STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305061	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestwood Center	40 Crosby Street Milford, NH 03055

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, it was determined that the facility failed to develop and implement a comprehensive care plan for 1 of 1 residents reviewed for mood and behavior in a final sample of 17 residents (Resident identifier is #6). Findings include: Review on 12/18/25 of Resident #6's medical record revealed a progress note, dated 10/5/2025, indicating that Resident #6 was asking another resident to Get over here and give me a kiss. Further review of Resident #6's medical record revealed another progress note, dated 12/17/25 that indicated sexual behaviors noted this shift. Review on 12/18/25 of Resident #6's medical record revealed a provider note, dated 12/12/2025, that indicated Patient has recent increase in citalopram (antidepressant medication) for disinhibition with increased sexual comments . Non-Pharmacological Recommendations: monitor for improvement in inappropriate behaviors . continue with redirecting patient, use distraction, changing subject to decrease inappropriate comments. Review on 12/18/25 of Resident #6's care plan revealed no non-pharmacological interventions as stated above. Interview on 12/18/25 with Staff C (Director of Nursing) at approximately 10:30 a.m. confirmed the above findings.

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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(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. Based on observation, interview, and record review, it was determined that the facility failed to implement the facilities infection control policies for TBP (Transmission Based Precautions) for 2 of 2 dining observation. (Resident Identifier is #50.)Findings include:Resident #50 Observation on 12/16/25 at approximately 12:00 p.m. revealed a Contact Precaution sign posted outside Resident #50's room that read: .Clean hands before entering the room and before leaving the room. Staff: Wear .Gown and gloves . Further observation revealed Staff H (Business Manager) entered the room carrying a lunch tray. Staff H did not don a gown and gloves. Interview on 12/16/25 at approximately 12:10 p.m. with Staff H confirmed the above observation. Staff H stated that he/she delivered the lunch tray to Resident #50. Review on 12/17/25 of Resident #50's medical record revealed a physician order for contact precaution with an order date of 12/16/25. Review on 12/17/25 of the facility policy titled, IC306 Transmission Based Precautions, Revision Date 5/1/25, revealed . 8.3 An order for Transmission Based Precautions will be obtained for patients who are known or suspected to be infected or colonized with infectious agents that require additional controls to prevent transmission effectively. 9.3 Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. 9.4 Donning PPE (Personal Protective Equipment) upon room entry. Review on 12/18/25 of the Centers for Disease Control and Prevention (CDC) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting (2007), revision date 9/19/2024, revealed .Standard Precaution .IV.A Hand Hygiene .If hands are not visibly soiled, or after removing visible material with nonantimicrobial soap and water, decontaminate hands in the clinical situations described in IV.A.3.a-f. The preferred method of hand decontamination is with an alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water .Perform hand hygiene in the following clinical situations: IV.A.3.a. Before having direct contact with patients .Category IB IV.A.3.d. If hands will be moving from a contaminated-body site to a clean-body site during patient care. Category II IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient .

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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 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview and record review, it was determined that the facility failed to ensure that the facility assessment included specific staffing needs for each resident unit in the facility and specific staffing needs for each shift such as day, evening, night for a census of 65 residents. Findings include: Review on 12/17/25 of the Facility Assessment revealed that the assessment did not include specific staffing needs for each resident unit in the facility and/or identify specific staffing needs by shift. Review on 12/17/25 of facility Daily Nursing Schedule, dated 12/17/25 , revealed the facility has Unit 1, Unit 2, and Unit 3.Interview on 12/17/25 with Staff G (Administrator) confirmed the above findings.