/22/24 with Anonymous revealed that they noticed a pattern of narcotics that were signed out of the narcotic book (a book that tracks controlled substances) and were not signed out of the resident's electronic Medication Administration Record (eMAR) for several residents. Anonymous alleged that this practice could indicate drug diversion. Interview further revealed that Anonymous was told by a staff member that it was being dealt with by the unit manager and administration. Anonymous did not report the allegation to the Administrator.</p> <p>Interview on 3/28/24 with Staff E (Administrator) and Staff F (Director of Nursing) confirmed the above findings and they were not aware of any allegations of misappropriation/diversion of residents' medications.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2024
NAME OF PROVIDER OR SUPPLIER  Pleasant View Center		STREET ADDRESS, CITY, STATE, ZIP CODE 239 Pleasant Street Concord, NH 03301	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26364</p> <p>Based on medical record review, policy review, and interview, it was determined that the facility failed to ensure accurate accounting for all controlled medications for 4 out of 8 residents reviewed for Pharmacy Services (Resident Identifiers are #1, #2, #3, and #7).</p> <p>Findings include:</p> <p>Review on 3/28/24 of the facility's policy titled Administration Procedures for All Medications effective date May 2018, revealed the following: J. After administration, return to cart, replace medication container (if multi-dose and doses remain), and document administration in the MAR [Medication Administration Record], TAR [Treatment Administration Record], and controlled substance sign out record, if indicated .M. When administering an as needed (PRN) medication, document the reason for giving, observe for medication actions/reactions and record pertinent details [on the PRN effectiveness sheet/nurse's notes].</p> <p>[NAME] A. [NAME] and [NAME] [NAME], Fundamentals of Nursing. 7th ed. St. Louis, Missouri: Mosby Elsevier, 2009. Page 709: After administering the medication, indicate which medications were given on the client's MAR per agency policy to verify that the medication was given as ordered. Record medication administration as soon as medications are given to client. Page 688: Guidelines for Safe Narcotic Administration and Control. Store all narcotics in a locked, secure cabinet or container. Narcotics are frequently counted. Usually counts are made on a continuous basis with the opening of narcotic drawers and/or at shift change. Report discrepancies in narcotic counts immediately. Use a special inventory record each time a narcotic is dispensed. Records are often kept electronically and provide an accurate ongoing count of narcotics dispensed. Records are often kept electronically and provide an accurate ongoing count of narcotics used and remaining as well as information about narcotics that are wasted.</p> <p>Use the record to document the client's name, date, time of medication administration, name of medication, dose, and signature of nurse dispensing the medication. If a nurse gives only part of a premeasured dose of a controlled substance, a second nurse witnesses disposal of the unused portion. If paper records are kept, both nurses sign their names on the form. Computerized systems record the nurses' names electronically.</p> <p>Resident #1</p> <p>Review on 3/28/24 of Resident #1's electronic Medication Administration Record (eMAR) for March 2024 revealed a physician's order for Oxycodone HCL [hydrochloride] tablet 5 milligram (mg), 0.5 tablet by mouth every 24 hours as needed for pain. Review of Resident #1's eMAR revealed no documentation the medication was given for the month of March 2024. Review on 3/28/24 of the facility's narcotic book for March 2024 page number 92 for revealed that Oxycodone HCL 2.5 mg was signed out of the narcotic book 6 times by Staff A (License Practical Nurse) from 3/1/24 to 3/28/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2024
NAME OF PROVIDER OR SUPPLIER  Pleasant View Center		STREET ADDRESS, CITY, STATE, ZIP CODE 239 Pleasant Street Concord, NH 03301	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 3/28/24 at approximately 1:15 p.m. with Resident #1 revealed that he/she does not have to use any extra pain medication and if he/she does, then he/she asks for Tylenol Tylenol works good me.</p> <p>Review on 3/28/24 of Resident #1's Minimum Data Sheet (MDS) C0500, Brief Interview Mental Score (BIMS) summary score, revealed a score of 9 which means he/she is moderately impaired.</p> <p>Resident #2</p> <p>Review on 3/28/24 at approximately 10:15 a.m. of Resident #2's eMAR for March 2024 revealed a physician's order for Oxycodone HCL tablet 5 mg, 1 tablet orally every 4 hours as needed for pain. Review of Resident #2's eMAR revealed documentation the medication was administered on 3/23/24. Review of the facility's narcotic book for March 2024 page number 11 revealed that Oxycodone HCL 5 mg was signed out of the narcotic book 23 times by Staff A from 3/1/24 to 3/28/24.</p> <p>Interview on 3/28/24 at approximately 1:20 p.m. with Resident #2 revealed that he/she does not like to use his/her PRN Oxycodone. Resident #2 further revealed that he/she maybe uses it once a week, but does not recall having any Oxycodone lately.</p> <p>Review on 3/28/24 of Resident #2's MDS C0500, BIMS summary score, revealed a score of 15 which means he/she is cognitively intact.</p> <p>Resident #3</p> <p>Review on 3/28/24 at approximately 10:30 a.m. of Resident #3's eMAR for March 2024 revealed a physician's order for Oxycodone HCL tablet 5 mg, 1 tablet by mouth every 4 hours as needed for pain. Review of Resident #3's eMAR revealed documentation the medication was administered on 3/19 (twice), 3/20, 3/21, 3/22 (three times), 3/23, 3/24, 3/25, 3/26 (twice) and 3/28. Review of the facility's narcotic book for March 2024 page number 97 revealed that Oxycodone HCL 5 mg was signed out of the narcotic book an extra 19 times by Staff A from 3/1/24 to 3/28/24.</p> <p>Interview on 3/28/24 at approximately 12:20 p.m. with Resident #3 revealed that he/she does receive their Oxycodone HCL 5 mg as needed when they ring their call light. He/She mostly rings during the night time hours.</p> <p>Review of Resident #3's MDS C0500, BIMS summary score, revealed a score of 15 which means he/she is cognitively intact.</p> <p>Resident #7</p> <p>Review on 3/28/24 at approximately 10:30 a.m. of Resident #7's eMAR for February 2024 revealed a physician's order for Oxycodone HCL tablet 5 mg, 0.5 mg tablet orally every 8 hours as needed for pain. Review of Resident #7's eMAR revealed documentation that the medication was administered on 2/6/24 and 2/29/24. Review of the facility's narcotic book for February 2024 page number 54 revealed Oxycodone HCL 5 mg was signed out of the narcotic book 12 times by Staff A in February 2024. Further review of Resident #7's March eMAR revealed documentation that the medication was administered on 3/17/24. Review of the facility's narcotic book for March 2024 page number 54, 87 and page 4 revealed that Oxycodone HCL 5 mg was signed out of the narcotic book 37 times by Staff A from 3/1/24 to 3/28/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2024
NAME OF PROVIDER OR SUPPLIER  Pleasant View Center		STREET ADDRESS, CITY, STATE, ZIP CODE 239 Pleasant Street Concord, NH 03301	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 3/28/24 with Staff E (Administrator) and Staff F (Director of Nursing) confirmed the above findings.</p>