STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow resident to participate in the development and implementation of his or her person-centered plan of care. Based on interview and record review, it was determined that the facility failed to facilitate the inclusion of the resident and/or representative in quarterly care plan meetings for 5 of 5 residents reviewed for care plan meetings in a final sample of 30 residents. (Resident identifiers are #6, #13, #16, #37, and #68). Findings include: Resident #13 Interview on 1/9/26 at 12:44 p.m. with Resident #13 revealed that he/she had not attended a care plan meeting in over a year. Review on 1/9/26 of Resident #13's medical record revealed that there was a care plan meeting note, dated 10/29/24. Further review revealed that there was no documentation of a care plan meeting for Resident #13 after 10/29/24. Resident #16 Interview on 1/9/26 at 12:47 p.m. with Resident #16 revealed that Resident #16 had never attended a care plan meeting. Review on 1/9/26 of Resident #16's medical record revealed that there was no documentation of a care plan meeting since Resident #16's admission in 2024. Resident #37 Interview on 1/9/26 at 12:38 p.m. with Resident #37 revealed that he/she had not attended a care plan meeting since 2024. Review on 1/9/26 of Resident #37's medical record revealed that there was a care plan meeting note dated 2/15/24. Further review revealed that there was no documentation of a care plan meeting for Resident #37 after 2/15/24. Resident #6 Review of on 1/7/26 of Resident #6's medical record revealed that there was no documentation of a care plan meeting for Resident #6 after 5/27/25. Interview on 1/9/26 at approximately 1:30 p.m. with Resident #6 confirmed that he/she did not remember the last time they had a care plan meeting. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #68 Review on 1/9/26 of Resident #68's medical record revealed that there was no documentation of a care plan meeting for Resident #68 since readmission in June 2025. Interview on 1/9/26 at approximately 1:15 p.m. with Resident #68 confirmed that he/she does not remember the last time they had a care plan meeting. Interview on 1/9/26 at 9:35 a.m. with Staff E (Social Worker) confirmed that were no quarterly care plan meetings for Resident #6, #13, #16, #37, and #68. Review on 1/9/26 of facility policy titled Care Planning-Resident Participation, revised 6/25, revealed .10. The facility will discuss the plan of care with the resident and/or representative at regularly scheduled care plan conferences, and allow them to see the care plan, initially, at routine intervals, and after significant changes. The facility will make an effort to schedule the conference at the best time of the day for the resident/resident's representative. The facility will obtain a signature from the resident and/or resident representative after discussion of viewing of the care plan .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review, it was determined that the facility failed to document that the resident and/or the resident's representative was fully informed of the risk and benefits of psychotropic medications for 1 of 5 residents reviewed for unnecessary medications in a final sample of 30 residents. (Resident identifier is #66). Findings include:Review on 1/9/26 of Resident #66's provider progress note, dated 12/5/25, revealed the following: Depression currently treated with Sertraline 25 mg daily; decision made to change regimen, discontinue Sertraline 25 mg [milligram] daily. Prescribed Duloxetine 30 mg daily. Interview on 1/9/26 at approximately 9:00 a.m. with Staff F (Nurse Practitioner) revealed that he/she did not explain the risks and benefits of the medication with Resident #66 and/or their representatives before starting the duloxetine. Review on 1/9/26 of Resident #66's December Medication Administration Record revealed that Resident #66 was administered Duloxetine HCl (Hydrochloride) Capsule Delayed Release Particles 30 MG (Antidepressant) 1 time daily since 12/5/25. Review 1/8/26 of Resident #66's medical record revealed that there was no documentation that the resident and/or the resident's representative had been informed of the risks and benefits of the above medication. Interview on 1/9/26 at 1:55 p.m. with Staff L (Director of Nursing) confirmed the above findings. Review on 1/12/26 of facility policy titled Use of Psychotropic Medication(s), revised 12/25, revealed .9. Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on interview and record review, it was determined that the facility failed to provide resident choice regarding meal times for 2 out of 3 residents reviewed for choices in a final sample of 30 residents (Resident identifiers are #48 and #64). Findings include:Resident #64Interview on 1/7/2026 at approximately 10:15 a.m. with Resident #64 revealed that the he/she has dialysis three times a week and usually returns to the facility during lunchtime. His/her meal tray is usually delivered and waiting for them when they return from dialysis and the food is cold. Resident #64 has requested the meal be reheated and staff stated they could not. Resident #64 has to eat the meal cold.Resident #48Interview on 1/6/2026 at approximately 9:20 a.m. with Resident #48 revealed that he/she was not always ready to eat when the meal tray was served. When Resident #48 requested the meal be reheated, staff stated they could not due to germs. Resident #48 said they had to eat the meal cold.Interview on 1/6/2026 at approximately 12:30 p.m. with Staff P (Licensed Nursing Assistant) revealed the staff used to heat food for residents, but are not allowed anymore due to cross contamination.Interview on 1/6/2026 at approximately 12:40 p.m. with Staff Q (Registered Nurse) revealed they reheat food unless the resident has eaten already due to germs on their plate/food.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, it was determined that the facility failed to ensure admission medications and supplements were administered for 1 of 2 newly admitted residents reviewed. (Resident Identifier is #163).Findings include:Interview on 1/9/26 at 1:42 p.m. with Resident #163 revealed that he/she was admitted to the facility on [DATE] and was not given all of their medications that evening. Review on 1/9/26 of Resident #163's Progress Notes, dated 1/5/26 at 1:20 p.m., revealed a Social History and Initial Assessment was completed by Social Services. Review on 1/9/26 of Resident #163's January 2026 Medication Administration Record revealed the following medications and supplements ordered by the physician was not documented as administered:On 1/5/26:Melatonin Tablet 3 milligrams (mg) fat, scheduled for 8:00 p.m.,MiraLAX Powder 17 grams, scheduled for 7:00 p.m. to 11:00 p.m.,Olanzapine Tablet 2.5 mg, scheduled for 8:00 p.m.,Phenytoin Sodium Extended Oral Capsule 30 mg eight tablets (240 milligrams), scheduled at bedtime (8:00 p.m.),Sennosides-Docusate Sodium tablet 8.6-50 mg give 2 tablets twice daily scheduled for 7:00 p.m. to 11:00 p.m.,Tamiflu Oral Capsule 75 mg twice daily for positive flu, scheduled for 7:00 p.m. to 11:00 p.m., andTuberculin Solution 5 units administer 0.1 milliliters scheduled for 3:00 p.m. to 11:00 p.m. On 1/6/26:Phenytoin Sodium Extended Capsule 100 mg scheduled for 6:00 a.m., Coenzyme Q10 Oral Capsule 100 mg scheduled for 7:00 a.m. to 12:00 p.m.,andTamiflu Oral Capsule 75 mg twice daily scheduled for 7:00 a.m. to 12:00 p.m. Review on 1/9/26 of Resident #163's Progress Notes revealed the following notes:On 1/5/26 at 8:14 p.m., medication on order waiting for arrival. There was no documentation that Resident #163's provider was notified.On 1/6/26 at 5:18 a.m., a note indicated Phenytoin Sodium Extended Capsule was not administered due to waiting to receive stock. On 1/6/26 at 7:55 a.m., a note indicated Coenzyme Q10 Oral Capsule was not administered due to waiting to receive from pharmacy.On 1/6/26 at 7:56 a.m., a note indicated Tamiflu Oral Capsule was not administered due to waiting to receive from pharmacy. There was no documentation that Resident #163's provider was notified. Interview on 1/9/26 at 1:55 p.m. with Staff F (Nurse Practitioner) revealed that he/she was not notified of the above missed doses.Review on 1/9/26 of the facility's Active Inventory List for medications revealed that Olanzapine 2.5mg tabs and Phenytoin Sodium extended 100 mg would be available in the facility's automated medication dispenser (a machine set up by pharmacy to keep prescription medications). Observation on 1/09/2026 at 2:23 p.m. of the Second Floor Medication Room with Staff H (Registered Nurse) and Staff G (Nursing Supervisor) revealed that melatonin, MiraLAX, Tamiflu, Sennosides-Docusate Sodium, Coenzyme Q10 and Tuberculin were available in the house stock. Further review revealed the facility kept active inventory of Olanzapine 2.5 mg and Phenytoin Sodium extended 100 mg in the automated medication dispenser. Interview on 1/9/26 at 2:38 p.m. with Staff I (Licensed Practical Nurse) confirmed that he/she had worked the evening shift on 1/5/26 and did not administer the above medications. Staff I revealed that he/she did not have a code to access the facility's automated medication dispenser on that day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, it was determined that the facility failed to develop and implement a comprehensive care plan for 2 of 3 residents reviewed for smoking, and 1 of 1 residents reviewed for dementia care in a final sample of 30 residents (Resident Identifiers are #38, #66 and #113). Findings include:Resident #66 Review on 1/9/26 of Resident #66's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/5/25 under section F0400 - Interview for Activity Preferences revealed that while Resident #66 was in the facility, very important was coded for the following: to have books, newspapers, and magazines to read; listen to music; be around animals; keep up with the news; do things with groups of people; do you favorite activities; do your favorite activities, and participate in religious services or practices. Review on 1/9/26 of Resident #66's care plan revealed there was no care plan interventions for activities. Interview on 1/9/26 at 9:35 a.m. with Staff D (Director of Social Services) confirmed the above findings. Resident #38 Interview on 1/6/26 at approximately 10:00 a.m. with Resident #38 revealed that Resident #38 would smoke occasionally and was supervised by staff while smoking. Review on 1/6/26 of Resident #38's smoking/vaping screening assessment, dated 1/5/26, revealed that Resident #38 required supervision while smoking. Review on 1/9/26 of Resident #38's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/30/25 revealed that section J1300 - Current Tobacco Use was coded Yes, indicating that at the time of the assessment, Resident #38 was using tobacco. Review on 1/8/26 of Resident #38's care plans revealed that there was no care plan for smoking. Resident #113Interview on 1/7/26 at 10:54 a.m. with Resident #113 revealed that he/she was a smoker. He/she stated that he/she was able to go outside to the designated smoking area anytime that he/she wanted. Review on 1/9/26 of Resident #113's smoking/vaping screening assessment, dated 1/6/26, revealed that Resident #113 was an unsupervised smoker. Review on 1/9/26 of Resident #113's care plans revealed that there was no care plan interventions for smoking. Interview on 1/9/26 at approximately 10:30 a.m. with Staff J (Registered Nurse Supervisor) confirmed that there was no care plan in place for smoking for Resident #38 and Resident #113. Review on 1/9/25 of the facility's policy, Resident Smoking/Vaping, revised 1/25, revealed .10. All safe smoking/vaping measures will be documented on each resident's care plan and communicated to all staff, visitors, and volunteers who will be responsible for supervising residents while smoking/vaping. Supervision will be provided as indicated on each resident's care plan .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to follow professional standards for 1 of 2 residents reviewed for insulin, for 1 of 4 residents observed for medication administration, and for 1 of 3 residents reviewed for smoking in a final sample of 30 residents (Resident Identifiers are #4, #38, and #47). Findings include: Resident #4 Standard: [NAME], [NAME] A., and [NAME]. Fundamentals of Nursing. 10th edition St. Louis, Missouri: Elsevier, 2021. Page 614 .It is essential to verify the accuracy of every medication you give to your patients with the patient's order. If the medication order is incomplete, incorrect, or inappropriate, or if there is a discrepancy between the original order and the information on the MAR [Medication Administration Record]. consult with the health care provider. Do not give a medication until you are certain that you can follow the seven rights of medication administration . Page 672 .seven rights of medication administration include right medication, right dose, right patient, right route, right time, right documentation and right indication . Interview on 1/7/2026 at approximately 11:40 a.m. with Resident #4 revealed he/she sometimes doesn't get his/her insulin. Review on 1/9/2026 of Resident #4's physician orders revealed Insulin Lispro inject per sliding scale [based on blood sugar]: if 0-150 = 0 units, 151-200 = 3 units,201-250 = 7 units, 301-350 = 9 units, 351-499 = 12 units, if greater than 500 call provider, subcutaneously before meals and at bedtime for diabetes. Review on 1/9/2026 of Resident #4's December 2025 Medication Administration Record (MAR) revealed no documentation for blood sugars or insulin administered on 12/9/25, 12/15/25, 12/28/25, and 12/29/25 at 6:00 a.m. Review on 1/9/2026 of Resident #4's January 2026 MAR revealed no documentation for blood sugars or insulin administered on 1/5/26 at 5:30 p.m. Interview on 1/9/2026 at approximately 3:00 p.m. with Staff F (Nurse Practitioner) confirmed the above missed blood sugars and insulin. Review on 1/9/2026 of facility policy titled Medication Administration revised 12/25 revealed .Policy Explanation and Compliance Guidelines:.10. Ensure that the six rights of medication administration are followed: a. Right resident b. Right drug c. Right dosage d. Right route e. Right time f. Right documentation Resident #38 Standard: Department of Health and Human Services, Food and Drug Administration [Docket No. FDA-2013-N-0341} Federal Register :: Modifications To Labeling of Nicotine Replacement Therapy Products for Over-the-Counter Human Use II. Proposed Revisions to the Labeling of OTC NRT (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Products A. Concomitant Use of OTC NRT Products With Cigarettes or Other Nicotine-Containing Products, Including Other NRT. The Drug Facts section of the label for OTC NRT products currently contains two statements relating to the use of these products with other nicotine-containing products. The first statement is found under the Do not use subheading of the Warnings section. It instructs consumers not to use the OTC NRT product if they continue to smoke, chew tobacco, use snuff, or use [a different NRT product] or other nicotine containing products. Review on 1/8/26 of Resident #38's physician orders revealed the following order, dated 12/24/25, Nicotine Patch 24 hour, Apply 14 mg [milligram] trans dermally every 24 hours for smoking cessation for 6 weeks. Rotate patch sites daily. Do not leave on for more than 24 hours and be sure to remove old patch before applying new patch. Interview on 1/8/26 at approximately 9:45 a.m. with Resident #38 revealed that Resident #38 was a smoker and would go out to smoke in the afternoon with staff. Interview further revealed that he/she went out to smoke on 1/7/26 at 6:30 p.m. and that a staff member removed the nicotine patch prior to him/her smoking. Interview on 1/08/26 at approximately 11:30 a.m. with Staff F (Nurse Practitioner) revealed that Resident #38 had a long history of smoking prior to coming to the facility. In December, Resident #38 wanted to quit smoking cold turkey. He/she placed an order for the nicotine patch for Resident #38. Interview further revealed that Staff F was not aware that Resident #38 was occasionally smoking. Review on 1/12/26 of the facility's policy Resident Smoking/Vaping, revised 1/25, revealed .14. The interdisciplinary team, with guidance from the physician, will help to support the resident's right to make an informed decision regarding smoking.vaping by: a. Including the resident, family, and/or resident representative in discussions regarding the risks associated with smoking/vaping. b. Offering pharmacological and/or behavioral interventions to assist with smoking/vaping cessation, c. Providing educational materials regarding smoking/vaping and smoking/vaping cessation. d. Developing a safe smoking/vaping plan, or an individualized plan to quit smoking/vaping . Resident #47 Standard:[NAME], [NAME] A., and [NAME]. Fundamentals of Nursing. 10th ed. St. Louis, Missouri: Mosby Elsevier, 2021, Chapter 31, Medication Administration, Page 618-619, .Administering Medications Through an Enteral Tube (Nasogastric Tube, G-tube [gastrostomy tube], J-tube [jejunostomy tube], or Small-Bore Feeding Tube .Steps .Before administration of enteral medications, verify placement of feeding tube according to agency policy and determine that tube is placed in the stomach or small intestine correctly .Check placement of feeding tube by observing gastric contents and checking pH of aspirate contents .Check for gastric residual volume . Observation on 1/6/26 at approximately 10:25 a.m. with Staff M (Licensed Practical Nurse) during Resident #47's medication administration revealed Staff M was preparing Resident #47's scheduled morning medication at the medication cart and crushed one tablet of Lamotrigine (anticonvulsant) 100 milligram (mg). Resident #47's Lamotrigine 100 mg bingo card had a pharmacy warning label that indicated to DO NOT CRUSH. Staff M flushed Resident #47's J-tube with water using a 60 milliliter syringe, administered crushed medications that included the crushed Lamotrigine 100 mg tablet through the J-tube, and then flushed the J-tube again with water. Staff M did not verify J-tube placement prior to administering the medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 1/6/26 at approximately 11:00 a.m. with Staff M confirmed the above findings and that he/she did not check for the J-tube placement prior to administering medications to Resident #47. Review on 1/6/26 of the Lamotrigine manufacturer's instruction revealed .Warning Labels: Swallow Tablet Whole. Do Not Chew, Break, Or Crush . Review on 1/6/26 of the facility's policy titled, Medication Administration, review date of 12/2025, revealed .Administer medication as ordered in accordance with manufacturer's specifications .Do not crush medications with do not crush instructions. Review on 1/6/26 of Resident #47's enteral feeding care plan, revision date of 1/5/26, revealed an intervention, dated 9/24/24, to check patency and placement of tube daily before administering feedings and medications. Review on 1/6/26 of the facility's policy titled, Care and Treatment of Feeding Tubes, review date of 6/2025, revealed .The resident's plan of care will address the use of feeding tube, including strategies to prevent complications .In accordance with facility protocol. licensed nurses will monitor and check that the feeding tube is in the right locations (e.g. stomach of small intestine, depending on the tube): 1. Tube placement will be verified before beginning a feeding and before administering medications .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview, observation, and record review it was determined that the facility failed to provide treatment and care in accordance with professional standards of practice that will meet each resident's physical, mental, and psychosocial needs for 1 of 1 residents reviewed for skin conditions in a final sample of 30 residents. (Resident identifier is #125). Findings include:Observation on 1/6/26 at approximately 9:30 a.m. of Resident #125 sitting in the hallway with his/her button shirt open at the top; and resident itching his/her chest area that was bright red and raised with bumps.Interview on 1/6/26 at approximately 9:45 a.m. with Resident #125 revealed I'm always itchy.Review of Resident #125's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 11/21/25 revealed in Section C Cognitive Patterns C0200 BIMS (Brief Interview for Mental Status) a score of 03 which indicates severe impairment.Review on 1/8/26 of Resident #125's medical record revealed a diagnosis of seborrheic dermatitis. Further review of Resident #125's MAR (Medication Administration Record) revealed a physician's order for CeraVe itch relief, apply to arms/back topically two times a day for dry skin, and an order for HydrOXYzine Tablet 25 MG (Milligrams) every six hours as needed for itching with a start date of 11/24/25. Review on 1/8/26 of Resident #125's Weekly Skin Review-V5 dated 12/27/25 revealed Section 4. Comments and Orders 1. Right breast redness, groins pinkend, scratches all over upper body r/t c/o itch. Lotion applied, this has been ongoing Staff F (Nurse Practitioner) aware.Interview on 1/8/26 at approximately 12:30 p.m. with Staff F (Nurse Practitioner) confirmed that this is ongoing for Resident #125 and that he/she was aware of the 12/27/25 Weekly Skin Review. Further interview with Staff F revealed that he/she did not give any new orders.Review on 1/8/26 of Resident #125's MAR for January 2026 revealed that Resident #125 had not received any HydrOXYzine in January.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, it was determined that the facility failed to implement established infection prevention policies for transmission-based precautions (TBP) for 1 of 6 residents reviewed for droplet precautions. (Resident identifier is #136.)Findings include:Observation on 1/6/2026 at approximately 10:15 a.m. of Resident #136's room revealed signage for Droplet Precautions. Further observation revealed two housekeepers don personal protective equipment (PPE) to include mask, gown and gloves. After performing some cleaning tasks, Staff A (Housekeeper) wore all PPE out of the room to access the housekeeping cart and speak with other staff. Staff A walked down the hall and accessed another room with all the same PPE from Resident #136's room and Staff A had not performed hand hygiene.Interview on 1/6/2026 at approximately 10:15 a.m. with Staff A confirmed that he/she left PPE on after exiting Resident #136's room and entering the hallway and another resident's room.Review on 1/7/2026 of facility outbreak line list revealed Resident #136 was on Droplet Precautions for suspected Influenza.Interview on 1/9/2026 at approximately 8:45 a.m. with Staff C (Infection Preventionist) confirmed if PPE is worn for Droplet Precautions, it is their policy to remove PPE and perform hand hygiene prior to leaving the room.Review on 1/12/25 of facility policy titled Personal Protective Equipment revised 6/25 revealed .Policy Explanation and Compliance Guidelines: 1. All Staff who have contact with residents and/or their environments must wear personal protective equipment as appropriate.2. PPE will be utilized as part pf standard precautions regardless of resident's suspected or confirmed infection status.4. Indications/considerations for PPE use: a. Gloves: i. Wear gloves when direct contact with potentially contaminated surfaces or equipment. Ii. Perform hand hygiene.after removal.vi. The outside of gloves are contaminated.vii. Dispose of gloves in appropriate waste receptacle.b. Gowns: i. Wear gowns to protect.from contamination with.potentially infectious material.iv.Remove gown to prevent contamination.v. Dispose of gown into appropriate waste receptacle.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305045	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Center	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)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. Based on interview, record review, and observation it was determined that the facility failed to care plan according to their smoking assessment for 1 of 3 residents reviewed for smoking in a final sample of 30 residents. (Resident identifier is #68.)Resident #68Review on 1/6/26 of Resident #68's smoking assessment, dated 11/6/25, revealed that Resident #68 is a supervised smoker. Review on 1/6/26 of Resident #68's smoking care plan, revised 1/6/26, revealed that Resident #68 may smoke without supervision per smoking assessment. Interview on 1/7/26 at approximately 9:30 a.m. with Resident #68 revealed that he/she smokes independently. Interview on 1/8/26 at approximately 11:00 a.m. with Staff J (Nurse Supervisor) confirmed Resident #68 smokes independently.Review on 1/9/26 of the facility policy titled Resident Smoking implemented on 7/1/21 revealed .Policy Explanation and Compliance Guidelines: #7. Residents who smoke will be further assessed, using the Smoking Evaluation, to determine whether or not supervision is required for smoking , orif resident is safe to smoke at all .#10. All safe smoking measures will be documented on each resident's care plan and communicated to all staff, visitors, and volunteers who will be responsible for supervising residents while smoking. Supervision will be provided as indicated on each resident's care plan.