STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305051	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keene Center, Genesis Healthcare	677 Court Street Keene, NH 03431

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to ensure that food was stored in a refrigeration at or below 41 degrees Fahrenheit (F) for 1 of 2 kitchenette refrigerators and 1 of 1 main kitchen walk in refrigerators. Findings include:Observation on 5/12/26 at approximately 8:20 a.m. with Staff H (Dietary Manager) revealed that the temperature logs for the walk-in refrigerator in the main kitchen had high temperature recordings. Review on 5/13/26 of the refrigerator temperature logs for the main kitchen walk- in refrigerator revealed the following: a.m. temperatures greater than 41 degrees on 4/24/26 (48), 4/25/26 (45), 4/27/26 (48), 5/5/26 (48), 5/6/26 (50), 5/7/26 (52), 5/8/26 (52), 5/9/26 (46), and 5/11/26 (52).Review on 5/13/26 of the refrigerator temperature logs for the main kitchen walk- in refrigerator revealed the following: p.m. temperatures greater than 41 degrees on 4/26/26 (45), 5/5/26 (52), 5/6/26 (58), 5/8/26 (50), and 5/9/26 (49).Observation on 5/12/26 at approximately 8:50 a.m. with Staff H revealed that the temperature logs for the third-floor kitchenette refrigerator revealed that there were high temperatures. Further observation revealed that the refrigerator was placed out of service on 5/12/26. Inside the refrigerator was a jug of orange juice with an open date of 5/10/26, 3 20-ounce diet cokes and 1 unopened Gatorade bottle.Review on 5/13/26 of the refrigerator temperature logs for the Third-floor kitchenette refrigerator revealed the following: a.m. temperatures greater than 41 degrees on 4/9/26 (49), 4/10/26 (57.5), 4/11/26 (52.5), 4/12/26 (49), 4/18/26 (48), 4/24/26 (55), 4/25/26 (53), 4/26/26 (47.5), 5/5/26 (54.5), 5/8/26 (65), and 5/10/26 (55.5).Review on 5/13/26 of the refrigerator temperature logs for the Third-floor kitchenette refrigerator revealed the following: p.m. temperatures greater than 41 degrees on 4/5/26 (52.5), 4/6/26 (45.5), 4/7/26 (46.5), 4/8/26 (44), 4/9/26 (43), 4/10/26 (50), 4/16/26 (65.5), 4/18/26 (46), 4/19/26 (54), 4/22/26 (48), 4/23/26 (52), 4/25/26 (46), 5/3/26 (54.5), 5/5/26 (54.5), 5/8/26 (64.5), and 5/11/26 (69).Interview on 5/14/26 at approximately 9:33 a.m. with Staff I (Dietary Aide) revealed that he/she completed the temperature check on 5/8/26 in the a.m. of 45 degrees and recorded the digital temperature from the outside of the refrigerator prior to stocking. Staff I further revealed that he/she did not report the elevated temperature of 45 degrees to anyone as he/she was not aware of reportable temperatures. Interview on 5/14/26 at approximately 9:38 a.m. with Staff J (Maintenance Director) revealed that they were unaware of elevated temperatures for the third-floor kitchenette refrigerator. Further interview revealed that the refrigerators were in use on the days they were above 41 degrees F.Review on 5/14/26 of the facility's policy Food Storage: Cold Foods, undated, revealed, A written record of daily temperatures will be recorded. If temperatures are higher than acceptable range, foods must be removed and stored safely in other refrigerators, and maintenance notified. (TELS work order)

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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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on record review and interview, it was determined that the facility failed to ensure that a resident had an accurate Preadmission Screening and Resident Review (PASARR) screening for an individual with a mental health disorder for 2 of 3 residents reviewed for PASARR in a final sample of 18 residents (Resident Identifiers are #6 and #100). Findings include:Resident #6 Review on 5/13/26 of Resident #6's medical record revealed that he/she had been admitted to the facility in 11/2025 with a known diagnosis of Bipolar disorder. Review of PASARR, dated 11/11/25, section 2. Screening for mental illness (MI) 2A. Suspected diagnosis was marked No, and no check mark was placed next to Bipolar in the listed possible ICD-10 codes for MI, and no further information was completed for Section 2A,2B or 2C. Interview on 5/14/26 at approximately 9:30 a.m. with Staff F (Social Services) confirmed the above pre admission PASARR was inaccurate. Resident #100 Review on 5/12/26 of Resident #100's medical record revealed that he/she had been admitted to the facility approximately one week ago with a known diagnosis of Major Depressive Disorder, Recurrent, Moderate. Review on 5/12/26 of Resident #100's PASARR, dated 5/6/26, section 2. Screening for mental illness (MI) 2A. Suspected diagnosis was marked No, and no check mark was placed next to Major Depression in the listed possible ICD-10 codes for MI, and no further information was completed for Section 2A, 2B or 2C. Interview on 5/13/26 at approximately 1:29 p.m. with Staff F confirmed that the above pre-admission PASSAR was inaccurate. Review on 5/14/26 of the facility's policy: Pre-admission Screening for Mental Disorder and/or [Sic] Intellectual disability patients revealed . Center Social Worker or designated staff will assure that all patients with Mental Disorders (MD) and or Intellectual Disability (ID) receive appropriate pre-admission screenings .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to label an eye medication with an open expiration date, in 1 of 3 medication carts observed (Third Floor North High Cart. Resident Identifier #17).Findings include:Observation on 5/12/26 at approximately 8:10 a.m. of the third floor North High Medication Cart revealed an open Latanoprost eye drops for Resident #17, with no open date or open expiration date on the box or bottle. Further observation revealed the box had a pharmacy label with the refill date 1/6/26.Interview on 5/12/26 at approximately 8:10 a.m. with Staff G (Registered Nurse) confirmed no open date or open expiration date present and revealed the date the eye drops would have come from the pharmacy would be 1/6/26.Review on 5/12/26 of Latanoprost manufacturer instructions revealed, Once a bottle is opened for use, it may be stored at room temperature.for 6 weeks.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on observation, interview, and record review, the facility failed to provide adaptive eating equipment for 1 of 1 resident reviewed for Activities of Daily Living in a final sample of 18 residents. (Resident identifier is #68.)Findings include:Observation on 5/13/26 at approximately 8:12 a.m. of Resident #68 in the second-floor day room revealed Resident #68 eating breakfast. Resident #68 was using a spouted cup for liquids, lip plate and standard utensils. Further observation revealed that Resident #68 had difficulties manipulating the fork and experienced spillage of food from the fork.Review on 5/13/26 of Resident #68's care plan revealed an intervention to provide lip plate and built-up utensils for every meal. Review on 5/13/26 of Resident #68's physician orders revealed an order dated 4/21/26- Pt to utilize AE (Adaptive Equipment) as ordered (lip plate and built ups).Interview on 5/13/26 at approximately 1:07 p.m. with Staff B (Occupational Therapist) revealed that Resident #68 had an order for the lip plate and built-up utensils secondary to need for change in hand dominance for eating. Interview on 5/14/26 at approximately 8:17 a.m. with Resident #68 revealed that the built-up utensils made eating much easier and Resident #68 inquired where he/she could get more.Review on 5/14/26 of the facility's policy Assistive Devices, revised 10/2022, revealed Assistive Devices/utensils will be provided as identified in the individualized plan of care to maintain or improve resident's/patient's ability to eat or drink independently.

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F 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined that the facility failed to provide a notice of transfer and discharge that contained the required information for 2 of 2 residents reviewed for hospitalization in a final sample of 18 residents.(Resident identifiers are #12 and #97). Findings include: Resident #12 Review on 5/14/26 of Resident #12's progress notes revealed that Resident #12 was sent to the hospital on [DATE] for acute kidney injury, and on 12/25/25 for abdominal pain. Review on 5/14/26 of Resident #12's medical record revealed a one page typed notice titled Hospital Transfer dated 12/11/25 and 12/25/25, that did not contain the following required information: a statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request, and the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman. Resident #97 Review on 5/13/26 of Resident #97's medical record revealed they had been transferred and admitted to the hospital on [DATE]. Further review revealed a one page typed notice of Hospital transfer, dated 3/27/26, that did not contain the following required information: a statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request, and the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman. Interview on 5/14/26 at approximately 9:45 a.m. with Staff D (Admissions Director) and Staff E (Director of Nursing) confirmed that the facility does not provide the notice of transfer and discharge to residents who transfer to the hospital.