STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305055	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oceanside Skilled Nursing and Rehabilitation	22 Tuck Road Hampton, NH 03842

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 43408 Based on interview, observation, and record review, it was determined that the facility failed to ensure that residents with pressure ulcers had necessary treatment and services, which includes documentation of weekly assessments that contained measurements and descriptions of the pressure ulcer and treatment orders, for pressure ulcers for 2 out of 2 residents reviewed for pressure ulcers (Resident Identifiers are #1 and #2). Findings include: Resident #1 Interview on 7/2/24 at approximately 8:45 a.m. with Resident #1 revealed Resident #1 had wounds to their bottom and their heels. Review on 7/2/24 Resident #1's medical record revealed a clinical admission note dated 6/25/24 that stated: . Skin note: Skin issues noted. Coccyx open area and bilateral back heels black . Further review of the medical record revealed that there were no treatment orders for the above identified pressure injuries until 6/29/24. Review on 7/2/24 of Resident #1's Skin and Wound section of Resident #1's medical record revealed that there were no descriptions or assessments of wounds. Interview on 7/2/24 at approximately 1:00 p.m. with Staff A (Director of Nursing) confirmed the above findings. Resident #2 Interview on 7/2/24 at approximately 8:10 a.m. with Resident #2 revealed Resident #2 had a pressure injury on their left heel with a dressing in place. Review on 7/2/24 of Resident #2's medical record revealed the following weekly skin and wound evaluations completed for Resident #2's left heel pressure injury: 5/13/24 6/12/24 (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

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6/20/24 6/26/24 Interview on 7/2/24 at approximately 12:00 p.m. with Staff A confirmed the above findings and revealed there were no assessments between 5/13/24 and 6/12/24 (approximately 30 days). Review on 7/2/24 of facility policy titled, Skin Integrity and Wound Management, revised on 5/1/24, revealed: . 6.5 Complete wound evaluation upon admission/readmission, new in-house acquired, weekly, and with unanticipated decline in wounds .

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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 - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 43408 Based on observation, interview and record review, it was determined that the facility failed to maintain infection control practices in regards to hand hygiene, changing gloves and cleaning equipment during pressure ulcer care in 1 out of 1 observations of pressure ulcer care observed (Resident Identifier #2). Findings include: Review on 7/2/24 of Resident #2's Skin and Wound Evaluation, dated 6/26/24, revealed that Resident #2 had a Stage 3 Pressure Injury to the left heel, measuring 5.1 by 2.8 centimeters. Review on 7/2/24 of Resident #2's July 2024 Treatment Administration Record revealed the following treatment orders: Wound care: left heel: cleanse with wound cleanser, pat dry, apply Betadine to eschar area, allow to dry, cover with ABD [Abdominal] Pad and secure with Kerlix [gauze wrap] every day, with a start date of 6/14/24. Observation on 7/2/24 at approximately 9:45 a.m. of Staff C (Registered Nurse) providing wound care to Resident #2's left heel area revealed the following: Staff C donned a protective gown but did not tie it at the waist, which allowed for the ties to drag on the floor. Resident #2 was sitting at the bedside in his/her wheelchair. Staff C removed a pair of surgical scissors from his/her pocket and began to cut the intact bandaged roll on the left foot without disinfecting the scissors. Staff C placed the dirty scissors directly on to Resident #2's bed. Staff C placed the multi-use wound cleanser bottle directly on to Resident #2's bed after cleaning the wound. Without changing his/her gloves and without performing hand hygiene Staff C applied the new dressing to Resident #2's left foot wound. After completing the dressing change, Staff C removed their gloves, but did not perform hand hygiene. With ungloved hands Staff C retrieved the dirty scissors and bottle of wound cleanser off the bed and without disinfecting them, placed the two items on top of the treatment cart outside of Resident #2's room. Staff C then used hand sanitizer to clean their hands and placed the dirty wound cleanser bottle in a drawer labeled with Resident #2's name without disinfecting and proceeded to take the scissors down the hall. Interview on 7/2/24 at approximately 10:15 a.m. with Staff C confirmed that they did not remove their gloves or wash their hands during the dressing change at any time, that they did not disinfect the multi-use items before returning them to clean areas and they did not disinfect the top of the treatment cart after placing dirty items on top of it. Interview on 7/2/24 at approximately 12:00 p.m. with Staff A (Director of Nursing) confirmed that he/she would expect that gloves would be changed and hand hygiene would be performed between the dirty and clean dressing change, that multi-use items would be disinfected after use and before placing in or on a clean area. Staff A was unable to provide a policy regarding infection control and dressing changes. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review on 7/2/24 of the Centers for Disease Control and Prevention's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 4/12/24, retrieved on 7/2/24 from https://www.cdc.gov/infection-control/hcp/core-practices/index.html, revealed: .Adherence to infection prevention and control practices is essential to providing safe and high quality patient care across all settings where healthcare is delivered .The practices outlined in this document are intended to serve as a standard reference and reduce the need to repeatedly evaluate practices that are considered basic and accepted as standards of medical care .The core practices in this document should be implemented in all settings where healthcare is delivered. These venues include both inpatient settings (e.g., acute, long-term care) .5a. Hand Hygiene References and resources .Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: a. Immediately before touching a patient b. Before performing an aseptic task (e. g., placing an indwelling device) or handling invasive medical devices c. Before moving from work on a soiled body site to a clean body site on the same patient d. After touching a patient or the patient's immediate environment e. After contact with blood, body fluids or contaminated surfaces f. Immediately after glove removal .5f. Reprocessing of Reusable Medical Equipment References and resources .Clean and reprocess (disinfect or sterilize) reusable medical equipment . Maintain separation between clean and soiled equipment to prevent cross contamination .