

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Saint Vincent Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 29 Providence Avenue Berlin, NH 03570	

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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>43002</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the resident and/or resident representative was informed timely of the Skilled Nursing Facility (SNF) Notice of Medicare Non-Coverage (NOMNC) or Advance Beneficiary Notice (ABN) for 2 out of 3 residents reviewed for beneficiary notices (Resident Identifiers are #5 and #65).</p> <p>Findings include:</p> <p>Resident #5</p> <p>Review on 5/6/24 of the Beneficiary Notice - Residents discharged Within the Last Six Months form, completed by the facility, revealed that Resident #5 was discharged from Medicare Services on 2/28/24 and remained in the facility.</p> <p>Review on 5/6/24 of Resident #5's SNF Beneficiary Notification Review form, completed by the facility, revealed that Resident #5's last covered day of Medicare Part A Skilled Services was 2/27/24 and that the facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted.</p> <p>Review on 5/6/24 of Resident #5's SNF ABN revealed that it was signed by Resident #5 on 2/27/24.</p> <p>Review on 5/6/24 of Resident #5's NOMNC revealed that it was signed by Resident #5 on 2/27/24.</p> <p>Resident #65</p> <p>Review on 5/6/25 of the Beneficiary Notice - Residents discharged Within the Last Six Months form, completed by the facility, revealed that Resident #65 was discharged from Medicare Services on 3/26/24 and discharged home.</p> <p>Review on 5/6/24 of Resident #65's SNF Beneficiary Notification Review form, completed by the facility, revealed that Resident #65's last covered day of Medicare Part A Skilled Services was 3/25/24 and that the facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted.</p> <p>Review on 5/6/24 of Resident #65's NOMNC revealed that it was signed by Resident #65 on 3/25/24.</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
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<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Interview on 5/6/24 at 2:58 p.m. with Staff H (Social Worker) confirmed the above findings for Resident #5 and Resident #65.</p> <p>Interview on 5/7/24 at 2:46 p.m. with Staff G (Regional Clinical Director) and Staff I (Director of Clinical Reimbursement) revealed the facility does not have a policy for issuing beneficiary notices.</p> <p>Review on 5/7/24 of Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123 retrieved from <a href="https://www.cms.gov/medicare/medicare-general-information/bni/downloads/instructions-for-no-tice-of-medicare-non-coverage-nomnc.pdf">https://www.cms.gov/medicare/medicare-general-information/bni/downloads/instructions-for-no-tice-of-medicare-non-coverage-nomnc.pdf</a> revealed,</p> <p>. The NOMNC must be delivered at least two calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily .</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43408</b></p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide activities designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident for 3 of 3 residents reviewed for activities (Resident Identifiers are #45, #55, and #63).</p> <p>Findings include:</p> <p>Observation on 5/5/24 at approximately 2:00 p.m. of the Second Floor Unit revealed Resident #45 sitting in his/her wheelchair in the hall with eyes closed. Further observation of the second floor unit revealed that there were no activities in place on the unit.</p> <p>Review on 5/5/24 of the Second Floor Unit posted activity calendar for 5/5/24 revealed that the afternoon activity scheduled was a lemonade cart at 2:00 p.m.</p> <p>Observation on 5/6/24 at approximately 10:00 a.m. of the Second Floor Unit revealed Resident #45 with approximately five other residents sitting in their wheelchairs in the hall at the nurse's desk. Further observation revealed no activities occurring on the unit.</p> <p>Observation on 5/6/24 at approximately 12:00 p.m. of Second Floor Unit revealed Resident #45 pointing at Resident #26 and verbalizing their discontent with them as Resident #26 continued to self propel in their wheelchair through the halls, crying and verbally escalating. Further observation revealed no diversional activities on the unit in place.</p> <p>Observation on 5/7/24 at approximately 10:10 a.m. of the Second Floor Unit revealed Resident #45 to be sitting slumped in his/her wheelchair in the hall asleep.</p> <p>Interview on 5/7/24 at approximately 10:10 a.m. with Staff E (Licensed Nursing Assistant (LNA)) revealed that an activity occurs one day every other week on the Second Floor Unit and other than that the residents need to be brought to other floors to attend activities. Staff E stated that Resident #45 used to be very involved and active in activities, but due to some behaviors, they stopped bringing him/her off the unit for activities and he/she only attends ones on the unit now.</p> <p>Review on 5/7/24 of the activities calendar for 5/7/24 revealed the activities scheduled were hairdresser visits, 10:00 a.m. resident council, and 2:00 p.m. bean bag toss in the dining room.</p> <p>Review on 5/7/24 of Resident #45's medical record revealed a diagnosis of vascular dementia.</p> <p>Review on 5/7/24 of Resident #45's activities participation documentation for April 2024 and May 2024 revealed the following was documented as attended:</p> <p>4/1/24-Mass;</p> <p>4/8/24-Mass;</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/9/24 music entertainment;</p> <p>4/15/24 Mass;</p> <p>4/21/24 Mass;</p> <p>4/22/24 Mass;</p> <p>4/30/24-Gardening.</p> <p>Further review of Resident #45's activities participation documentation for April 2024 and May 2024 revealed that there were no activities documented as attended for May 2024.</p> <p>Interview on 5/7/24 at approximately 11:00 a.m. with Staff F (Activities Director) confirmed that Resident #45 had 7 activities documented as attended for the month of April 2024 and no documented activity attendance thus far in May 2024.</p> <p>Resident #55</p> <p>Interview on 5/5/24 at 2:30 p.m. with Resident #55's Representative revealed that he/she was concerned that the activities in the facility were not engaging for Resident #55. [Pronoun omitted] stated that Resident #55 has dementia and was unable to participate in a lot of the activities scheduled. Interview further revealed that Resident #55 loved music. The family had purchased an iPad and headphones for Resident #55 to listen to music but Resident #55 was unable to turn it on themselves due to their cognitive impairment.</p> <p>Observation on 5/6/24 at 9:00 a.m. revealed Resident #55 was sitting in wheelchair with his/her eyes closed. Further observation revealed headphones lying on Resident #55's dresser.</p> <p>Observation on 5/6/24 at 2:00 p.m. revealed Resident #55 was sitting in his/her wheelchair in his/her room. Further observation revealed the TV was on but Resident #55 was not facing the TV.</p> <p>Review on 5/7/24 of Resident #55's Care Plan last revised 9/11/23 revealed that Resident #55 enjoyed activities such as animals, arts and crafts, TV, music, reading, talking on the phone, doing group activities, games, cards, and going outside.</p> <p>Review on 5/7/24 of Resident #55's activities participation documentation for April 2024 and May 2024 revealed that Resident #55 attended Mass 3 times and music 2 times in April. Further review revealed no documentation of activity participation for May.</p> <p>Interview on 5/7/24 at approximately 11:00 a.m. with Staff F confirmed the above. Staff F stated that Resident #55 attends activities when his/her spouse brings him/her.</p> <p>Resident #63</p> <p>Observation on 5/5/24 at 2:15 p.m. on the third Floor revealed that Resident #63 was sitting in the hallway in a wheelchair against the wall in front of the nursing station. Further observation revealed that Resident #63 said, I am bored, I want to go to bed.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/5/24 at 2:20 p.m. with Staff K (Registered Nurse) revealed that Resident #63 has aggressive behaviors with staff and gets easily agitated when he/she is bored.</p> <p>Observation on 5/5/24 at 3:00 p.m. of Resident #63 revealed that Resident #63 was in bed with his/her eyes closed.</p> <p>Observation on 5/6/24 at 2:30 p.m. of Resident #63 revealed that Resident #63 was in the hallway in a wheelchair. Resident #63 was yelling at a staff member. Further observation revealed a staff member wheeled Resident #63 into his/her room.</p> <p>Observation on 5/6/24 at 2:45 p.m. of Resident #63 revealed that Resident #63 was in his/her room in a wheelchair facing the bed, no television or music was on. Resident #63 was trying to get out of his/her wheelchair.</p> <p>Review on 5/7/24 of Resident #63's medical record revealed that Resident #63 was admitted to the facility in 2/2024 with a diagnosis of Alzheimer's disease and Dementia with agitation.</p> <p>Review on 5/7/24 of Resident #63's Leisure Interest assessment dated [DATE] revealed that Resident #63 liked animals, TV, fishing, playing chess and sudoku, the outdoors and liked his/her independence and going to religious services or practices.</p> <p>Review of the Activity Calendars for March, April and May 2024 revealed that Mass was offered every Monday.</p> <p>Review on 5/7/24 of Resident #63's activities participation documentation for April 2024 and May 2024 revealed that there was no documentation that Resident #63 attended any activities in April or May.</p> <p>Interview on 5/7/24 at approximately 11:00 a.m. with Staff F confirmed the above findings. Staff F stated that Resident #63 had behaviors and did not attend group activities. Staff F could not provide an individualized activity program for Resident #63.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>43002</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that a Registered Nurse (RN) was on duty for 8 consecutive hours a day, 7 days a week, for 7 of 92 days reviewed between October 1, 2023 and December 30, 2023.</p> <p>Findings include:</p> <p>Review on 5/5/24 of the facility's Payroll Based Journal Staffing Data Report for Quarter 1 2024 (October 1-December 1, 2023) revealed that there were no RN hours for the following days: 10/7/23, 10/21/23, 12/16/23, and 12/17/23.</p> <p>Review on 5/7/24 of the facility's daily nursing time sheets for October and December 2023 revealed the following:</p> <p>On 10/7/23 there were only 6 RN hours worked;</p> <p>On 10/8/23, 10/21/23, 10/22/23 there were no RN hours documented as worked;</p> <p>On 12/16/23 and 12/17/23 there were no RN hours documented as worked;</p> <p>On 12/31/23 there were 2 RN hours worked.</p> <p>Interview on 5/6/24 at 3:15 p.m. and on 5/7/24 at 1:58 p.m. with Staff J (Human Resources) confirmed the above findings.</p>

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<p>F 0868</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>43408</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the required committee members attended meetings at least quarterly for 2 of the 4 quarterly meetings reviewed.</p> <p>Findings include:</p> <p>Review on 5/7/24 of the Quality Assurance Performance Improvement (QAPI) meeting attendance sheets revealed the following required members were not in attendance:</p> <p>Quarter 2 - Medical Director and Infection Preventionist; and</p> <p>Quarter 3 - 1 other member of the facility's staff.</p> <p>Interview on 5/7/24 at approximately 2:30 p.m. with Staff A (Director of Nursing) confirmed the above findings.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>47129</p> <p>Based on interview and record review, it was determined that the facility failed to follow antibiotic use protocols related to the appropriate use of antibiotic monitoring, tracking, and reviewing antibiotic use for 6 of 12 months reviewed for antibiotic use.</p> <p>Findings include:</p> <p>Review on 5/6/24 of the facility's line listing for antibiotic use from May 2023 through April 2024 revealed that the facility did not track antibiotic use within the facility from December 2023 through April 2024.</p> <p>Interview on 5/7/24 at 2:00 p.m. with Staff A (Director of Nursing) confirmed the above findings. Interview further revealed that the facility did not have monthly antibiotic monitoring, tracking, or review documented from December to present, including documentation that antibiotics met criteria for use. Staff A confirmed that the facility had residents with infections and who were on antibiotics from December 2023 through April 2024.</p> <p>Review on 5/7/24 of the facility's policy titled, Antibiotic Stewardship, revised 2/11/22, revealed: .The Infection Preventionist, in conjunction with the Director of Nursing, will have primary oversight of the Antibiotic Stewardship Program. The Infection Preventionist has key expertise and data to inform strategies to improve antibiotic use. This includes: tracking of antibiotics, starts adherence to evidence-based published criteria, including utilizing the McGreers criteria during the evaluation and management of related infections, and reviewing antibiotic resistance patterns in the facility to understand which infections are caused by resistant organism .The Infection Preventionist is responsible for infection surveillance and MDRO [Multidrug Resistant Organism] tracking .</p> <p>43408</p> <p>Interview on 5/7/24 at approximately 2:30 p.m. with Staff A (Director of Nursing) revealed that the facility could not provide documentation or evidence of regular reporting on antibiotic use and antibiotic resistance to relevant staff such as prescribing clinicians and nursing staff.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47129</b></p> <p>Based on interview and record review, it was determined that the facility failed to ensure residents were offered and/or provided education on the risks and benefits of the Pneumococcal or Influenza Vaccination for 2 of 5 residents reviewed for vaccinations (Resident Identifiers are #29 and #59).</p> <p>Findings include:</p> <p>Resident #29</p> <p>Review on 5/7/24 of Resident #29's medical record revealed that there was no record that the influenza vaccination had been offered for the 2023/2024 flu season.</p> <p>Interview on 5/7/24 at 3:10 p.m. with Staff G (Regional Clinical Director) confirmed the above finding.</p> <p>Review on 5/7/24 of the facility's policy titled, Immunizations: Influenza (Flu) Vaccination of Residents, Staff and Volunteers dated 2015, revealed: .II. Administration Procedure: A. Current and newly admitted residents, all staff, and volunteers will be offered the influenza vaccine from October of each year through the end of March the following year .</p> <p>Resident #59</p> <p>Review on 5/7/24 of Resident #59's medical record revealed that Resident #59 was admitted to the facility in June 2023.</p> <p>Further review on 5/7/24 of Resident #59's medical record revealed that a consent was signed by Resident #59 upon admission to administer the pneumococcal vaccine. Further review revealed that there was no documentation that the pneumococcal vaccine had been given.</p> <p>Review on 5/7/24 of Resident #59's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/7/24 revealed under Section O Is the resident's Pneumococcal vaccination up to date was coded No.</p> <p>Interview on 5/7/24 at 3:00 p.m. with Staff A (Director of Nursing) confirmed the above findings. Staff A stated Resident #59 had not received the pneumococcal vaccine.</p> <p>Review on 5/7/24 of the facility's policy titled, Pneumococcal Vaccination of Residents revised 6/9/22, revealed: .III. Policy: a. All residents age [AGE] years or older will be offered appropriate pneumococcal vaccination, if applicable, based on their prior pneumococcal vaccine status and new 2022 CDC recommendations .VI. Administration Procedure: .c. Informed consent in the form of a discussion regarding the risks and benefits of vaccination will occur prior to vaccination . g. Vaccine will be administered according to standing order .</p>		