

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Salemhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 23 Geremonty Drive Salem, NH 03079	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>48515</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that alleged violations of neglect were reported immediately or no later than 2 hours after the allegation was made to the State Survey Agency (SSA) for 2 of 3 residents reviewed for neglect (Resident Identifiers are #20 and #79).</p> <p>Findings include:</p> <p>Resident #79</p> <p>Review on 8/6/24 of the facility grievance log revealed the following allegations of neglect:</p> <p>An allegation of neglect dated 7/24/24 reported by Resident #79 stating that he/she rang the call bell Tuesday at 3:30 a.m. and the call bell was not answered until 4:15 a.m. When staff entered the room the call light was shut off and Resident #79 was told We don't have time right now, you need to wait your turn. Resident #79 further reported that prior to breakfast that same morning, an Licensed Nursing Assistant (LNA) entered her room and stated get up while pulling the blankets off her.</p> <p>49819</p> <p>Resident #20</p> <p>Allegation of neglect 7/22/24 for a complaint of Staff R (LNA) refusing to answer Resident #20's call bell, causing incontinence, then when the LNA did come after multiple calls, told the resident you can do it yourself regarding toileting and incontinence care.</p> <p>Interview on 8/7/24 at approximately 2:10 p.m. with Resident #20 confirmed that they filed the above grievance alleging that didn't answer their call bell resulting in incontinence.</p> <p>Interview on 8/8/24 at 9:38 a.m. with Staff A confirmed the above allegations of neglect for Residents #20 and #79 were not reported to the SSA.</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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review on 8/8/2024 of facility's policy titled Abuse Policy and Procedure effective date 6/22/2023 revealed: G REPORTING When an alleged or suspected case of abuse mistreatment, neglect, exploitation, misappropriation of resident property, or injuries of unknown origin is reported, the Administrator, or designee, will immediately the State Agency but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse and do not result in serious bodily injury , or not later than 24 hours if the events that cause the allegation do not involve abuse .		

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49819</p> <p>Based on record review and interview, it was determined that the facility failed to send a copy of the notice of Transfer/Discharge to a representative of the Office of the State Long-Term Care Ombudsman in 2 of 3 residents reviewed for hospitalization for a final sample of 23 residents (Resident identifiers are #30 and #57).</p> <p>Findings include:</p> <p>Resident #30</p> <p>Review on 8/8/24 of Resident #30's medical record revealed that Resident #30 was transferred to the hospital for a higher level of care on 2/6/24.</p> <p>Review on 8/8/24 of Resident #30's Notice of Transfer/Discharge form dated 2/6/24 revealed no evidence that it was sent to the Office of the State Long-Term Care Ombudsman.</p> <p>Resident #57</p> <p>Review on 8/6/24 of Resident #57's progress notes revealed a hospitalization on [DATE].</p> <p>Review on 8/8/24 of Resident #57's Notice of Transfer/Discharge form dated 12/18/23 revealed no evidence that it was sent to the Office of the State Long-Term Care Ombudsman.</p> <p>Interview on 8/8/24 at approximately 2:30 p.m. with Staff F (Director of Social Services) confirmed that copies of the transfer/discharge notices are not sent to the Office of the State Long-Term Care Ombudsman.</p> <p>Review on 8/8/24 of Facility Policy & Procedure Titled: Transfer/Discharge & Bed Hold Notifications dated January 17, 2019 revealed: .Procedure: Transfers to Hospital: .2. Social Services representative will follow up on written notifications .c. Fax/Mail the Gold copy to the Office of the State Long-Term Care Ombudsman Office.</p> <p>47129</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50163</p> <p>Based on observation, record review, and interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessment accurately reflected the residents' status for 4 out of 23 residents reviewed for MDS in a final sample of 23 residents (Resident identifiers are #5, #12, #34, and #90).</p> <p>Findings include:</p> <p>Resident #12</p> <p>Review on 8/7/24 of Resident #12's Quarterly MDS dated [DATE], section P0100- Restraints and Alarms, revealed that the section Used in Bed; A. Bed rail was coded with a 2, indicating it was used daily.</p> <p>Review on 8/8/24 of Resident #12's Orders revealed a MD order dated 7/17/24 for 2 upper half rails on bed at all times to help with bed mobility and transfers in and out of bed, Diagnosis -muscle weakness and Cerebrovascular Accident (CVA).</p> <p>Interview on 8/8/24 at approximately 1:00 p.m. with Resident #12 revealed that he/she liked to use the bed rails to shift positions when lying in bed and to help steady him/her when getting out of bed.</p> <p>Resident #34</p> <p>Review on 8/8/24 of Resident #34's Admission MDS, dated [DATE], section P0100- Restraints and Alarms, revealed that the section Used in Bed; A. Bed rail was coded with a #2, indicating it was used daily.</p> <p>Review on 8/8/24 of Resident #34's physician order for 1/2 bed rails, dated 7/12/24 revealed that Resident #34's bed rails were used to assist with bed mobility and transfers, in and out of bed.</p> <p>Interview on 8/8/24 at 10:00 a.m. with Staff K (MDS Coordinator) confirmed that Resident #12's and Resident #34's MDS had been incorrectly coded.</p> <p>40522</p> <p>Resident #90</p> <p>Review on 8/8/24 of Resident #90's Discharge Return Not Anticipated MDS (Minimum Data Set) with an ARD (Assessment Reference Date) date of 5/9/24 revealed that Section A0310G type of discharge was coded unplanned.</p> <p>Review on 8/8/24 of Resident #90's social services notes revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>- On 5/7/24, a care plan meeting was held with Resident #90's family and that it was determined that Resident #90 would transfer to a memory care unit closer to family per families request.</p> <p>-On 5/9/24, Resident #90 was discharged this afternoon as planned to memory care unit and would continue skilled therapy services.</p> <p>Interview on 8/8/24 at approximately 1:43 p.m. with Staff E (MDS Coordinator) confirmed the above MDS findings.</p> <p>Interview on 8/8/24 at approximately 2:16 p.m. with Staff F (Director of Social Services) confirmed that Resident #90 was a planned discharge.</p> <p>47129</p> <p>49819</p> <p>Resident #5</p> <p>Observation on 8/06/24 at approximately 10:00 a.m. revealed Resident #5 in bed sitting up eating a banana with bilateral half rails up.</p> <p>Interview on 8/06/24 at approximately 10:00 a.m. with Resident #5 confirms he/she utilizes side rails for repositioning.</p> <p>Review on 8/07/24 of Resident #5's last Quarterly Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 7/10/24 was coded as bilateral bed rails used daily as a restraint.</p> <p>Review on 8/08/24 of Resident #5's physician orders revealed a provider order for 2 upper half side-rails up at all times to assist with bed mobility and transfers in and out of bed.</p> <p>Review on 8/08/24 of Resident #5's careplan revealed an intervention of 2 upper half-side rails up at all times to assist with bed mobility and transfers in and out of bed.</p> <p>Interview on 8/08/24 at 2:00 p.m. with Staff C (Unit Manager) confirmed Resident #5 utilizes side rails for mobility.</p> <p>Interview on 8/08/24 at approximately 2:15 p.m. with Staff E (MDS Coordinator) confirmed above findings.</p>		

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<p>F 0730</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>49819</p> <p>Based on interview and record review, it was determined that the facility failed to complete a performance review at least once every 12 months for 2 of 4 Licensed Nurse Assistants (LNA) reviewed.</p> <p>Findings include:</p> <p>Review on 8/8/24 of Staff I's (LNA) employee records revealed an employment start date of 6/3/22. Further review revealed there has been no evidence of a performance evaluation completed.</p> <p>Review on 8/8/24 of Staff J's (LNA) employee records revealed an employment start date of 7/25/23. Further review revealed there was no evidence of performance evaluation completed.</p> <p>Interview on 8/8/24 at approximately 10:30 a.m. with Staff A (Director of Nurses) confirmed above findings.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40522</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow accepted guidelines to prevent the spread of infections for 5 of 10 residents reviewed for infection control (Resident identifier #15, #22, #69, #84, and #343) and for 1 out of 4 residents observed for medication administration (Resident identifier is #14).</p> <p>Findings include:</p> <p>Resident #14</p> <p>Observation on 8/7/24 at approximately 7:24 a.m. with Staff O (Licensed Practical Nurse (LPN)) during medication administration observation revealed that Staff O donned gloves and administered Resident #14's Insulin Glargine 20 units subcutaneously at the left upper quadrant of the abdomen. Staff O did not doff used gloves and did not perform hand hygiene before administering brinzolamide-brimonidine 1-0.2% (percent) eye drops to Resident #14. Staff O then touched Resident #14's bilateral lower eyelids and on the top of his/her head, while wearing the gloves, during administration of the eye drops. Further observation revealed that Staff O did not doff used gloves and did not perform hand hygiene before administering Resident #14's saline nasal spray. Staff O administered the saline nasal spray while wearing the same gloves.</p> <p>Interview on 8/7/24 at approximately 7:40 p.m. with Staff O confirmed the above findings. Staff O stated that he/she should have doffed his/her used gloves and perform hand hygiene before administering Resident #14's eye drops and saline nasal spray.</p> <p>Review on 8/7/24 of Resident #14's active physician's order revealed the following orders: Insulin Glargine 20 units one time a day with a start date of 1/24/24, brinzolamide-brimonidine 1-0.2% Ophthalmic Solution instill 1 drop in both eyes twice a day with a start date of 6/22/24, and Saline Nasal Solution 0.65% 1 spray in both nostrils three times a day with a start date of 6/22/24.</p> <p>Interview on 8/8/24 at 12:47 p.m. with Staff B (Infection Preventionist (IP)) confirmed that licensed nurses should doffed used gloves and perform hand hygiene before administering insulin, eye drops, and nasal sprays.</p> <p>Review on 8/9/24 of the CDC guidelines titled, Considerations for Blood Glucose Monitoring and Insulin Administration, dated 8/7/24, retrieved from https://www.cdc.gov/injection-safety/hcp/infection-control/index.html, revealed .Hand Hygiene .Wear gloves during blood glucose monitoring and during any other procedure that involves potential exposure to blood or body fluids. Change gloves between patient contacts. Change gloves that have touched potentially blood-contaminated objects or fingerstick wounds before touching clean surfaces. Discard gloves in appropriate receptacles (containers). Perform hand hygiene immediately after removing gloves and before touching other medical supplies intended for use on other persons .</p> <p>Review on 8/8/24 of the facility's policy titled, Medication Administration Subcutaneous Insulin, dated 1/2023, revealed .Perform hand hygiene .Put on gloves .Inject insulin slowly .Remove gloves .Perform hand hygiene .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review on 8/8/24 of the facility's policy titled, Medication Administration Eye Drops, dated 1/2023, revealed . Perform Hand Hygiene .With a gloved finger, gently pull down lower eyelid .remove and dispose gloves. Discard any barrier used for carrying or storing the medication and supplies. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer .</p> <p>Review on 8/8/24 of the facility's policy titled, Medication Administration Nasal Administration, dated 1/2023, revealed .Perform hand hygiene .Administer medication .Perform hand hygiene .</p> <p>Review on 8/8/24 of the facility's policy titled, Hand Hygiene, dated 1/1/24, revealed .When to was with alcohol-based sanitizer .Before and after each resident contact .Before and after glove use .Before and after procedure or treatment administration .after medication administration .</p> <p>Review on 8/8/24 of CDC guideline titled, Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 4/12/24, retrieved from: https://www.cdc.gov/infection-control/hcp/core-practices/index.html, revealed .Hand Hygiene .Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations.</p> <p>Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:</p> <p>Immediately before touching a patient .</p> <p>After touching a patient or the patient's immediate environment .</p> <p>Immediately after glove removal .</p> <p>Resident #343</p> <p>Observation on 8/7/24 at approximately 8:00 a.m. revealed Staff P (LPN) obtained a fingerstick blood sugar on Resident #343 with a retractable lancet needle and glucometer. Further observation revealed that Staff P placed the used retractable lancet needle inside of a glove and threw it in the uncovered medication cart trash. Staff P used an alcohol swab to clean glucometer device.</p> <p>Interview on 8/7/24 at approximately 8:10 a.m. with Staff P confirmed the above finding.</p> <p>Interview on 08/08/24 at approximately 12:47 p.m. with Staff B confirmed that glucometers should be cleaned and disinfected with bleach wipes and follow manufacturer's instructions. Staff B also confirmed that the used retractable lancet needle should have been disposed in the sharps container.</p> <p>Review on 8/8/24 of the manufacturer's instructions for glucometers dated 9/2019 revealed .Cleaning and Disinfecting .The disinfection is needed to prevent transmission of blood-borne pathogens. The meter should be cleaned and disinfected after use on each patient .We have validated Clorox healthcare Bleach Germicidal Wipes, Dispatch hospital cleaner disinfectant towels with bleach, Caviwipes 1, and PDI Super Sani-Cloth Germicidal Disposable Wipe for disinfecting .</p> <p>Review on 8/8/24 of the manufacturer's instructions for lancets with no date, revealed .Dispose of the entire safety lancet after use into an approved sharps container .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review on 8/8/24 of the OSHA guidelines titled Bloodborne Pathogens and Needlestick Prevention with no date, retrieved from:https://www.osha.gov/bloodborne-pathogens/general, revealed .General Guidelines Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices, and plastic capillary tubes .Immediately dispose of contaminated needles in in properly secured, puncture-resistant, closable, leak-proof, labeled sharps containers .</p> <p>Review on 8/8/24 of the CDC guidelines titled, Injection Safety: Considerations for Blood Glucose Monitoring and Insulin Administration, dated 8/7/24, retrieved from:https://www.cdc.gov/injection-safety/hcp/infection-control/index.html, revealed .Clean and disinfect blood glucose meters after every use, per the manufacturer's instructions .</p> <p>Resident #84</p> <p>Observation on 8/7/24 at approximately 8:00 a.m. at the Skilled Care Unit (SCU) revealed that Resident #84 had a Personal Protective Equipment (PPE) cart outside of his/her room with a sign on top of the PPE cart that indicated Enhanced Barrier Precaution (EBP).</p> <p>Interview on 8/6/24 at approximately 8:30 a.m. and 2:00 p.m. with Staff Q (LPN) revealed that Resident #84 was not on EBP. Staff Q also stated that residents with indwelling catheter and open wounds would require the use of EBP. Staff Q was unable to state other indications of when to use EBP.</p> <p>Interview on 8/7/24 at approximately 8:00 a.m. with Staff Q confirmed the above findings. Staff Q stated that Resident #84 should have been on precautions since admission (July 2024) as Resident #84 was admitted with open wounds.</p> <p>Review on 8/7/24 of Resident #84's medical record revealed that on admission Resident #84 was admitted with a stage 2 pressure ulcer on his/her coccyx (July 2024). Further review of Resident #84's medical record revealed wound assessments, dated 7/4/24, for open lesions on the right and left upper extremities. Review also revealed active treatments orders for open wounds on left upper extremity and coccyx.</p> <p>Interview on 08/08/24 at approximately 12:47 p.m. with Staff B confirmed that Resident #84 had open lesions and a stage 2 pressure ulcer and should have been on EBP.</p> <p>Resident #22</p> <p>Observation on 8/7/24 at approximately 5:37 a.m. with Staff L (Registered Nurse) revealed that Staff L did not don a gown when he/she administered Resident #22's Intravenous (IV) Vancomycin antibiotic via a Peripherally Inserted Central Catheter (PICC) line (indwelling medical device).</p> <p>Review on 8/7/24 of Resident #22's medical record revealed an active order for PICC line care and IV Vancomycin 750 mg (milligram).</p> <p>Interview on 8/7/24 at approximately 5:40 a.m. with Staff L confirmed the above observation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/08/24 at approximately 12:47 p.m. with Staff B confirmed that Resident #22 had a PICC line since admission (July 2024) and should have been on EBP.</p> <p>49819</p> <p>Resident #15</p> <p>Observation on 8/6/24 at approximately 12 p.m. revealed Staff D Licensed Nursing Assistant (LNA) doffing personal protective equipment (PPE) when leaving room [ROOM NUMBER] and neglecting to perform hand hygiene.</p> <p>Interview on 8/6/24 at approximately 12 p.m. with Staff D (LNA) confirmed he/she did not hand wash or use hand sanitizer prior to leaving the room.</p> <p>Interview on 8/07/24 at approximately 11:00 a.m. with Staff C (Unit Manager) revealed room [ROOM NUMBER]A had active Clostridium difficile (CDiff) and was on Contact Transmission Based Precautions (TBP).</p> <p>Review on 8/8/24 of Resident #15's physician orders revealed current medication Dificid 200mg by mouth two times daily for CDiff for 10 days.</p> <p>Review on 8/8/24 of Resident #15's careplan revealed that Resident #15 has diarrhea related to CDiff infection.</p> <p>Interview on 8/8/24 at approximately 11:50 a.m. with Staff B confirmed Resident #15 was on TBP and that the expectation would be to wash your hands after doffing PPE, before leaving the resident room.</p> <p>Review on 8/8/24 of Center for Disease Control and Prevention (CDC) at website https://www.cdc.gov/niosh/learning/safetyculturehc/module-3/8.html, titled Donning and Doffing PPE: Proper Wearing, Removal, and Disposal, revealed</p> <p>Always wash hands with soap and water before wearing and after removal of PPE.</p> <p>47129</p> <p>Resident #69</p> <p>Interview on 8/6/24 at 12:00 p.m. with Staff M (Unit Manager) revealed that Resident #69 had a newly identified pressure ulcer on 8/4/24.</p> <p>Observation on 8/6/24 at 12:20 a.m. of the Resident #69's room revealed that there was no PPE inside or outside Resident #69's room.</p> <p>Review on 8/6/24 of Resident #69's nurse progress note for a new pressure ulcer dated 8/4/24 revealed that Resident #69 had 2 open areas to the right buttocks.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 8/6/24 at 12:30 p.m. with Staff M confirmed the above findings. Interview further revealed that Resident #69 should have been placed on EBP.</p> <p>Interview on 8/6/24 at 12:35 a.m. with Staff N (Licensed Nursing Assistant, LNA) revealed that he/she had provided perineal care to Resident #69 earlier in the day and he/she wore gloves only.</p> <p>Interview on 8/7/24 at 8:00 a.m. with Staff B (Infection Preventionist) confirmed that Resident #69 had two stage 2 pressure ulcers and Resident #69 should have been placed on EBP. Interview further revealed that nursing staff providing high contact care to a resident on EBP should wear gloves and gowns.</p> <p>Review on 8/7/24 of the facility's policy Enhanced [NAME] Precautions, dated 1/1/2024, revealed .The purpose of Enhanced Barrier Precautions is to prevent opportunities for transfer of MDROs to employee's hands and clothing during cares, beyond situations in which staff anticipate exposure to blood or body fluids. High contact Resident Care Activities include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changings briefs or assisting in toileting, devise care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, performing wound care . Enhanced Barrier Precautions are to be implemented in addition to Standard Precautions when other Transmission-based precautions do not apply . Personal protective equipment is required for all staff providing high contact resident care activities to include: gloves and gowns .</p> <p>Review on 8/7/24 of the CDC website titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), retrived from: https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html, revealed .Enhanced Barrier Precautions All residents with any of the following:</p> <p>Infection or colonization with an MDRO when Contact Precautions do not apply Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status .</p>