

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Cheshire County Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 River Road Westmoreland, NH 03467	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>49819</p> <p>Based on observation, interview, record review, it was determined that the facility failed to provide foot care for 1 of 1 resident reviewed for foot care in a final sample of 21 residents (Resident Identifier #87).</p> <p>Findings include:</p> <p>Observation on 9/24/24 at approximately 10:50 a.m. of Resident #87's toenails revealed long and overgrown toenails by approximately 1 inch over the toe. His/her toenails were thick and curling in and around his/her toes.</p> <p>Record review on 9/25/24 of Resident #87's Podiatry note, dated 5/20/24, revealed toenail care for thick, dystrophic, elongated nails B/L [bilaterally] and to follow up in 60 days.</p> <p>Interview on 9/24/24 at approximately 8:30 a.m. with Staff A (Unit Manager) confirmed that Resident #87's last podiatry visit was on 5/20/24. Staff A revealed the podiatrist was in the facility seeing residents yesterday (9/24/24) and the podiatrist did not see Resident #87.</p> <p>Record review on 9/26/24 of Resident #87's nurses note dated 9/8/24 revealed that Resident #87's toenails had been assessed as long and thick. Further review revealed that there was no evidence that nail care was provided on 9/8/24.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>38218</p> <p>Based on record review and interview, it was determined that the facility failed to ensure that as needed (PRN) psychotropic drugs were limited to 14 days for 1 of 5 residents reviewed for unnecessary medications in a final sample of 21 residents (Resident Identifier #31).</p> <p>Findings include:</p> <p>Review on 9/24/24 of Resident #31's September 2024's Medication Administration Record revealed the following physician's order: Lorazepam 0.5 mg [milligram] Tablet by mouth every 2 hours as needed for restlessness/agitation, Start Date 6/2/24. Further review revealed that Resident #31 received a dose of the PRN medication on 9/11/24.</p> <p>Interview on 9/25/24 at approximately 1:45 p.m. with Staff D (Unit Manager) confirmed the above findings and that Resident #31's above order was not limited to 14 days.</p> <p>Review on 9/25/24 of the facility policy titled, Antipsychotic and Psychotropic Medications, Dated August 2023 revealed: .PRN orders for Psychotropic drugs (anti-psychotic, Anti-depressant, anti-anxiety, Hypnotic and or any medication ordered for psychotropic use) are limited to 14 days .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>49819</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that medications were disposed of properly, to prevent potential unauthorized access, during observation of medication administration in a survey sample of 16 medications prepared for administration.</p> <p>Findings include:</p> <p>Observation on 9/24/24 at approximately 8:30 a.m. of Staff G (Registered Nurse (RN)) revealed he/she disposed of a medication capsule in the open trash on the medication cart. Further observation revealed Staff G disposed of a second medication capsule in the open trash on the medication cart.</p> <p>Interview on 9/24/24 at approximately 8:30 a.m. with Staff G revealed his/her usual practice is to dispose medications in the trash.</p> <p>Interview on 9/25/24 at approximately 3:15 p.m. with Staff C (Administrator in Training) revealed medication disposal should be in the drug buster stored in the locked medication room.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>49819</p> <p>Based on record review and interview, it was determined that the facility failed to follow an established antibiotic stewardship program and system of monitoring antibiotic use for 2 of 3 residents that were reviewed (Resident Identifiers are #36 and #7).</p> <p>Findings include:</p> <p>Review on 9/25/24 of facility policy titled, Antibiotic Stewardship Program (ASP), undated, revealed that the program support statement is to reduce the overuse of antibiotics. Further review revealed . Providers . Document conversation with residents and their representative regarding the current medical treatment plan and the appropriate use of antibiotics .Infection Preventionist .Help ensure antibiotics are prescribed only when appropriate.</p> <p>Review on 9/25/24 of facility policy titled, Policy for Infection Control Surveillance, dated 9/2023, revealed: .1. e ICC will identify using the McGeer's definitions to see if an antibiotic is ordered that met criteria .</p> <p>Interview on 9/26/24 at approximately 9:00 a.m. with Staff C (Administrator in Training) revealed that a discussion with medical providers takes place in the facilities Quality Assurance and Performance Improvement (QAPI) meetings regarding prophylactic antibiotic treatments.</p> <p>Resident #36</p> <p>Review on 9/25/24 of the July 2024 antibiotic line list revealed Resident #36 was treated for a Urinary Tract Infection (UTI) following a urinalysis and culture, performed on 7/9/24, for a symptom of confusion with indwelling catheter use.</p> <p>Review on 9/25/24 of the July 2024 urinalysis and culture results dated 7/11/24 for Resident #36 revealed 1, 000-9,000 colony forming units / milliliter (cfu/ml) of Escherichia coli bacteria growth.</p> <p>Review on 9/26/24 of Surveillance Definitions of Infections in Long-Term Care Facilities:</p> <p>Revisiting the McGeer Criteria, OCTOBER 2012 , VOL. 33 , NO. 10, revealed: .B. For residents with an indwelling catheter .2. Urinary catheter specimen culture with at least 100,000 cfu/ml of any organism(s) .</p> <p>Interview on 9/26/24 at approximately 9:00 a.m. with Staff F (Infection Preventionist) revealed he/she utilizes McGeer's Criteria for antibiotic use and appropriateness, and confirmed Resident #36's UTI treatment did not meet McGeer's criteria, due to minimal growth of Escherichia coli (under 100,000 cfu/ml).</p> <p>Resident #7</p> <p>Review on 9/25/24 of the August 2024 antibiotic line list revealed Resident #7 was treated for Cellulitis for symptoms of 1. redness 2. raised.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review on 9/26/24 of Surveillance Definitions of Infections in Long-Term Care Facilities:</p> <p>Revisiting the McGeer Criteria, OCTOBER 2012 , VOL. 33 , NO. 10, revealed: .A. Cellulitis, soft tissue, or wound infection .2. New or increasing presence of at least 4 of the following sign or symptom subcriteria:</p> <ul style="list-style-type: none"> a. Heat at the affected site b. Redness at the affected site c. Swelling at the affected site d. Tenderness or pain at the affected site e. Serous drainage at the affected site . <p>Interview on 9/26/24 at approximately 9:00 a.m. with Staff F (Infection Preventionist) confirmed that only 2 of the 4 symptoms were present and did not meet McGeer's criteria.</p>