

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Merrimack County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 325 Daniel Webster Highway Boscawen, NH 03303	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>40522</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that residents received adequate supervision, during and after a fire alarm, which resulted in a resident eloping and a delay in locating the resident in which the resident was held at the hospital for observation and treatment for hypothermia for 1 of 3 resident reviewed for elopement in a final sample of 39 residents (Resident Identifier #99).</p> <p>Findings include:</p> <p>Interview on 3/19/24 at approximately 11:00 a.m. with Staff D (Administrator) revealed that on 3/13/24, the fire alarm sounded at 12:50 a.m. due to smoke coming from a resident room. The fire alarm sounded and the locking mechanism of the locked doors disengaged which led to all exit doors being unlocked. Staff D stated that during a review of the video recordings, Resident #99 was seen exiting the 2200 Unit via the stairwell exit door at 1:00 a.m. and exiting the facility at approximately 1:15 a.m. Staff D also stated that the fire alarm was cleared at approximately 1:30 a.m. and that a resident census check was not done by the staff at 2200 unit. Interview with Staff D also revealed that at approximately 4:00 a.m. staff at 2200 Unit found that Resident #99 was missing, the nurse supervisor was notified and a code green indicating a missing resident was initiated at approximately 4:25 a.m. Staff D stated that Resident #99 was found outside the facility at approximately 5:20 a.m. and Resident #99 was sent to the hospital for evaluation. Further interview with Staff D also revealed that on 3/13/24 they began their investigation of Resident #99's elopement, they updated the facility's fire procedure and elopement policy, initiated staff education on the updated policies and procedures, and planned for mock drills which will be reviewed and monitored in Quality Assurance.</p> <p>Interview on 3/19/24 at 12:11 p.m. with Staff F (Licensed Nurse Assistant (LNA)) revealed that he/she did not do a resident census check after the fire alarm was cleared on 3/13/24 at the 2200 Unit.</p> <p>Interview on 3/19/24 at 12:26 p.m. with Staff E (LNA) revealed that he/she did not do a resident census check at the 2200 Unit after the fire alarm was cleared on 3/13/24.</p> <p>(continued on next page)</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review on 3/19/24 of Resident #99's hospital records, dated 3/13/24, revealed Chief Complaint Hypothermia .Assessment/Plan 1. Hypothermia .there was a fire drill .and after (pronoun omitted) was unable to be located by staff. (Pronoun omitted) was found 4 to 5 hours later on the property but in a ditch. (Pronoun omitted) was only in a short-sleeved shirt and like [sic] cotton pants. (Pronoun omitted) was hypothermic and so (pronoun omitted) was transferred to the hospital. In the ER [emergency room] (pronoun omitted) was placed on a Bair Hugger [a temperature managing system used to maintain core body temperature]. Initial Temperature at time of arrival was 33.5 C [degrees Celsius] . 33.5 C is equivalent to 92.3 degrees Fahrenheit (F).</p> <p>Review of Hypothermia retrieved on 3/19/24 from https://www.mayoclinic.org/diseases-conditions/hypothermia/symptoms-causes/syc-20352682 revealed the following: Hypothermia is a medical emergency that occurs when your body loses heat faster than it can produce heat, causing a dangerously low body temperature. Normal body temperature is around 98.6 F . Left untreated, hypothermia can lead to complete failure of your heart and respiratory system and eventually to death.</p> <p>Review on 3/19/24 of the facility's policy, titled Fire Procedures, revised date of 3/13/24, revealed Nurses .4. After the all clear the nurse will print a unit census and a safety check will be completed and documented .</p> <p>Review on 3/19/24 of the facility's policy titled Elopement (Missing Resident), revised date of 3/13/24, revealed .Should an employee discover that a resident is missing from the facility, the employee should: .b. Fire alarm Procedure: When the fire alarm sounds all Secure Care locked doors automatically release. Staff should be assigned to monitor these doors. (as stated in the Emergency Operation Plan Fire Procedures book) d. Immediately after the all clear a census check should be completed and documented to verify safety of residents on all units .</p> <p>Review on 3/19/24 of the facility's in-service staff education sheet on the facility's updated fire procedure and elopement policy revealed that it was completed between 3/13/24 through 3/15/24.</p> <p>Review on 3/19/24 of the facility's sign-in sheet for Code Red (fire procedure) mock drill revealed that it was completed on 3/19/24.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45419</p> <p>Based on observation, interview, and policy review, it was determined that the facility failed to maintain infection control practices in regards to wound dressing changes for 1 out of 1 resident observed during wound dressing changes (Resident Identifier #20).</p> <p>Findings include:</p> <p>Review on 3/22/24 of the Centers for Disease Control and Prevention Hand Hygiene in Healthcare Settings retrieved from https://www.cdc.gov/handhygiene/providers/index.html read, in part, .Introduction to Hand Hygiene . Why Practice Hand Hygiene? Cleaning your hands reduces the spread of potentially deadly germs .use an alcohol-based hand sanitizer . before moving from work on a soiled body site to a clean body site on the same patient . After contact with blood, body fluids, or contaminated surfaces .Glove Use .Change gloves and perform hand hygiene during patient care, if . gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient .</p> <p>Observation on 3/19/24 at approximately 10:30 a.m. of Staff A (Registered Nurse) performing the dressing change on Resident #20's surgical site (his/her right posterior hip) revealed that Staff A removed the old dressing, cleansed the wound, prepped the clean dressing, and attempted to apply the clean dressing to the wound without changing his/her gloves or performing hand hygiene.</p> <p>Interview on 3/19/24 at approximately 10:40 a.m. with Staff A confirmed that he/she did not remove gloves or perform hand hygiene between removing the old dressing and applying a new dressing.</p> <p>Interview on 3/21/24 at approximately 1:25 p.m. with Staff C (Director of Nursing) revealed it is the facility's policy to change gloves and perform hand hygiene after removing the old dressing and before applying the new dressing.</p> <p>Interview on 3/21/24 at approximately 1:25 p.m. with Staff B (Infection Preventionist) confirmed it is the facility's policy to change gloves and perform hand hygiene after removing the old dressing [soiled/contaminated body site] and before applying the new dressing [clean body site].</p> <p>Review on 3/22/24 of the facility's policy titled Hand Hygiene dated 12/2017 revealed .1. Hand Hygiene must be performed: .Before donning gloves and after removing gloves . When moving from a contaminated body site to a clean body site.</p>		