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	02/11/2026

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on observation, interview, and record review, it was determined that the facility failed to ensure that a resident received proper treatment to maintain hearing abilities for 1 of 1 residents reviewed for Communication-Sensory in a final survey sample of 22 residents. (Resident identifier is #11.)Findings include:Interview on 2/10/26 at approximately 9:00 a.m. with Resident #11 revealed that he/she had difficulty hearing and that his/her hearing aides were broken a long time ago. Further interview revealed that Resident #11 had been waiting a while to be seen for new hearing aids. Resident #11 stated the facility was aware and had given him/her a 'pocket talker,' but Resident #11 did not like using the pocket talker and would prefer hearing aids. Review on 2/11/26 of Resident #11's progress notes revealed a care plan meeting note, dated 12/16/25, . UM (Unit Manager) will see if [Resident name omitted] is on the list to be seen by [Name of Audiologist omitted] when they are in this week. Review on 2/11/26 of Resident #11's medical record revealed the last audiology consult Resident #11 was on 10/18/24. The recommendation was, Referral for family/staff notices recent decreases patient responsiveness, and a 10/24/24 visit assessment. Do Not Treat for following reason: . patient has not had [pronoun omitted] ears cleaned by ENT. (Ears, Nose and Throat provider). Pt (patient) may be added back to audiology list once [pronoun omitted] has [name of Audiologist omitted] ears cleaned by ENT. Interview on 2/11/26 at approximately 12:15 p.m. with Staff K (Registered Nurse) confirmed the above findings and that Resident #11 had not been seen by audiology.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review, interview, and policy review, it was determined that the facility failed to establish and maintain a system of records of receipt and disposition of controlled drugs in sufficient detail to enable an accurate reconciliation for 2 of 2 residents reviewed for new admissions and 1 of 9 residents observed during medication administration. (Resident Identifiers are #26, #31, and #52.)Findings include:Resident #52 Observation on 2/10/26 at approximately 1:53 p.m. with Staff J (Licensed Practical Nurse) during medication administration revealed Staff J placing one-half tablet of Tramadol (opioid) 50 milligram (mg) into a medication cup. Staff J then documented on the controlled drug record that Resident #52 received one-half tablet of Tramadol 50 mg and documented that 18 half-tablets remained. Observation further revealed that Resident #52's Tramadol 50 mg bingo card indicated 17 half-tablets were present. Review on 2/10/26 at approximately 1:56 p.m. of Resident #52's controlled drug record for Tramadol 50 mg (half tablets) revealed a single entry on 2/10/26 at 1:56 p.m., indicating that one half tablet was administered and 18 half tablets remained. No additional entries were documented for that date. Review on 2/10/26 at approximately 1:53 p.m. of Resident #52's Electronic Medication Record (EMAR) revealed that Tramadol 25 mg was administered on 2/10/26 at 12:29 p.m. Interview on 2/10/26 at 1:53 p.m. with Staff J confirmed the above findings and that he/she did not document the administered dose in Resident #52's controlled drug record for Tramadol 50 mg (half tablets). Review on 2/11/26 of the facility's policy titled, Controlled Substance, dated 1/25, revealed, .4. When a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record [control drug record] when removing dose from controlled storage: (Note: Refer to state regulations for particulars regarding Scheduled Classes and proper storage.) a. Date and time of administration b. Amount administered c. Signature of the nurse administering the dose. 5. Administer the controlled medication and document dose administration on the MAR. Resident #26 Review on 2/11/26 of Resident #26's February 2026's MAR's and Narcotic Inventory Sheets revealed the following discrepancies between the MAR and Narcotic Inventory Sheets on the following dates: 2/1 (3 on Narcotic Inventory Sheet and 1 on MAR), 2/3 (2 on Narcotic Inventory Sheet and 1 on MAR), 2/4 (3 on Narcotic Inventory Sheet and 2 on MAR), 2/5 (3 on Narcotic Inventory Sheet and 1 on MAR), 2/6 (2 on Narcotic Inventory Sheet and 1 on MAR), 2/8 (2 on Narcotic Inventory Sheet and 0 on MAR), and 2/9 (1 on Narcotic Inventory Sheet and 3 on MAR). Resident #31 Review on 2/11/26 of Resident #26's January MAR and Narcotic Inventory Sheets revealed the following discrepancies between the MAR and Narcotic Inventory Sheets on the following dates: (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/16 (3 on Narcotic Inventory Sheet and 2 on MAR), 1/18 (6 on Narcotic Inventory Sheet and 5 on MAR), 1/19 (2 on Narcotic Inventory Sheet and 3 on MAR), 1/20 (3 on Narcotic Inventory Sheet and 4 on MAR), 1/21 (4 on Narcotic Inventory Sheet and 3 on MAR), 1/22 (5 on Narcotic Inventory Sheet and 4 on MAR), 1/24 (5 on Narcotic Inventory Sheet and 4 on MAR), 1/26 (5 on Narcotic Inventory Sheet and 3 on MAR), 1/27 (2 on Narcotic Inventory Sheet and 4 on MAR), 1/30 (5 on Narcotic Inventory Sheet and 4 on MAR), and 1/31 (6 on Narcotic Inventory Sheet and 4 on MAR). Interview on 2/11/26 at approximately 1:30 p.m. with Staff F (Regional Nurse) confirmed the narcotic count sheets did not match Resident #26 and Resident #31's MAR's. Review on 2/11/26 of the facility policy titled, NSG300 Controlled Drugs: Management of, Revision Date 1/31/25 revealed, . Discrepancies noted at any step of the process will be reported to appropriate persons. If a discrepancy is noted, the nursing supervisor will be notified and immediately initiate investigation using the controlled Drug Discrepancy Investigation form.Centers will upload Controlled Substance Declining Inventory sheets to the patient medical record upon discontinuation of the medication, discharge or completion .

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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. **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 medications were appropriately labeled on 2 of 3 medication carts observed and 1 of 2 medication rooms observed and failed to ensure that expired medication was removed from the medication cart on 1 of 3 medication carts observed. (Resident identifiers are #71 and #66.)Findings include: 3rd Floor South Medication Cart Observation on [DATE] at approximately 8:30 a.m. with Staff A (Licensed Practical Nurse (LPN)) of the 3rd Floor South Medication Cart revealed: Lidocaine 1% multi-dose vial opened with no Resident identifier, no date of opening and no date of expirationResident #71 - 7 Depakote DR (Delayed Release) 125 mg (milligrams) expiration date 2/26 Interview on [DATE] at approximately 8:30 a.m. with Staff A confirmed the above findings. 2nd Floor North Medication Cart Observation on [DATE] at approximately 8:40 a.m. with Staff B (LPN) of the 2nd Floor North Medication Cart revealed:2 opened multi-dose vials of Resident #66's Fluphenazine Decanoate injection with no date of opening and no date of expiration Interview on [DATE] at approximately 8:40 a.m. with Staff B confirmed the above findings. 2nd Floor Medication Room Observation on [DATE] at approximately 8:45 a.m. of the 2nd Floor Medication Room with Staff C (Medication Nursing Assistant) revealed:1 opened multi-dose vial of Resident #66's Fluphenazine Decanoate injection labeled with a date of opening of 7/3Interview on [DATE] at approximately 8:45 a.m. with Staff C confirmed the above findings. Review on [DATE] of the facility policy titled, Medication Storage, Dated 1/25 revealed, . 14. Outdated, contaminated, discontinued or deteriorated medications, . , are immediately removed from stock, disposed of according to procedures for medication disposal.Review on [DATE] of the facility policy titled, Medications and Medication Labels, Dated 1/25 revealed, . Procedures . 2. Nursing staff should document the date opened on multi-dose vials on the attached auxiliary label .Review on [DATE] of the CDC (Centers for Disease Control and Prevention), Safe Injection Practices, undated and provided by the facility, revealed, . Slide 13 CDC recommends the following safe injection practices for multidose vials: . Date multidose vials when first opened. Discard within 28 days unless the manufacturer specifies a shorter or longer date for that opened vial . Interview on [DATE] at approximately 1:30 p.m. with Staff G (Director of Nursing) confirmed the above findings. Further interview revealed that the facility follows the CDC recommendations above for Safe Injection Practices. Staff G also stated that the pharmacy that the facility uses reviewed the manufacturer's instructions for multi-dose vials above and because it was not mentioned in the manufacturer's instructions, they would be in use for 28 days.

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. Based on interview and record review, the facility failed to provide laboratory services as ordered for 1 of 2 residents reviewed for respiratory infection. (Resident identifier is #87.)Findings include: Review on 2/11/26 of Resident #87's provider note, dated 1/31/26, revealed that Resident #87 had cough, nasal congestion, an upper respiratory infection and to test for flu, RSV, and COVID STAT (immediately or without delay). Review on 2/11/26 of Resident #87's active orders revealed a diagnostic test order for influenza (flu), respiratory syncytial virus (RSV), and COVID-19 with an order date of 1/31/26. Review on 2/11/26 of Resident #87's Respiratory Multiplex PCR (Polymerase Chain Reaction) laboratory report revealed a collection date of 2/3/26 (date when a specimen was collected, four days after the order date), a received date of 2/4/26 (date when specimen was received by the laboratory), and report date of 2/4/26 (when results were reported by laboratory). Further review revealed that Resident #87 was positive for RSV. Review on 2/11/26 of Resident #87's provider note, dated 1/31/26, revealed that Resident #87 had cough, nasal congestion, an upper respiratory infection and to test for flu, RSV, and COVID STAT (immediately or without delay). Review on 2/11/26 of Resident #87's progress notes revealed no documentation of why a specimen was not collected for the above mentioned order until 2/3/26. Further review revealed no documentation indicating that a provider was notified about the reason a specimen was not collected for the above mentioned testing before 2/3/26.Interview on 2/11/26 at approximately 9:45 a.m. with Staff G (Director of Nursing) confirmed the above findings.

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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, the facility failed to policies and procedures for Enhanced Barrier Precautions (EBP) for 1 of 1 resident reviewed for pressure injuries and Transmission Based Precaution (TBP) and 4 of 7 residents reviewed for TBP. (Resident identifiers are #9, #37, #93, #100, and #102.)Findings include: Resident #9 Observation on 2/10/26 at approximately 11:23 a.m. in Resident #9's room revealed an EBP signage posted outside of Resident #9's room door. Further observation revealed that Staff L (Certified Occupational Therapy Assistant) was in Resident #9's room wearing mask and gloves. Staff L was not wearing a gown. Staff L was observed with a wet washcloth and talking to Resident #9. Interview on 2/10/26 at 11:28 a.m. with Staff L revealed that he/she was assisting Resident #9 in changing their clothes (shorts and socks). Staff L confirmed that he/she did not don a gown. Staff L also revealed that he/she did not see the EBP sign on Resident #9's door. Review on 2/10/26 of Resident #9's medical record revealed that Resident #9 was on EBP for an indwelling foley catheter and pressure injuries. Resident #37 Observation on 2/10/26 at approximately 8:55 a.m. in Resident #37's room revealed a droplet precaution signage posted outside of Resident #37's door indicating to wear gown, and gloves; procedure mask and eye protection if needed. Further observation revealed Staff I (Licensed Nursing Assistant (LNA)) was carrying a meal tray into Resident #37's room wearing a mask. Staff I did not don gown and gloves. Staff I set up Resident #37's breakfast, and Staff I left Resident #37's room without discarding their used mask. Interview on 2/10/26 at approximately 9:06 a.m. with Staff I confirmed that he/she did not don gown and gloves before entering Resident #37's room and he/she did not discard their mask after leaving the room. Staff I revealed that he/she was setting up Resident #37's breakfast meal tray. Review on 2/10/26 of Resident #37's medical record revealed that was on isolation precaution (TBP) for Respiratory Syncytial Virus (RSV) infection. Resident #37 had a positive RSV PCR (Polymerase Chain Reaction) test dated 2/5/26. Resident #93 Observation on 2/10/26 at approximately 10:00 a.m. of Resident #93's room revealed a sign requiring Droplet precautions. Further observation revealed, Staff O (Maintenance Director) entered Resident #93's room wearing a surgical mask and no other PPE. Interview on 2/10/26 at approximately 10:05 a.m. with Staff O confirmed the above findings. Resident #100 Observation on 2/10/26 at approximately 11:50 a.m. outside of Resident #100's room revealed a sign requiring Droplet Precautions. Further observation revealed Staff Q (Registered Nurse) exiting Resident #100's room without changing his/her surgical mask. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 2/10/26 at approximately 11:55 a.m. confirmed the above findings. Observation on 2/10/26 at approximately 12:10 p.m. revealed Staff S (Licensed Nursing Assistant) exiting Resident #100's room without changing his/her surgical mask. Interview on 2/10/26 at approximately 12:10 p.m. with Staff S confirmed the above findings. Resident #102 Observation on 2/10/26 at approximately 12:00 p.m. revealed outside of Resident #102's room revealed a sign requiring Droplet Precautions. Further observation revealed Staff R (Laundry Aide) enter Resident #102's room wearing a surgical mask and no other PPE. Staff R was then observed leaving Resident #102's room without changing his/her mask. Interview with Staff R at approximately 12:00 p.m. confirmed the above findings. Review on 2/11/26 of the facility's policy titled, Enhanced Barrier Precautions, revision date 5/1/25, revealed, .Precautions.Enhanced Barrier Precautions.Applies To.All patients with any of the following:.Chronic wounds and/or indwelling medical devices (e.g., central line, urinary catheter, enteral feeding tube.PPE Used for These Situations.During high contact patient care activities: Dressing . Review on 2/11/26 of the facility's policy titled, Transmission Based Precautions, revision date of 5/1/25, revealed, .Droplet Precautions: 10.1 Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions .10.5 Healthcare personnel will wear a facemask for close contact with an infectious patient. 10.6 based upon the pathogen or clinical syndrome, if there is risk of exposure of mucous membranes or substantial spraying of respiratory secretions is anticipated, gloves and gown, as well as goggles (or face shield) should be worn .