

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Alpine Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 298 Main Street Keene, NH 03431	

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 - Minimal harm or potential for actual harm</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>43002</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain an environment free of accident hazards by not securing lighters and cigarettes when not in use for 2 of 2 residents reviewed for smoking in a final sample of 18 residents (Resident Identifiers are #7 and #68).</p> <p>Findings include:</p> <p>Review on 7/16/24 of a list of smokers provided by the facility revealed that there were 11 residents who smoke at the facility, including Resident #7 and Resident #68.</p> <p>Review on 7/18/24 of the facility's policy, Resident Smoking revised 7/17/23 revealed: .It is the policy of this facility to provide a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking .10. All safe smoking measures will be documented on each resident's care plan and communicated to all staff, visitors, and volunteers who will be responsible for supervising residents while smoking. Supervision will be provided as indicated on each resident's care plan .13. Smoking materials of residents requiring supervision with smoking will be maintained by nursing staff .</p> <p>Resident #7</p> <p>Observation on 7/16/24 at 11:25 a.m. of Resident #7's room revealed that there was a pack of cigarettes and a lighter laying on the resident's overbed table.</p> <p>Interview on 7/16/24 at 11:25 a.m. with Resident #7 revealed that the resident could go out and smoke when they wanted to and kept both the lighters and cigarettes with him/her at all times.</p> <p>Review on 7/18/24 of Resident #7's Smoking Safety Screen, dated 6/13/24, revealed to the question Does resident need facility to store lighter and cigarettes? was answered Yes. Further review revealed that the Interdisciplinary Team decisions was Staff to continue to keep lighter and cigarettes locked up when resident is not using them.</p> <p>Review on 7/18/24 of Resident #7's care plan revised on 2/19/24, revealed under interventions, .Educate and remind me to return smoking material to nurses desk after each episode .</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 7/18/24 at 10:38 a.m. of Resident #7's room revealed that there was a pack of cigarettes and 2 lighters on the overbed table.</p> <p>Interview on 7/18/24 at 10:43 a.m. with Staff E (Unit Manager) revealed that residents were supposed to return the lighters and cigarettes back to the nurses.</p> <p>Interview on 7/18/24 at 11:25 a.m. with Staff F (Director of Nursing) confirmed that smoking supplies should not be stored in Resident #7's room.</p> <p>49819</p> <p>Resident #68</p> <p>Interview on 7/17/24 at approximately 7:00 a.m. with Resident #68 revealed he/she is a smoker and keeps all smoking supplies (cigarettes and lighter) in his/her jacket pocket. Resident #68 stated that he/she goes to the smoking area gazebo by themselves.</p> <p>Observation on 7/18/24 at approximately 11:00 a.m. of Resident #68 room/jacket pocket revealed cigarettes and a lighter. Resident #68 confirmed that he/she kept their cigarettes and lighter and does not turn them in to nursing staff.</p> <p>Review on 7/18/24 of Resident #68's Smoking Safety Screen, dated 6/11/24, revealed to the question Does resident need facility to store lighter and cigarettes? was answered Yes.</p> <p>Review on 7/18/24 of Resident #68's care plan, dated 6/12/24, revealed under interventions: . Educate and remind me of the smoking area locations, proper storage of cigarettes and lighter. Reinforce no smoking in the building and provide smoking policy and procedure as needed.</p> <p>Interview on 7/18/24 at 11:05 a.m. with Staff C (Registered Nurse) revealed that Resident #68 was supposed to return the lighter and cigarettes to the nursing staff when finished smoking.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49819</p> <p>Based on observation, record review and interview, it was determined that the facility failed to document and/or maintain temperature ranges according to manufacturer's instructions in 1 of 2 medication refrigerators observed and failed to dispose of expired medications in 1 of 4 medication carts observed.</p> <p>Findings include:</p> <p>Unit 2 Medication Room/Medication Refrigerator</p> <p>Observation on 7/16/24 at approximately 9:45 a.m. in the medication refrigerator in the Unit 2 Medication revealed a clear plastic bag with multiple boxes of Aplisol multidose Tuberculin Purified Protein Derivative, with a label to have a fill date of 4/29/24.</p> <p>Review on 7/16/24 of the Unit 2 Medication Room Medication Refrigerator Temperature logs for June and July 2024 revealed missing temperatures for: 7/10, 7/11, 7/12, 7/1, 6/13, and 6/20. Further review revealed the following temperatures were above or below the acceptable temperature range of 36 to 46 degrees Fahrenheit (F) listed on the log:</p> <p>7/14 (35.1 F), 7/15 (35.2 F), 6/8 (34.5 F), 6/10 (50.5 F), 6/11 (48 F), 6/15 (30 F (below freezing)), and 6/21 (33.1 F).</p> <p>Review on 7/16/24 of facility policy titled, Storage of Medication Requiring Refrigeration with a revised date of 5/4/22, revealed: Policy Explanation and Compliance Guidelines: .3. The facility will ensure that all medications and biological's will be stored at proper temperatures .b. Refrigerated refers to temperature maintained between 36-46 degrees F .4. Refrigerators used for storage of medications and biologicals: .f. Temperatures to be monitored daily .</p> <p>Review on 7/16/24 of Aplisol (Tuberculin Purified Protein Derivative, diluted) manufacturer instruction revealed Storage, DO NOT FREEZE, this product should be stored between 36 and 46 degrees F .</p> <p>Interview on 7/16/24 at approximately 9:45 a.m. with Staff A (Med Tech) confirmed above findings.</p> <p>Interview on 7/16/24 at approximately 2:30 p.m. with Staff B (Clinical Consultant) confirmed above findings.</p> <p>Unit 1 Treatment Cart</p> <p>Observation on 7/16/24 at approximately 9:00 a.m. of Unit 1 Treatment Cart Insulins revealed an open/used Lispro U-100 Insulin Kwikpen for Resident #16 with an Open Date of 6/16/24 and an Open Expiration Date of 7/14/24.</p> <p>(continued on next page)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 7/16/24 at approximately 9:00 a.m. with Staff C (Registered Nurse (RN)) confirmed above finding. Review on 7/16/24 of Humalog (Lispro) Kwikpen insulin revealed . *When stored at room temperature, Humalog U-100 .can only be used for a total of 28 days .in-use (opened storage time) .		

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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>49819</p> <p>Based on observation, interview and record review, it was determined that the facility failed to follow Centers for Disease Control and Prevention (CDC) guidance for Enhanced Based Precautions (EBP) for 1 of 3 residents reviewed for indwelling catheter and 1 of 1 residents with a gastrostomy tube in a final sample of 18 residents (Resident Identifiers are #16 and #8).</p> <p>Findings include:</p> <p>Resident #16</p> <p>Observation on 7/16/24 at approximately 11:45 a.m. revealed Resident #16 to have an indwelling catheter.</p> <p>Observation on 7/16/24 at approximately 11:45 a.m. revealed no Personal Protective Equipment (PPE) available in or near his/her room.</p> <p>Interview on 7/16/24 at approximately 11:45 a.m. with Staff H (Licensed Nursing Assistant (LNA)) confirmed the above findings and revealed that Resident #16 was not on EBP.</p> <p>Review on 7/16/24 of Resident #16 July 2024 Treatment Administration Record confirmed orders for an indwelling catheter.</p> <p>Review on 7/16/24 of Resident #16 care plan revealed no EBP interventions for an indwelling catheter.</p> <p>Resident #18</p> <p>Observation on 7/17/24 at approximately 8:00 a.m. revealed Staff C (Registered Nurse (RN)) to don gloves and accessed Resident #18's gastrostomy tube to administer medications.</p> <p>Review on 7/17/24 of Resident #18's physician's orders revealed a provider order for EBP to include gowns, gloves, and masks during High Contact Care: Device care or use.</p> <p>Interview on 7/18/24 at approximately 9:450 a.m. with Staff C (RN) confirmed above findings.</p> <p>Review on 7/18/24 of facility policy titled, Enhanced Barrier Precautions revised 3/21/24, revealed: .4.g. Device care or use: .urinary catheters, feeding tubes .</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 - Few</p>	<p>Review on 7/18/24 of the CDC Implementation of Personal Protective Equipment Use in Nursing Homes to Prevent Spread of Multidrug Resistant Organisms (MDRO's), updated July 2022 revealed: .Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing. MDRO's may be indirectly transferred from resident-to-resident during these high-contact activities. Nursing home resident with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDRO's. The use of gown and gloves for high-contact resident care activities is indicated, .Enhanced Barrier Precautions, Expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: .Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator .</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>49819</p> <p>Based on record review and interview, it was determined that the facility failed to follow an established antibiotic stewardship program and system of monitoring antibiotic use for 3 out of 12 months reviewed (May, June and July 2024).</p> <p>Findings include:</p> <p>Review on 7/18/24 of facility policy titled Antibiotic Stewardship Program, with revised date of 5/23/23, revealed: Policy: .The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use .3. a. Antibiotic use protocols: .iii. The facility uses the (CDC's [Center for Disease Control and Prevention] NHSN [National Healthcare Safety Network] Surveillance Definitions, updated McGeer criteria or other surveillance tool) to define infections. iv. The Loeb Minimum Criteria may be used to determine whether to treat an infection with antibiotics .b. i. Monitor response to antibiotics .ii. Antibiotic orders obtained upon admission, whether new admission or readmission, to the facility shall be reviewed for appropriateness. iii. Antibiotic orders obtained from consulting, specialty, or emergency providers shall be reviewed for appropriateness .</p> <p>Review of 7/18/24 of Facility Line List/Antibiotic Stewardship binder for the last year revealed there was no line list, tracking or trending of antibiotics for the months of May, June, and July 2024. This included no data on antibiotic appropriateness, nor facility or healthcare acquired information, or infection rates.</p> <p>Interview on 7/18/24 at approximately 10:00 a.m. with Staff B (Clinical Consultant) and Staff F (Director Of Nursing) confirmed above findings.</p> <p>Review on 7/18/24 of facility report titled, Antibiotics Dispensed, from Pharmscript revealed that 1 resident is currently on antibiotic treatment, with a start date of 7/11/24, for a Urinary Tract Infection for 7 days. Further review of June report revealed 15 prescribed antibiotics and May revealed 9 prescribed antibiotics.</p>		