

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Lebanon Center, Genesis Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 24 Old Etna Road Lebanon, NH 03766	

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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>47129</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that training and education was provided to staff on abuse, neglect, exploitation, and misappropriation of resident property for 1 of 5 staff reviewed (Staff Identifier is Staff L (Licensed Nursing Assistant)).</p> <p>Finding include:</p> <p>Review on 7/11/24 of Staff L's education file revealed no documentation of training or education for abuse, neglect, exploitation and misappropriation of resident property.</p> <p>Interview on 7/11/24 at 2:30 p.m. with Staff D (Director of Nursing) confirmed that Staff L did not have training or education for abuse, neglect exploitation and misappropriation of resident property prior to Staff L's start date on 4/23/2024.</p> <p>Review on 7/11/23 of facility policy titled, Abuse Prohibition, revised on 10/24/22, revealed .4. Training and reporting obligations will be provided to all employees - through orientation, Code of Conduct training, and a minimum of annually - and will include .</p> <p>43408</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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