

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Applewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Snow Road Winchester, NH 03470	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>38218</p> <p>Based on observation, interview, record review, policy review, and manufacturer's instructions review it was determined that the facility failed to follow professional standards when administering insulin for 2 out of 30 medications observed (Resident Identifier #54).</p> <p>Findings include:</p> <p>Observation on 5/6/24 at approximately 7:45 a.m. of Staff C (Licensed Practical Nurse) preparing Resident #54's insulin revealed that both the Novolog insulin pen and the Semglee insulin pen were not primed prior to administration.</p> <p>Interview on 5/6/24 at approximately 7:45 a.m. with Staff C confirmed the above findings. Further interview revealed that Staff C was unaware of the need to prime insulin pens prior to administration and it was not his/her practice.</p> <p>Review on 5/6/24 of the manufacturer's instructions for Novolog insulin flexpen, dated 3/2023 revealed:</p> <p>.Check the insulin flow, Step 5 - Small amounts of air may collect in the cartridge during normal use. You must do an airshot before each injection to avoid injecting air and to make sure you receive the prescribed dose of your medicine .</p> <p>Review on 5/6/24 of the manufacturer's instruction for Semglee insulin pen, dated 7/2021 revealed:</p> <p>.Step 3. Perform a safety test, Always perform the safety test before each injection. Performing the safety test ensures that you get an accurate dose by: ensuring that pen and needle work properly, removing air bubbles. A. Select a dose of 2 units by turning the white dose knob, B. Take off the outer needle cap .Take off the inner needle cap and discard it .C. Hold the pen with the needle pointing upwards. D. Tap the cartridge so that any air bubbles rise up towards the needle. E. Press the purple injection button all the way in. Check if insulin comes out of the needle tip .</p> <p>Review on 5/6/24 of the facility's policy titled 6.0 General Dose Preparation and Medication Administration revision dated 4/30/24 revealed: 5.8 Follow manufacturer medication administration guidelines .</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 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, interview, and record review, it was determined the facility failed to properly label a vial of multidose injectable medication when opened for 1 out of 2 medication refrigerators observed and failed to keep medications locked and secured in 2 out of 36 resident rooms observed (Resident Identifiers #46 and #48).</p> <p>Findings include:</p> <p>Observation on 5/5/24 at approximately 8:15 a.m. of the medication room vaccination refrigerator revealed an open vial of Tuberculin Purified Protein Derivative that was unlabeled with no open date or open expiration date.</p> <p>Interview on 5/5/24 at approximately 8:15 a.m. with Staff A (Licensed Practical Nurse (LPN)) confirmed the above findings.</p> <p>Review on 5/5/24 of manufacturer's instruction for Tuberculin Purified Protein Derivative revealed: Vials in use more than 30 days should be discarded.</p> <p>38218</p> <p>Resident #46</p> <p>Observation on 5/5/24 at approximately 9:30 a.m. in Resident #46's room revealed a bottle of One A Day Multivitamins on his/her side table.</p> <p>Interview on 5/5/24 at approximately 9:30 a.m. with Staff A confirmed the above finding and that the medication should not have been unlocked.</p> <p>Resident #48</p> <p>Observation on 5/6/24 at approximately 7:30 a.m. in Resident #48's room revealed a box of Loratidine, Allergy Relief 10 milligrams (mg) pills in a bin.</p> <p>Interview on 5/6/24 at approximately 7:30 a.m. with Staff C (LPN) confirmed the above finding and that the medication should not have been unlocked.</p> <p>Review on 5/5/24 of the facility's policy titled 5.3 Storage and Expiration Dating of Medications, Biologicals revision date of 8/7/23 revealed: page 2 .5.3 If a multidose vial of an injectable medication has been opened or accessed .the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial . Further review of this policy revealed: page 3 .13.2 Facility should store bedside medications or biologicals in a locked compartment within the resident's room .</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38218</p> <p>Based on interview and record review, it was determined that the facility failed to ensure residents' records were complete and accurate for 1 out of 5 residents reviewed for unnecessary medications in a final sample of 18 residents (Resident Identifier #58).</p> <p>Findings include:</p> <p>Review on 5/5/24 of Resident #58's May 2024 Medication Administration Record (MAR) revealed the following physician's orders:</p> <ol style="list-style-type: none"> Hypoglycemia Protocol, observe signs/symptoms of hypoglycemia as needed if blood glucose is less than 70 milligrams (mg) / per deciliter (dl) or ordered low parameter follow Hypoglycemia protocol, start date: 4/23/24. Check Fasting Blood Sugar (FBS) twice a day (BID), start date: 4/23/24 <p>Further review of the MAR revealed the following FBS results that would require an intervention:</p> <p>5/1/24 at 6:00 a.m. Resident #58's FBS was 51</p> <p>5/3/24 at 6:00 a.m. Resident #58's FBS was 38</p> <p>Further review of Resident #58's medical record revealed that there was no documentation of the hypoglycemia protocol being followed on the above dates when Resident #58's FBS was below 70.</p> <p>Interview on 5/6/24 at approximately 12:20 p.m. with Staff B (Director of Nursing) confirmed that there was no documentation in Resident #58's medical record that the above FBS were addressed by the nurse. Further interview revealed that the hypoglycemic protocol was followed but it was not document in Resident #58's medical record.</p> <p>Review on 5/6/24 of the facility's policy titled: Hypoglycemia revision date 3/1/22 revealed: .2. Initiate the Hypoglycemia Protocol for patients experiencing a hypoglycemia episode .Patient Arousable, Conscious, Able to Swallow? Yes. Administer fast-acting oral carbohydrate (e.g. [example] 4 oz. [ounces] juice or tube of Insta-glucose gel) . repeat blood glucose in 15 minutes .</p>		