Printed: 07/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305064 NAME OF PROVIDER OR SUPPLIER Exeter Center		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing 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 con	tact 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 0641	Ensure each resident receives an accurate assessment.			
Level of Harm - Potential for minimal harm	49819			
Residents Affected - Some	Based on record review and interview, it was determined that the facility failed to correctly code section M0300(Pressure Ulcers) on 2 of 15 resident Minimum Data Set (MDS) assessments reviewed in a final sample of 15 residents (Resident Identifier #20 and #54). Findings include:			
	Resident #20			
	Review on 4/21/25 of Resident #20 admission note dated 3/26/25 revealed pressure area present on admission.			
	Review on 4/21/25 of Resident #20's 5-day MDS with an Assessment Reference Date (ARD) of 3/30/25 revealed M0300 Current number of unhealed pressure B1 Number of stage 2 pressure ulcers was coded 1 and M0300 B2 Number of These Stage 2 pressure ulcers that were present on admission/entry or reentry was coded 0.			
	Review on 4/22/25 of Resident #20's care plan revealed .actual pressure are [sic] on coccyx present upon admission .			
	Interview on 4/22/25 at approximately 1:15 p.m. with Staff C (MDS Nurse) confirmed that Resident #2 has a Stage 2 pressure ulcer present on admission and the above MDS was coded incorrectly.			
	45419			
	Resident #54			
	Review on 4/22/25 of Resident #54's Hospital Discharge Summary, dated 11/12/24, revealed that Resident #54 had a Stage 2 pressure injury on the right heel.			
		4's admission note, dated 11/12/24, rev the right heel 4 cm (centimeter) x (by)		
	(continued on next page)			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 305064

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Exeter Center		8 Hampton Road Exeter, NH 03833	
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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 0641 Level of Harm - Potential for minimal harm	Review on 4/22/25 of Resident #54's 5-day MDS assessment with an ARD of 11/15/24 revealed that in Section M0100 Determination of Pressure Ulcer/Injury Risk was not coded for resident having pressure ulcer/injury. Further review revealed that Section M0210 Unhealed Pressure Ulcers/Injuries was coded 0, indicating not having one or more unhealed pressure ulcer.		
Residents Affected - Some	Interview on 4/23/25 at 10:20 a.m. with Staff C (MDS Coordinator) confirmed that Resident #54 had a Stage 2 pressure that was present on admission and that the above MDS was coded incorrectly.		

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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. 49819 Based on observation, interview, and record review, it was determined that the facility failed to ensure that open injectable medications were labeled in accordance with the manufacturer's instructions in 1 of 1			
	medication room observed. Findings Include:			
	Observation on 4/21/25 at approximately 8:30 a.m. with Staff G (Licensed Practical Nurse Medication Room revealed an open multi-dose vial of Tuberculin Purified Protein Derivative without an open date or an open expiration date in the medication refrigerator. Interview on 4/21/25 at approximately 8:30 a.m. of Staff G confirmed the above findings. Review on 4/21/25 of the Tuberculin Purified Protein Derivative (Mantoux) manufacturer in revealed A vial .which has been entered and in use for 30 days should be discarded .			
	PROCEDURES .2. Multi-dose vials	olicy titled Medications and Medication is shall be labeled to assure product into integrating staff should document the date open staff should document the date open in the da	egrity, considering the	

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approve in accordance with professional states 45419 Based on observation, interview an food is stored in accordance with probserved. Finding Include: Observation on 4/21/25 at approxing following: A small dish of salad covered in placontainer with tuna fish covered with the refrigerator; a clear container with refrigeration date) in the refuncovered without a preparation dapulled from the freezer) in the walk fluid, had black spots, and soft to to sliced deli ham dated 3/12 (date put continuing thawed sliced salami dated Interview on 4/21/25 of the facility's procedures 5. All foods will be stor a manner to prevent cross contamical Review on 4/21/25 of the facility's procedures of the facility of the facility's procedures of the facility of the facility's procedures of the facility of t	ed or considered satisfactory and store indards. Ind policy review, it was determined that rofessional standards for food service in the service standards for food service services. In a static wrap without a preparation or use the plastic wrap, labeled tuna fish with a sitth chicken salad covered in plastic wrate; a plastic bag containing 7 thawed contained in refrigerator; a stainless steel bowl contained in refrigerator; a case of cucumbers wouch in the walk-in refrigerator; a stainled from the freezer) in the walk-in refriged 3/5 (date pulled from the freezer) in the walk-in refrigerator; a stainled from the freezer) in the walk-in refriger	the facility failed to ensure that safety for 1 out of 1 kitchen If A (Dietary Cook) revealed the by date in the refrigerator; a clear date of 4/14 (preparation date) in ap, labeled chicken salad with date hing cubes of cooked potatoes chicken breasts dated 4/15 (date ith 6 cucumbers that is leaking less steel pan containing thawed rigerator; and a stainless steel pan in the walk-in refrigerator. k) confirmed the above findings. Revised 9/2017, revealed . abeled and dated, and arranged in a Guide, with no date, revealed . duce .Refrigerator .Up to 7 days d, ground meat, and all poultry .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	https://www.fda.gov/food/FDA-food Food Storage .Food shall be protect (D) A date marking system that me a method approved by the regulate safety food that is frequently rewratimpractical . (3) Marking the date of procedure to discard the food on of premises, sold, or discarded .; or (4) effective marking methods .Product establishment may become mistakt foods . (5) Certain foodborne patholunder either aerobic or anaerobic of	d and Drug Administration Food Code, d-code/food-code-2017 revealed the footed from contamination by storing the sets the criteria stated in (A) and (B) of one authority for refrigerated, ready-to-epped, such as lunchmeat or a roast, or day the original container is opened in before the last date or day by which the day Using calendar dates, days of the words which are damaged, spoiled, or other en for safe and wholesome products a origens that are anaerobes or facultative conditions. Therefore special controls a ceratures of 5 C (41 F) may be adequated corroorganisms.	llowing: .Chapter 3 Food .3-305.11 Food: .On-premises preparation . this section may include: (1) Using the section of the sec