

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Presidential Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pleasant Street Concord, NH 03301	

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 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>51109</p> <p>Based on record review and interview, it was determined that the facility failed to provide written notice of a transfer or discharge for 4 of 4 residents reviewed for hospitalization in a final survey sample of 17 residents (Resident Identifiers are #6, #16, #48, and #64).</p> <p>Findings include:</p> <p>Resident #48</p> <p>Review on 10/30/24 of Resident #48's medical record revealed that on 10/27/24, Resident #48 was transferred to the hospital. Further review of Resident #48's medical record revealed that there was no documentation of a notice of transfer.</p> <p>Interview on 10/30/24 at approximately 11:20 a.m. with Staff E (Social Services) revealed that the facility had not provided Resident #48, or Resident #48's representative, with a notice of transfer because Resident #48's hospital stay was less than 24 hours.</p> <p>37488</p> <p>Resident #6</p> <p>Review on 10/29/24 of Resident #6's nursing note dated 10/20/24 revealed that Resident #6 was transferred to the hospital. Further review of Resident #6's medical record revealed that there was no written notice of transfer and discharge.</p> <p>Interview on 10/30/24 at approximately 8:50 a.m. with Staff A (Social Worker) confirmed that the facility did not provide the resident or resident's representative with written notice of transfer and discharge. Staff A further confirmed that the facility only faxes the notices to the Office of Long Term Care Ombudsman.</p> <p>Interview on 10/30/24 at approximately 9:57 a.m. with Staff D (Administrator) confirmed the above findings.</p> <p>Resident #64</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Presidential Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pleasant Street Concord, NH 03301	
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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review on 10/29/24 of Resident #64's medical record revealed that Resident #64 was transferred to the hospital on 9/10/24 for a scheduled procedure. Further review of Resident #64's medical record revealed that there was no written notice of transfer and discharge.</p> <p>Interview on 10/30/24 at approximately 8:49 a.m. with Staff A confirmed that the facility does not provide the resident or resident's representative with written notice of transfer and discharge.</p> <p>Interview on 10/30/24 at approximately 9:57 a.m. with Staff D confirmed the above findings.</p> <p>45419</p> <p>Resident #16</p> <p>Review on 10/29/24 of Resident #16's medical record revealed that Resident #16 had an activated power of attorney for healthcare and that Resident #16 was sent out to the hospital and admitted on the following dates: 4/10/24, 5/26/24, 6/7/24, and on 9/21/24 was sent but not admitted to the hospital. Further review revealed that there was no written notice of transfer discharge that was given to the resident or resident's representative for any of the transfers to the hospital.</p> <p>Interview on 10/30/24 at 1:45 p.m. with Staff A revealed that the facility does not provide written notice of transfer discharge to the residents or residents representatives.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Presidential Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pleasant Street Concord, NH 03301	
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 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51109</p> <p>Based on record review and interview, it was determined that the facility failed to notify residents of the bed hold policy before a transfer for 4 of 4 residents reviewed for hospitalization s in a final survey sample of 17 residents (Resident Identifiers are #6, #16, #48, and #64).</p> <p>Findings include:</p> <p>Resident #48</p> <p>Review on 10/30/24 of Resident #48's medical record revealed he/she had been discharged to the hospital on 10/27/24. Further review of Resident #48's medical record revealed no evidence that the bed hold policy was provided to Resident #48, or their representative, upon transfer to the hospital.</p> <p>Interview on 10/30/24 at approximately 11:20 a.m. with Staff E (Social Services) confirmed the above findings.</p> <p>45419</p> <p>Resident #16</p> <p>Review on 10/29/24 of Resident #16's electronic medical record revealed that Resident #16 had been transferred out to the hospital and admitted on [DATE], 5/26/24, 6/7/24, and on 9/21/24 was sent to the hospital but not admitted . Further review revealed that there was no bed hold notice information present in their record.</p> <p>Interview on 10/29/24 at 1:45 p.m. with Staff A (Social Services) revealed that they do not notify the residents or representatives of the facility bed hold policy.</p> <p>37488</p> <p>Resident #6</p> <p>Review on 10/29/24 of Resident #6's nursing note dated 10/20/24 revealed that Resident #6 was transferred to the hospital after being found on the floor next to their bed. Further review of Resident #6's medical record revealed that there was no documentation that a bed-hold notice was provided to Resident #6 or their representative.</p> <p>Interview on 10/30/24 at approximately 9:00 a.m. with Staff H (Business Office) revealed that residents are not provided with bed-holds at each transfer.</p> <p>Interview on 10/30/24 at approximately 10:00 a.m. with Staff D (Administrator) confirmed the above findings.</p> <p>Resident #64</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Presidential Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pleasant Street Concord, NH 03301	
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 0625 Level of Harm - Potential for minimal harm Residents Affected - Some	<p>Review on 10/29/24 of Resident #64's medical record revealed that Resident #64 was transferred to the hospital on 9/10/24 for a scheduled procedure. Further review of Resident #64's medical record revealed that there was no documentation that a bed-hold notice was provided to Resident #64 or their representative.</p> <p>Review on 10/29/24 of the facility policy titled, Attachment B - Payment During Absences, undated, revealed: .It is the policy of this facility to permit residents to retain their beds when they are discharged to a hospital or for therapeutic leave .1. The social worker or designee will contact the resident and/or representative to determine if he/she wishes to hold the resident's bed for him/her while out of the facility .4. Requests for holding or releasing the bed will be kept in the resident's business office file as well as the resident's medical record .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Presidential Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pleasant Street Concord, NH 03301	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51109</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that food was stored in accordance with professional standards for food service safety for 1 of 1 kitchen observed.</p> <p>Findings include:</p> <p>Observation on 10/28/24 at approximately 8:40 a.m. Staff F (Chef Manager) and Staff G (Assistant Chef Manager) revealed a box containing an open, undated bag of frozen rib patties in the walk-in freezer. Observation in the walk-in refrigerator revealed a box of tomatoes with black spots visible and a bag of cubed moldy pepper jack cheese.</p> <p>Interview on 10/28/24 at approximately 8:45 a.m. with Staff F and Staff G confirmed the above findings.</p> <p>Review on 10/28/24 of the FDA 2022 Food Code, retrieved from https://www.fda.gov/media/164194/download?attachment, revealed: .Preventing Food and Ingredient Contamination 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation .FOOD shall be protected from cross contamination by .storing the FOOD in packages, covered containers, or wrappings; .Preventing Contamination from the Premises 3-305.11 Food Storage .FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location (2) Where it is not exposed to splash, dust, or other contamination .</p>		