STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305060	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Hills Center	30 Colby Court 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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 45419 Based on interview and record review, it was determined that the facility failed to ensure that a resident was free from significant medication errors for 1 resident out of 3 residents reviewed for anticoagulant medications (Resident Identifier #3). Findings include: Review on 10/3/24 of Resident #3's Hospital Discharge Medication Record, dated 7/11/24, revealed the following: Resident #3 has a discharge diagnosis of a saddle pulmonary embolism. Review also revealed that Resident #3 had an order for Apixaban 5 mg [milligrams] oral tablet [medication used to prevent blood clots], take 2 tablets, 10 mg, by mouth twice a day for 7 days followed by 1 tablet (5 mg) twice daily. Review on 10/3/24 of Resident #3's July and August 2024 Medication Administration Record revealed that Resident #3 received 10 mg of Apixaban from 7/11/24 to 7/18/22 and received 5 mg of Apixaban from 7/18/24 to 7/22/24. Resident #3 did not received Apixaban from 7/22/24 to 8/29/24. Interview on 10/3/24 at 11:00 a.m. with Staff A (Director of Nursing) confirmed that Resident #3 did not receive anticoagulation therapy from 7/22/24 to 8/29/24. Staff A stated that they had identified the medication error on 8/28/24. Review on 10/3/24 of the facility's corrective action plan revealed the following: Provider was notified of the medication error on 8/28/24, a Quality Assurance meeting was held on 8/29/24, Facility wide audits of all medication orders were completed on 9/9/24, all nurses and medication nursing assistants were educated on medication ordering and reconciliation protocols on 8/31/24, and weekly audits of all medication orders, including anticoagulant medications, was started on 9/9/24.

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