

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Hillsborough County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Mast Road Goffstown, NH 03045	

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>38218</p> <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>Based on observation, interview, and policy review, it was determined that the facility failed to ensure that residents were assessed for the ability to self-administer medication for 1 out of 4 residents reviewed for choices in a final sample of 35 residents (Resident Identifier #116).</p> <p>Findings include:</p> <p>Observation on 4/29/24 at approximately 8:30 a.m. of Resident #116 revealed he/she was in bed administering medications to his/herself off of a napkin. The napkin contained approximately 5 pills. There was no staff present in the room.</p> <p>Interview on 4/29/24 at approximately 8:30 a.m. with Staff B (Licensed Practical Nurse) confirmed the above findings. Staff B revealed that this is his/her regular practice with Resident #116.</p> <p>Review on 4/30/24 of Resident #116's medical record, under physician orders, revealed that there was no order for Resident #116 to self-administer medications. Further review of Resident #116's medical record revealed that there was no assessment done with Resident #116 to self-administer medications.</p> <p>Review on 4/30/24 of the facility's policy titled Medication-Administration of Medications revision date 10/18 revealed: .7. Medications shall not be left at bedside .</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>38218</p> <p>Based on interview, observation, and record review, it was determined that the facility failed to ensure that residents with pressure ulcers had documentation of weekly assessments that contained measurements and descriptions of the pressure ulcer for 1 out of 3 residents reviewed for pressure ulcers in a final sample of 35 residents (Resident Identifier #114).</p> <p>Findings include:</p> <p>Review on 5/1/24 of Resident #114's medical record revealed that Resident #114 had a pressure ulcer on his/her coccyx.</p> <p>Review on 5/1/24 of Resident #114's weekly wound assessments revealed:</p> <p>3/21/24 wound measurements 0.73 centimeters (cm) by (x) 0.99 cm (iimproving)</p> <p>3/28/24 no documented wound assessment</p> <p>4/4/24 wound measurements 1.29 cm x 0.4 cm (deteriorating)</p> <p>Interview on 5/1/24 at approximately 11:15 a.m. with Staff G (Wound Nurse) confirmed the above findings.</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>49819</p> <p>Based on record review, interview, and observation, it was determined that the facility failed to ensure licensed nurses had the competencies and skill sets in accordance with the facility assessment for 1 of 2 nurses reviewed for competencies.</p> <p>Finding include:</p> <p>Review on 4/30/24 of the facility assessment, dated 1/2024, revealed under the education section: .All nurses, MNAs [Medication Nursing Assistants], and LNAs [Licensed Nursing Assistant] will .have an annual Knowledge and Competency Testing form completed . The assessment further revealed Medication Management: Medication Administration RN [Registered Nurse]/LPN [Licensed Practical Nurse] were indicated.</p> <p>Review of Staff A's (RN) last Knowledge and Competency Documentation revealed a completion date of 2021.</p> <p>Interview on 5/1/24 at approximately 9:45 a.m. with Staff G (Staff Development Coordinator) revealed competencies are completed on hire. The interview further revealed that specifically for medication administration, competencies would not be done again unless there are identified medication errors or questionable medication pass techniques and observations of these would be by unit managers or staff development.</p> <p>38218</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>28881</p> <p>Based on observation, interview, and policy review it was determined that the facility failed to maintain a clean environment for proper washing and sanitizing of dishes and utensils in the main kitchen and failed to ensure food was kept at the proper temperature in 6 of 6 kitchenettes observed.</p> <p>Findings include:</p> <p>Main Kitchen</p> <p>Observation on 4/29/24 at approximately 8:00 a.m. in the kitchen dishwashing area with Staff H (Food Services Director) revealed two wall fans, with accumulated gray dust and grease debris, blowing air towards the clean dishes.</p> <p>Interview on 4/29/24 at approximately 8:00 a.m. with Staff H confirmed the above finding.</p> <p>Observation on 4/29/24 at approximately 8:05 a.m. with Staff H revealed a food mixer with built-up food debris and grease.</p> <p>Interview on 4/29/24 at approximately 8:05 a.m. with Staff H confirmed the above finding and revealed it had not been used since the day prior.</p> <p>Review on 4/29/24 of facility's policy titled Surface: Cleaning and Sanitization revealed: .Non-Food Contact Surfaces. Must be cleaned and rinsed .Examples: walls, floors, storage shelves, equipment exteriors .Food Contact Surfaces. Must be cleaned, rinsed, and sanitized .Examples: knives, cutting boards, pots and pans, prep tables, and other equipment that touches food .</p> <p>Unit Kitchenettes</p> <p>Review on 4/29/24 of the 6 kitchenette refrigerator temperature logs revealed no recorded temperatures on the following dates and locations:</p> <p>March 2024:</p> <p>Unit A-1: 3/21/24, 3/22/24, and 3/23/24</p> <p>Unit A-2: 3/22/24 and 3/23/24</p> <p>Unit B-2: 3/21/24, 3/22/24, and 3/23/24</p> <p>Unit B-3: 3/21/24, 3/22/24, and 3/23/24</p> <p>Unit C-3: 3/22/24</p> <p>Unit C-4: 3/23/24</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 - Few</p>	<p>April 2024:</p> <p>Unit A-1: 4/21/24 and 4/30/24</p> <p>Unit A-2: 4/30/24</p> <p>Unit B-2: 4/21/24 and 4/30</p> <p>Unit C-3: 4/20/24, 4/21/24, and 4/30/24</p> <p>Unit C-4: 4/20/24, 4/21/24, and 4/30/24</p> <p>Interview on 4/29/24 at approximately 8:30 a.m. with Staff H confirmed the above finding.</p> <p>Review on 4/29/24 of facility policy titled, Storing: Food and Equipment revealed: .Refrigerator and Freezer . An assigned team member will check the temperature of all refrigerators and freezers two times per day .</p>