

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  11/05/2024
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 - Potential for minimal 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>40522</p> <p>Based on interview and record review, it was determined that the facility failed to report an alleged violation of abuse no later than 24 hours and the results of the investigation to the State Survey Agency (SSA) for 1 of 4 residents reviewed for allegation of abuse (Resident Identifier #1).</p> <p>Findings include:</p> <p>Interview on 11/5/24 at approximately 11:30 a.m. with Staff A (Social Service Director) revealed that a nurse reported to him/her that Resident #1 had a bruise of unknown origin on 9/20/24. Staff A stated that he/she interviewed Resident #1 about the bruise and that Resident #1 mentioned a tall black man. Staff A also stated that during their investigation, the facility identified that the alleged perpetrator was Staff D (Licensed Nursing Assistant (LNA)).</p> <p>Review on 11/5/24 of Resident #1's provider note dated 9/20/24 revealed that Resident #1 was seen per nursing request and a report of a new bruise to his/her right medial forearm was first noted on 9/19/24. Further review revealed that the bruise was approximately 10 centimeters (cm) by 5 cm on the right medial to posterior aspect of the forearm.</p> <p>Review on 11/5/24 of Resident #1's Facility Reported Incident (FRI) reported to the SSA for Resident #1 revealed that the initial report about a bruise of unknown origin was sent to the SSA on 10/4/24. Further review of Resident #1's FRI revealed that Staff A's interview with Resident #1 about Staff D being the alleged perpetrator was not reported to the SSA.</p> <p>Review on 11/5/24 of the facility's policy titled, Abuse, Neglect, and Exploitation, review date of 1/2024, revealed: .Reporting/Response .reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g. law enforcement when applicable) within specified timeframes: .Not later than 24 hours .and to report the results of the investigation .</p> <p>Interview on 11/5/24 at approximately 2:00 p.m. with Staff C (Assistant Director of Nursing) confirmed the above findings and that he/she investigated the allegations of abuse for Resident #1. Staff C stated that Staff D's contract was terminated.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40522</b></p> <p>Based on interview and record review, it was determined that the facility failed to ensure that medications were administered timely for 2 of 4 residents reviewed for timely medication administration (Resident Identifiers are #5 and #6).</p> <p>Findings include:</p> <p>Standard:</p> <p>[NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 10th ed. St. Louis, Missouri: Mosby Elsevier, 2021.</p> <p>Chapter 31 Medication Administration Page 595,</p> <p>.Medications that are time critical most likely cause harm or have subtherapeutic effects if they are not administered in time (usually 30 minutes before and after the scheduled dose). Non-time-critical medications most likely do not cause harm if they are given within 1 hour to 2 hours before or after the schedule time. Thus, you need to administer time-critical medications at a precise time, within 30 minutes before and after a scheduled time. You administer non-time-critical medications within 1 to 2 hours of their scheduled times .</p> <p>Resident #5</p> <p>Review on 11/5/24 of Resident #5's active physician's orders revealed an order for Sevelamer (phosphate binder) 800 milligrams (mg), Give 2 tablets by mouth with meals and an order for Fluticasone-Salmeterol Inhalation 250-50 microgram/actuation (mcg/act), 1 inhalation orally two times a day.</p> <p>Review on 11/5/24 of Resident #5's medication administration times, dated 11/4/24, revealed that Sevelamer 800 mg was scheduled for 7:30 a.m. and was administered at 11:59 a.m., more than 2 hours late from the scheduled time. Further review of Resident #5's medication administration times revealed that Fluticasone-Salmeterol (for wheezing/shortness of breath) was scheduled for 4:00 p.m. and was administered at 9:16 p.m., more than 2 hours from the scheduled time.</p> <p>Resident #6</p> <p>Review on 11/5/24 of Resident #6's active physician's orders revealed an order for Humalog (insulin) sliding scale, to give with meals, Depakote Delayed Release (anticonvulsant) 250 mg, Give 1 tablet by mouth two times a day, and Midodrine (for hypotension) 5 mg, two times a day.</p> <p>Review on 11/5/24 of Resident #6's medication administration times dated 11/4/24 revealed Humalog sliding scale was scheduled for 8:00 a.m. and was administered at 11:08 a.m., Depakote 250 mg was scheduled for 9:00 a.m. and was administered at 11:09 a.m., and Midodrine 5 mg was scheduled for 9:00 a.m. and was administered at 11:09 a.m.</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>Interview on 11/5/24 at approximately 4:00 p.m. with Staff E (Director of Nursing) confirmed the above findings. Staff E stated the expectation was to administer medications 1 hour before or after the scheduled time. Staff E was unable to provide a facility policy on medication administration timing.</p>