STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, it was determined that the facility failed to provide the resident and/or resident's representative a timely notice of the Skilled Nursing Facility (SNF) Advance Beneficiary Notice (ABN) for 2 of 3 residents reviewed for beneficiary notices.(Resident identifiers are #51 and #71). Findings include: Resident #51 Review on 6/11/25 of Resident #51's SNF Beneficiary Notification Review Form CMS-20025, completed by the facility, revealed that Resident #51's last covered day of Medicare Part A Skilled Services was 5/21/25 and that the facility initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Further review revealed the SNF ABN was not signed by Resident #51. Interview on 6/11/25 with Staff G (Business Office Manager) confirmed that Resident #51 did not receive a SNF ABN. Resident #71 Review on 6/11/25 of Resident #71's SNF Beneficiary Notification Review Form CMS-20052, completed by the facility, revealed that Resident #71's last covered day of Medicare Part A Skilled Services was 3/21/25 and that the facility initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Further review revealed that Resident #71 spouse was notified of the SNF ABN by telephone on 3/20/25 (one day prior to the last covered day of Medicare Part A services). Interview on 6/11/25 with Staff G (Business Office Manager) confirmed that Resident #71's spouse was not notified timely of the SNF ABN (two days prior to the last covered day of Medicare Part A services). Review on 6/11/25 of facility policy titled Advanced Beneficiary Notices, revised 10/14/24, revealed .7. To ensure that the resident, or representative, has enough time to make a decision whether or not to receive the services in question and assume financial responsibility, the notice shall be provided at least two days before the end of a Medicare covered Part A stay .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, it was determined that the facility failed to provide a safe, sanitary, and homelike environment for 1 of 3 units observed. Findings include: Observation on 6/11/25 at approximately 9:00 a.m. of the memory care unit revealed the following: room [ROOM NUMBER]: The doorway was chipped, scrapped and missing paint. room [ROOM NUMBER]: The doorway was scrapped, chipped and missing paint. The closet in the room was missing a laminate piece in the lower corner, approximately 2 inches by 3 inches in a triangular shape. On an estimated 2-3 foot section of the lower wall, the sheetrock was not covered by the baseboard, causing the sheetrock to crumble onto the floor. room [ROOM NUMBER]: The doorway was chipped, scrapped and missing paint. room [ROOM NUMBER]: The doorway was chipped, scrapped and missing paint. room [ROOM NUMBER]: The doorway was chipped, scrapped and missing paint. room [ROOM NUMBER]: The doorway was chipped, scrapped and missing paint. room [ROOM NUMBER]: The doorway was chipped, scrapped and missing paint. room [ROOM NUMBER]: The doorway was chipped, scrapped and missing paint. room [ROOM NUMBER]: The floor in room [ROOM NUMBER] revealed had approximately 3-4 floor tiles in front of the bed that were lifting up. The handrail from one end of the main hallway to the other end of the main hallway revealed that in different sections of the handrails had faded paint with exposed wood leaving a rough surface. In the hallway, outside of room [ROOM NUMBER] revealed a hole in the tile approximately two by two inches. Interview on 6/12/25 at approximately 10:00 a.m. with Staff C (Licensed Medication Nursing Assistant) confirmed the observation of the benches in the hallway and the observations in room [ROOM NUMBER]. Interview on 6/13/25 at approximately 12:00 p.m. with Staff B (Maintenance) revealed that there was a work order for the lifted tiles in room [ROOM NUMBER] since 5/9/25. Staff B confirmed there were no work order(s) for the above observations in the memory unit besides the lifted tiles in room [ROOM NUMBER].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to follow physician's order for 1 of 1 resident reviewed for pressure ulcer in a final sample of 18 residents. (Resident identifiers is #22.) Findings include: Standard: [NAME], P.A, [NAME], A.G., Stockhart, P.A., & Hall, A. (2021). Fundamentals of Nursing. Elsevier. Page 1262. Changing Dressings A Health care provider's order for wound care indicates the dressing type, the frequency of changing, and any solutions or ointments to be applied to the wound. Resident #22 Interview on 6/12/25 at approximately 8:15 a.m. with Resident #22 revealed that he/she did not always receive his/her wound care daily. Resident #22 further revealed that his/her wound care was last completed on 6/10/25. Review on 6/12/25 of Resident #22's Treatment Administration Record (TAR) for May 2025 and June 2025, revealed the following wound care orders and missing documentation of wound care completion: May 2025 Left posterior knee wound: Cleanse left posterior knee with wound cleanser, apply collagen, and cover with sterile adhesive dressing every day shift with an order date of 4/16/25 and discontinued date of 5/30/25. There was no documentation of wound care being completed on 5/14/25, 5/19/25, and 5/23/25. There was no documentation of refusal of treatment. Right residual limb wound: Cleanse right residual limb with wound cleanser, apply santyl to wound bed, apply alginate, and cover with with sterile adhesive dressing every day shift with an order date of 4/16/25 and discontinued date of 5/15/25. There was no documentation of wound care being completed on 5/14/25. There was no documentation of refusal of treatment. Cleanse right residual limb with wound cleanser, apply medi-honey to wound bed, apply alginate, and cover with a sterile adhesive dressing every day shift with an order date of 5/16/25 and discontinued date of 5/30/25. There was no documentation of wound care being completed on 5/20/25 and 5/23/25. There was no documentation of refusal of treatment. June 2025 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Left stump wound: Cleanse left stump wound with wound cleanser, pat dry, skin prep wound periphery, apply nickel thick santyl to wound bed, apply calcium alginate, and cover with border guaze change daily and as needed with an order date of 5/30/25. There was no documentation of wound care being completed on 6/1/25, 6/6/25, 6/8/25, and 6/11/25. There was no documentation of refusal of treatment. Right stump wound: Cleanse right stump wound with wound cleanser, pat dry, skin prep wound periphery, apply nickel thick santyl to wound bed, apply calcium alginate, and cover with border guaze change daily and as needed with an order date of 5/30/25. There was no documentation of wound care being completed on 6/1/25, 6/6/25, 6/8/25, and 6/11/25. There was no documentation of refusal of treatment. Santyl order: Apply santyl to left and right stump topically ever day shift for wound care with an order date of 5/30/25. There was no documentation of santyl being applied to right and left stump on 6/4/25, 6/6/25, 6/8/25, 6/10/25, and 6/11/25. There was no documentation of refusal of treatment. Interview on 6/13/25 with Staff H (Director of Nursing) confirmed the above findings. Staff H further revealed that Resident #22 occassionally refused care. Staff H stated that the resident's medical record/TAR should indicate if a resident refused care and a note should be in the resident's medical record explaining the reason, if available, for refusal of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to ensure that trauma survivors have triggers identified that may cause re-traumatization in 1 of 5 residents reviewed for behavioral and emotional status in a final sample of 18 residents. (Resident identifier is #274). Findings include: Interview on 6/11/25 at approximately 11:00 a.m. with Resident #274 revealed that Resident #274 has a history of trauma and that he/she observed an altercation between other residents in May 2025 that had upset him/her due to hearing the words I will kill you. Review on 6/13/25 of Resident #274's Social History Initial Assessment, dated 6/12/24, revealed .5. History of Trauma 5a. Does the resident have a history of trauma/PTSD [Post-Traumatic Stress Disorder]? Yes .5c. Does the resident have trauma triggers? Yes 5d. Trauma triggers [no documented trauma triggers] 5e. Is resident exhibiting any signs/symptoms of trauma or trauma triggers? [box checked for a., b., c., and d.] a. Anxiety/Edginess b. Overwhelming fear c. Anger/Irritability d. Change in mood state . Review on 6/13/25 of Resident #274's Social Services Assessment, dated 6/6/25, revealed . 5 History of trauma 5a. Does the resident have a history of trauma/PTSD? Yes .5c. Does the resident have trauma triggers? Yes 5d. Trauma triggers [no documented trauma triggers] 5e. Is resident exhibiting any signs/symptoms of trauma or trauma triggers? [box checked for a., b., c., d., and f.] a. Anxiety/Edginess b. Overwhelming fear c. Anger/Irritability d. Change in mood state .f. Change in sleep patterns . Interview on 6/13/25 at approximately 11:15 a.m. with Staff E (Social Services) revealed that Staff E had completed the social services assessment dated [DATE]. Further interview with Staff E revealed that Resident #274's trauma triggers included loud noises and confrontation. Staff E confirmed that Resident #274's care plan did not include this triggers that may cause re-traumatization. Review on 6/13/25 of Resident #274's care plan focus for I have a history of trauma that affects me negatively Triggers that bring back memory or flash back of trauma depend on my mood state . revealed on 2/26/25 PTSD was triggered today due to a verbal argument between [resident name omitted] and a male resident . inititated 6/28/24. Further review of the care plan revealed that loud noices was not identified as a trigger. Review on 6/13/25 of the facility's policy Trauma Informed Care, review date 3/4/25 revealed . A trauma-informed approach to care delivery . incorporates knowledge about trauma into care plans, policies and procedures and practices to avoid re-traumatization 6. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger specific interventions will identify ways to decrease the resident's exposure to triggers with re-traumatize the resident . and will be added to the residents care plan .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and record review, it was determined that the facility failed to ensure that expired medications were removed from use for 2 of 4 medication carts observed. (Resident identifiers are #3 and #35). Findings include: Resident #35 Observation on 6/11/25 at approximately 8:40 a.m. of the Unit 2 Long Hall medication cart with Staff L (Medication Nursing Assistant) revealed the following expired medications for Resident #35: Morphine Sulfate IR (Immediate Release) 15 mg (milligrams), 57 tablets, with a pharmacy labeled use by date of 5/9/25 (last documented use was in 2024); Lorazepam 0.5 mg, 30 tablets, with a pharmacy labeled use by date of 5/2/25. Interview on 6/11/25 at approximately 8:40 a.m. with Staff L confirmed the above findings. Review on 6/11/25 of Resident #35's physician's orders revealed the following orders: Morphine Sulfate IR 15 mg as needed order was discontinued on 6/4/24; Ativan (Lorazepam) 0.5 mg as needed order was initiated on 7/1/24 for 14 days then discontinued. Interview on 6/12/25 at approximately 11:00 a.m. with Staff H (Director of Nursing) confirmed that the above medications were discontinued in 2024. Resident#3 Observation on 6/11/25 at approximately 8:50 a.m. of the Unit 2 Insulin and treatment cart with Staff M (Registered Nurse) revealed the following unlabeled and expired medications for Resident #3: An open Lispro insulin pen with no open or open expiration date; An open Lantus Solostar insulin Pen with an open date of 5/12/25 and an open expiration date of 6/9/25. Interview on 6/11/25 at approximately 8:50 a.m. with Staff M confirmed the above findings. Review on 6/11/25 of Lispro insulin pen manufacturer's instructions revealed .In-use Pen .Throw away the Insulin Lispro Pen you are using after 28 days, even if it still has insulin left in it . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review on 6/11/25 of Lantus Solostar insulin pen manufacturer's instructions revealed .How to Store your open Lantus Solostar pen .After 28 days throw your opened Lantus pen away - even if it still has insulin in it .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, it was determined that the facility failed to ensure appropriate sanitization of dishware in 1 of 1 kitchen observed. Findings include: Observation on 6/11/25 at approximately 8:15 a.m. in the kitchen with Staff A (Cook) revealed that Staff A was testing the chemical sanitizer solution in the three-compartment sink with a pH (potential of Hydrogen) test strip which had a result of 150 ppm (parts per million). Review on 6/11/25 of Three-Compartment Sink Logs dated June 2025 revealed no documentation that the chemical sanitizer solution was tested prior to use in the morning of 6/11/25. Interview on 6/11/25 at approximately 8:15 a.m. with Staff A confirmed that he/she did not test the chemical sanitizer solution in the three-compartment sink prior to washing dishware that morning, the ppm result of 150 ppm did not meet the parameter for chemical sanitization (200-400 ppm), and the three-Compartment Sink log for June 2025. Review on 6/11/25 of facility Cleaning Procedure, Warewashing, Manual dated 12/1/15 revealed .5 .Dip approximately 2 test strip into sanitizing solution and hold still for 10 seconds. Compare strip to test strip package scale. Proceed with procedure only if sanitizer is at appropriate level . Review on 6/12/25 of manufacturer instructions on Oasis 146 Multi-Quat Sanitizer revealed .Testing solution should be between 200-400 ppm .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305062	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Healthcare Center	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on interview and medical record review, it was determined that the facility failed to ensure that a resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility for 1 of 1 resident reviewed for hospice services in the final sample of 18 residents. (Resident identifier is #30.) Findings include: Review on 6/12/25 of Resident #30's hospice binder, which contains hospice agency records of services, revealed no hospice certification, no hospice plan of care, and no schedules of services furnished by the hospice agency. Review on 6/12/25 for Resident #30's nursing home care plan for hospice, dated 3/28/25, revealed that Resident #30 started hospice services on 3/18/25. The care plan did not contain a schedule or description of services furnished by the hospice agency. Interview on 6/12/25 at 8:30 a.m. with Staff F (Registered Nurse) revealed that he/she thought that Resident #30 no longer was receiving hospice services. Staff F confirmed Resident #30's hospice care plan and that it did not specify which services were furnished with the hospice agency. Interview on 6/13/25 at approximately 11:13 a.m. with Staff E (Social Services) revealed that he/she is the designated interdiscilplinary team member corrdinating services between the hospice agency and the facility. Staff E confirmed that Resident #30 was currently receiving hospice services.