

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Exeter Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Hampton Road Exeter, NH 03833	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38218</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice for 2 out of 4 residents reviewed for bowel management. A resident required hospitalization when his/her ordered bowel protocol was not followed (Resident Identifiers are #1 and #2).</p> <p>Findings include:</p> <p>Standards:</p> <p>[NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 7th ed. St. Louis, Missouri: Mosby Elsevier, 2009.</p> <p>Page 336- Physicians' Orders</p> <p>.The physician is responsible for directing medical treatment. Nurses follow physician's orders unless they believe the orders are in error or harm clients. Therefore you need to assess all orders, and if you find one to be erroneous or harmful, further clarification from the physician is necessary .</p> <p>Resident #1</p> <p>Review on 5/30/24 of Resident #1's April 2024's Medication Administration Record (MAR) revealed the following physician's orders:</p> <p>Lactulose Oral Solution 10 grams (gm)/15 milliliters (ml), (Lactulose) Give 30 ml by mouth three times (3x) a day for Cirrhosis, Goal 3 Bowel Movements (BM) daily, may hold if greater than (>) 3 BM's, Start Date 4/18/24.</p> <p>Lactulose Oral Solution 10 gm/15 ml (Lactulose), Give 30 ml by mouth as needed for Cirrhosis daily if less than (<) 3 BM's a day, Start Date 4/18/24.</p> <p>Review on 5/30/24 of Resident #1's Licensed Nursing Assistant (LNA) Bowel Record from 4/17/24 through 4/29/24 revealed the following days that Resident #1 did not have 3 bowl movements:</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: 305064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Exeter Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Hampton Road Exeter, NH 03833	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>4/17- no BM; 4/18- no BM; 4/19- 1 BM; 4/20- 2 BMs; 4/23- no BM; 4/24- no BM; 4/25- no BM; 4/26- no BM.</p> <p>Review on 5/30/2024 of Resident #1's MAR for the above dates revealed Lactulose had not been administered as needed when Resident #1 did not have 3 bowel movements daily.</p> <p>Review on 5/30/24 of Resident #1's progress noted, dated 4/26/24, revealed the following: Diagnosis and Plan, Unresponsive - Given patient medical history of Cirrhosis and no bowel movements in four days and changing condition with involuntary twitching and unresponsiveness, patient going to emergency room for evaluation as concerned for Encephalopathy.</p> <p>Interview on 5/30/24 at approximately 12:00 p.m. with Staff C (Registered Nurse) revealed that he/she did not track bowel movements separately from the LNAs, but documented on the Treatment Administration Record (TAR) what the LNAs told him/her.</p> <p>Interview on 5/30/24 at approximately 12:30 with Staff B (Nurse Practitioner) revealed he/she was not notified that Resident #1 did not have any BMs until the fourth day. Staff B stated he/she would've made changes to Resident #1's treatment if notified.</p> <p>Review on 5/30/24 of Resident #1's medical record revealed that Resident #1 had a diagnosis of Hepatic Failure without coma, Onset Date 1/27/24, Metabolic Encephalopathy, Onset Date 1/27/24 and Alcoholic Cirrhosis of Liver without Ascites, Onset Date 1/27/24. Further review of Resident #1's medical record revealed that Resident #1 required hospitalization on [DATE] for Altered Mental Status.</p> <p>Resident #2</p> <p>Review on 5/30/24 of Resident #2's May 2024's MAR revealed the following physician's orders:</p> <p>Document the amount of BM's per shift, goal 3 BM's daily, Notify provider if goal is not met every shift, Start Date 5/24/24. Further review revealed Resident #2 did not meet the goals of 3 BM's on the following days: 5/26/24, 5/27/24, and 5/28/24.</p> <p>Lactulose Oral Solution 10 gm/15 ml (Lactulose), Give 30 ml by mouth two times a day for Constipation, hold once 3 BM's achieved for the day, Start Date of 1/20/24. Discontinue (D/C) Date of 5/28/24.</p> <p>Lactulose Oral Solution 10 gm/15 ml (Lactulose) Give 30 ml by mouth as needed for constipation, Start Date 1/22/24. Further review revealed the as needed dose was administered on 5/14/24.</p> <p>Review on 5/30/24 of Resident #2's LNA Bowel Record from 5/1/24 through 5/29/24 revealed that Resident #2 did not have 3 bowel movements on the following days:</p> <p>5/1/24- 2 BMs, 5/2/24- 1 BM, 5/3/24- 2 BMs, 5/4/24- no BM, 5/5/24- 1 BM, 5/7/24- 1 BM, 5/8/24- 1 BM, 5/9/24- no BM, 5/10/24- 1 BM, 5/11/24- 1 BM, 5/12/24- 1 BM, 5/13/24- no BM, 5/14/24- 2 BMs, 5/15/24- 2 BMs, 5/16/24- 2 BMs, 5/17/24- 1 BM, 5/18/24- 1 BM, 5/19/24- 1 BM, 5/20/24- no BMs, 5/21/24- no BMs, 5/22/24- 2 BMs, 5/23/24- 2 BMs, 5/25/24- 2 BMs, 5/26/24- no BM, 5/27/24- 2 BMs, and 5/29/24- 2 BMs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Exeter Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Hampton Road Exeter, NH 03833	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 5/30/24 of Resident #2's medical record revealed that Resident #2 had a diagnosis of Alcoholic Cirrhosis of Liver without Ascites, Onset Date 11/22/22.</p> <p>Interview on 5/30/24 at approximately 12:30 with Staff B revealed that Staff B was not notified that the above resident did not have 3 bowel movements a day on the above days.</p> <p>Review on 5/30/24 of the facility policy titled, NSG122 Change in Condition: Notification of, Revision Date 6/1/21 revealed:</p> <p>.Policy .A center must immediately inform the resident/patient (hereinafter patient), consult with the patient's physician, .where there is: . A need to alter treatment significantly (that is, a need to discontinue or change an existing form of treatment due to adverse consequences, or to commence a new form of treatment); .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Exeter Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Hampton Road Exeter, NH 03833	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28881</p> <p>Based on interview and record review, it was determined that the facility failed to provide sufficient staff to meet residents' needs in April 2024 and May 2024.</p> <p>Findings include:</p> <p>Review on 5/30/24 of the Facility Assessment revealed Consider the overall needs of your resident population based on your Facility Assessment, MDS [Minimum Data Set], Resident Population Profile and any additional source when indicating the number, average, range or ratio needed.</p> <p>Further review of the Facility Assessment revealed the following staffing levels for direct care staff: [NAME] - 1 Nurse [Registered Nurse (RN)/Licensed Practical Nurse (LPN)], 2 LNAs [Licensed Nurse Aide] day and eves, 1 Nurse, 1 LNA nights. [NAME] - 1 Nurse, 2 LNAs days and eves, 1 Nurse, 1 LNA nights.</p> <p>Review on 5/30/24 of the Daily Staffing Sheets from April 23, 2024 to May 30, 2024, revealed the following 6 shifts (over 4 days) in April and 22 shifts (over 16 days) in May with LNA/Certified Nursing Assistant (CNA) staffing that does not meet levels outlined in the Facility Assessment:</p> <p>4/23/24 - Tuesday - Day shift - [NAME] Hall - 1 RN, 1 CNA - Unit census 18</p> <p>4/23/24 - Tuesday - Eve shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 23</p> <p>4/24/24 - Wednesday - Day shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>4/24/24 - Wednesday - Eve shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>4/25/24 - Thursday - Day shift - [NAME] Hall - 1 RN, 1 CNA - Unit census 19</p> <p>4/30/24 - Tuesday - Day shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/1/24 - Wednesday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/1/24 - Wednesday - Eve Shift - [NAME] Hall - 1 LPN, 0 CNA - Unit census 19</p> <p>5/2/24 - Thursday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/3/24 - Friday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/3/24 - Friday - Night Shift - [NAME] Hall - 1 RN, 0 CNA - Unit census 19</p> <p>5/4/24 - Saturday - Day Shift - [NAME] Hall - 1 RN, 1 CNA - Unit census 19</p> <p>5/5/24 - Sunday - Day Shift - [NAME] Hall - 1 RN, 1 CNA - Unit census 23</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Exeter Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Hampton Road Exeter, NH 03833	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5/6/24 - Monday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/8/24 - Wednesday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/9/24 - Thursday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/10/24 - Friday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 23</p> <p>5/10/24 - Friday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/10/24 - Friday - Eve Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/11/24 - Saturday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/11/24 - Saturday - Eve Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/12/24 - Sunday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/15/24 - Wednesday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/16/24 - Thursday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/17/24 - Saturday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/21/24 - Tuesday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>5/21/24 - Tuesday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 25</p> <p>5/30/24 - Thursday - Day Shift - [NAME] Hall - 1 LPN, 1 CNA - Unit census 19</p> <p>Interview on 5/30/24 at approximately 1:00 p.m. with Staff A (Director of Nursing) confirmed the above findings.</p> <p>Interview on 5/30/24 at approximately 9:35 a.m. with Staff C (Anonymous) stated, LNA staffing is a very serious concern here. Residents get up between 7:00 a.m. and 8:00 a.m., and with one LNA on they're running around non-stop, sometimes not able to get a break. Nurses help LNAs when they can but have their own tasks to tend to.</p> <p>Interview on 5/30/24 at approximately 9:45 a.m. with Staff D (Anonymous) stated, The wait times for residents can be really long because there's not enough LNAs on. One LNA is not enough on any given unit. We need two LNAs on per unit. It seems Administration only considers census and not acuity when they schedule staff. Mealtimes can be challenging and there are delays in feeding residents. Some units have Residents that need lifts and that requires two staff that's hard to come by.</p> <p>Interview on 5/30/24 at approximately 10:00 a.m. with Staff E (Anonymous) and Staff F (Anonymous), stated, We all try to help each other out, but one LNA is not enough. We need two LNAs when we have residents with heavier loads.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Exeter Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Hampton Road Exeter, NH 03833	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 5/30/24 at approximately 10:15 a.m. with Resident #4 on [NAME] Hall revealed, Days, evenings, and shift change is usually when we have the longest waits, varying sometimes from 10-15 minutes and up to 20-40 minutes, depending on staff call outs. There have been times when I use my call bell, but staff don't make it here before I soil myself (fecal matter). One LNA is not enough to provide care that everyone needs.</p> <p>Interview on 5/30/24 at approximately 10:30 a.m. with Resident #3 on Chase Unit stated, No, there's not enough staff, not enough aides. Sometimes when only one aide changes me in bed, I feel like I'm going to fall out of bed. The call bell waits vary, from 5 minutes up to 45 minutes. They could use at least two aides on the unit.</p> <p>Interview on 5/30/24 at approximately 10:45 a.m. with Resident #2 on [NAME] Hall stated, Only sometimes do they have enough staff, but not usually.</p> <p>Interview on 5/30/24 at approximately 11:15 a.m. with Staff G (Anonymous) stated, Ideally there should be two LNAs on [NAME] and [NAME] Halls. With only one LNA on a unit, it can be rough.</p> <p>Interview on 5/30/24 at approximately 12:30 p.m. with Resident #5 stated, I regularly attend Resident Council, and staffing here has been a chronic and considerable problem for many months on all shifts. They'll hire two staff, then two staff quit. They can never catch up. One LNA is absolutely not enough on any unit. One LNA is left running around trying to get people up in the mornings for breakfast, but sometimes they're only able to get half the residents ready for the meal, while the other half still in bed have to wait to eat.</p>		