STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305052	A. Building B. Wing	06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgewood Center, Genesis Healthcare	25 Ridgewood Road Bedford, NH 03110

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide and implement an infection prevention and control program. 40522 Based on interview and record review, it was determined that the facility failed to ensure residents were free from exposure to bloodborne pathogen transmission when staff used one insulin pen to administer insulin to two residents on multiple days (Resident Identifiers are #1 and #2). Findings include: Interview on 6/21/24 at approximately 11:00 a.m. with Staff D (Licensed Practical Nurse (LPN)) revealed that on 6/15/24 and 6/16/24 he/she used Resident #1's used Lantus (insulin) pen to administer insulin to Resident #2 then put back Resident #1's used Lantus pen in the medication cart. Interview on 6/21/24 at approximately 10:00 a.m with Staff C (LPN) revealed that he/she used Resident #1's used Lantus pen to administer insulin to Resident #1 on 6/17/24, which was used to administer insulin to Resident #2 on 6/15/24 and 6/16/24. Staff C was not aware that Resident #1's used lantus pen was used to administer insulin to Resident #2 on above mentioned dates. Review on 6/21/24 of Resident #1's June 2024's Electronic Medication Administration Record (EMAR) revealed an active physician's order for Lantus SoloStar and was administered on 6/15/24, 6/16/24, and 6/17/24. Review on 6/21/24 of Resident #2's June 2024 EMAR revealed an active physician's order for Lantus once a day and was administered on 6/15/24 and 6/16/24. Interview on 6/21/24 at approximately 10:30 a.m. with Staff A (Administrator) confirmed the above findings. Further interview with Staff A revealed that there was an available Lantus vial for Resident #2 and an emergency supply of Lantus in the medication room refrigerator. Staff A stated that Resident #1's used Lantus pen was discarded. Staff A also revealed that they are doing ongoing monitoring through insulin audits, nurse education and competencies, and Quality Assurance meetings. Review on 6/21/24 of the Lantus manufacturer's instruction dated 2022, revealed: .Important Safety Information for Lantus .Do not share needles, insulin pens, or syringes with others .Lantus SoloSTAR is a disposable single-patient-use prefilled insulin pen . (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
	305052	A. Building B. Wing	06/21/2024

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Ridgewood Center, Genesis Healthcare	25 Ridgewood Road Bedford, NH 03110

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(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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Review on 6/21/24 of the facility's pharmacy policy titled Appropriate Use of Prefilled Insulin Pen Devices, provided by the facility revealed: .Insulin pens include a number of manufacturer-unique administrative devices designed for accurate and simple insulin administration. These benefits are only realized if prefilled pen devices are used appropriately .To avoid serious patient harm .NEVER use an individual insulin pen for more than one patient . Review on 6/21/24 of the facility's policy titled, Insulin Pens, revision date of 2/28/21, revealed: .Insulin pens containing multiple doses of insulin are meant for single patient use only and must never be used for more than one person, even when the needle is changed . Review on 6/21/24 of the Centers for Disease Control and Prevention (CDC) handout, retrieved 6/4/24, from https://www.cdc.gov/injection-safety/media/pdfs/Insulin-Pen-Safety-Handout-P.pdf revealed: .Injection equipment (e.g., insulin pens, needles and syringes) should never be used for more than one person . It is critical to remember that insulin pens are meant for only one person . Although invisible to the eye, back flow of blood into the insulin pen can happen during an injection. This creates a risk of bloodborne and bacterial pathogen transmission to patients if the pen is used for more than one person, even when the needle is changed . Review on 6/21/24 of the facility's documentation of corrective action revealed the following: QA meeting was conducted on 6/17/24; The provider evaluated Resident #1 and Resident #2 and ordered Hepatitis panel and HIV blood tests on 6/17/24 and a retest for the hepatitis panel and HIV blood test was ordered; Facility-wide audit of all residents insulin availability was conducted on 6/17/24; Education and competencies of facility's medication availability protocol, facility's insulin pen policy, and CDC's injection safety were conducted on 6/17/24; and Insulin inventory sheet was created on 6/20/24 and initiated on 6/21/24.