

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 06/19/2025
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>Based on interview and record review, it was determined that the facility failed to ensure that the resident and/or resident representative was informed, in writing, the items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services for 2 of 3 residents reviewed for Beneficiary Notices who remained in the facility (Resident identifiers are #44 and #45).</p> <p>Findings include:</p> <p>Resident #44</p> <p>Review on 6/18/25 of the Beneficiary Notice - Resident discharged within the last 6 months form, completed by the facility, revealed Resident #44 was discharged from Medicare services and remained in the facility. Resident #44's last covered day was 5/15/25.</p> <p>Review on 6/18/25 of Resident #44's Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN) dated 5/13/25 revealed that beginning on 5/15/25, Resident #44 will no longer require Physical Therapy, Occupational Therapy, Skilled Nursing Care, and will no longer be covered by Medicare. Further review revealed the SNF ABN did not contain the services that the facility offers and for which the resident may be charged, and the amount of charges for those services. Instead the SNF ABN stated No cost estimate available as the per day/item or service.</p> <p>Resident #45</p> <p>Review on 6/18/25 of the Beneficiary Notice - Resident discharged within the last 6 months form, completed by the facility, revealed Resident #45 was discharged from Medicare services and remained in the facility. Resident #45's last covered day was 3/24/25.</p> <p>Review on 6/18/25 of Resident #45's SNF ABN dated 3/21/25 revealed that beginning on 3/25/25, Resident #45 will no longer require Physical Therapy, Occupational Therapy, Skilled Nursing Care, and will no longer be covered by Medicare. Further review revealed the SNF ABN did not contain the services that the facility offers and for which the resident may be charged, and the amount of charges for those services. Instead the SNF ABN stated No cost estimate available as the per day/item or service.</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 6/18/25 at approximately 1:10 p.m. with Staff D (Social Services) confirmed the above findings and that Staff D stated it was his/her practice to write No cost estimate available instead of the estimated cost.</p> <p>Review on 6/18/25 of Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage (SNF ABN) Form CMS-10055 (2024) section D. Estimated Cost Section revealed .The SNF should enter an estimated total cost .SNFs must make a good faith effort to insert a reasonable cost estimate for the care .If for some reason the SNF is unable to provide a good faith estimate of projected costs of care at the time of the SNF ABN delivery, the SNF should indicate in the cost estimate area that no cost estimate is available, This should not be a routine or frequent practice .</p>

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on record review, and interview, it was determined that the facility failed to ensure that a resident receiving psychotropic medications received a gradual dose reduction (GDR) for 1 out of 5 residents reviewed for unnecessary medications in a final sample of 16 residents. (Resident identifier is #2.)</p> <p>Findings include:</p> <p>Review on 6/18/25 of Resident #2's physician orders revealed an order for Sertraline (antidepressant) 50 milligrams (mg) daily for Depression, dated 9/14/23, and an order for Seroquel (antipsychotic) 25 mg daily at bedtime for delusions, dated 9/14/23.</p> <p>Review on 6/18/25 of Resident #2's medical record revealed no attempts to perform a GDR or documentation of clinical necessity of either Sertraline or Seroquel.</p> <p>Interview on 6/19/25 at approximately 2:00 p.m. with Staff E (Corporate Nurse) confirmed there was no documentation of a GDR attempt or of a contraindication for a GDR to be attempted.</p> <p>Review on 6/19/25 of facility policy titled Utilization and Documentation of Psychotropic Medications revised 7/20/17 revealed .Residents who use psychotropic medications receive gradual dose reductions .unless clinically contraindicated, in an effort to discontinue these drugs .</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that a resident with a pressure ulcer had necessary treatment and services, which included documentation of weekly assessments that contained measurements and descriptions of the pressure ulcer for 1 out of 3 residents reviewed for pressure ulcers (Resident Identifier is #29).</p> <p>Findings include:</p> <p>Review on 6/19/25 of Resident #29's progress note, dated 3/15/25, revealed that Resident has two wounds to bilateral heels. Right inner heel is black/blue and reddened area . No measurements or wound stage were indicated. Further review of Resident #29's medical record revealed nurse's notes with descriptions and measurements of Resident #29's wounds on the following dates: 3/17/25, 4/2/25 (two weeks from prior assessment), 5/16/25 (6 weeks from previous assessment and is from wound clinic note), 5/23/25, and 6/4/25 (2 weeks from prior assessment and wound clinic note).</p> <p>Review on 6/19/25 of wound clinic note, dated 6/4/25, revealed Resident #29 had Active problems Unstageable pressure ulcer R heel.</p> <p>Interview on 6/19/25 at approximately 10:50 a.m. with Staff B (Director of Nursing) confirmed that there were no weekly assessments to include descriptions and measurements of Resident #29's wounds.</p> <p>Interview on 6/19/25 at approximately 11:25 a.m. with Staff A (Unit Manager) revealed wounds are not monitored weekly.</p> <p>Review on 6/19/25 of facility policy titled Skin Care Guidelines revealed Documentation The Weekly Pressure Ulcer Flow Sheet . is completed immediately after skin rounds are conducted . The weekly Management Wound Report is also completed during rounds .</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to obtain physician's orders for oxygen for 1 of 1 residents reviewed for respiratory care in a final sample of 16 residents (Resident identifier is #54).</p> <p>Findings include:</p> <p>Observation on 6/17/25 at approximately 7:15 p.m. of Resident #54 revealed that Resident #54 was lying in bed using oxygen via nasal canula.</p> <p>Observation on 6/18/25 at approximately 2:45 p.m. of Resident #54 revealed he/she was in bed with the head of bed elevated and oxygen on at 1 liter via nasal canula.</p> <p>Observation on 6/19/25 at approximately 11:45 a.m. Resident #54 revealed he/she was in a wheelchair in the dining room with a portable oxygen tank via nasal canula.</p> <p>Review on 6/19/25 of Resident #54's clinical notes dated 6/14/25 revealed the following: Resident returned from hospital in wheelchair .Resident was admitted for acute bronchitis, UTI [urinary tract infection], early pneumonia and reactive airway disease . Resident is on 1L [liter] on NC [nasal canula] .Resident is currently sleeping nasal canula in place at 1 liter at 95%. Orders will be initiated, MD [medical doctor] will be notified.</p> <p>Review on 6/19/25 of Resident #54's physician orders revealed that there was no orders for oxygen.</p> <p>Interview on 6/19/25 at approximately 12:00 p.m. with Staff A (Unit Manager) confirmed Resident #54 was receiving continuous oxygen and there were no physician orders in place for oxygen.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to implement policies and procedures for Transmission Based Precautions (TBP) to prevent the potential spread of infection for 1 of 1 residents reviewed for TBP in a final sample of 16 residents. (Resident identifier is #44.)</p> <p>Findings include:</p> <p>Observation on 6/18/25 between 8:46 a.m. and 8:52 a.m. of Resident #44's room revealed a sign on the door of the room stating Enteric Contact Isolation . Prior to entering the room*: Clean Hands, Gown, Gloves, Clean Hands With Soap + [and] Water on Exit. Further observation revealed Staff F (Laundry) standing inside of Resident #44's room at the doorway holding empty hangers. Staff F exited Resident #44's room without washing his/her hands with soap and water and proceeded to push the laundry rack down the hallway and enter the residents room.</p> <p>Interview on 6/18/25 at 8:50 a.m. with Staff F confirmed the above findings. Staff F was not aware that Resident #44 was on contact precautions.</p> <p>Interview on 6/18/25 at 8:53 a.m. with Staff G (Licensed Nursing Assistant) revealed that Staff G thought that Resident #44's contact precautions were removed.</p> <p>Interview on 6/18/25 at 9:09 a.m. with Staff H (Registered Nurse) revealed that Resident #44 was on contact precautions for Clostridioides difficile (C. diff).</p> <p>Interview on 6/19/25 at 8:20 a.m. with Staff B (Director of Nursing) and Staff C (Infection Preventionist) confirmed that Resident #44 finished his/her treatment regime for C. diff but remained on contact precautions. Staff C stated Resident #44 was still having loose and/or watery bowel movements and it was hard to contain. Further interview revealed that all staff should wear a gown along with gloves prior to entering a room with contact precautions and wash their hands prior to entering and exiting the room.</p> <p>Review on 1/17/25 of the facility policy, Isolation-Categories of Transmission-Based Precautions, Revision Date September 2022, revealed: .Contact Precautions .7. Staff and visitors wear gloves (clean, non-sterile) when entering the room [ROOM NUMBER]. Staff and visitors wear a disposable gown upon entering the room .</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that residents were offered the COVID-19 vaccine or provided education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine for 4 of 5 residents reviewed for immunizations (Resident Identifiers are #22, #29, #36, and #39).</p> <p>Findings include:</p> <p>Review on 6/19/25 of the current CDC immunization guidelines retrieved from https://www.cdc.gov/covid/vaccines/stay-up-to-date.html revealed People ages 65 years and older .are up to date when you have received: 2 doses of any 2024-2025 COVID-19 vaccine 6 months apart.</p> <p>Resident #22</p> <p>Review on 6/19/25 of Resident #22's vaccination records revealed Resident #22, born in 1933, received the COVID-19 Bivalent Booster (Pfizer) on 10/17/24. There was no documentation of Resident #22 being offered or educated about the next dose recommendations.</p> <p>Resident #29</p> <p>Review on 6/19/25 of Resident #29's vaccination records revealed Resident #29, born in 1932, received the COVID-19 Bivalent Booster (Pfizer) on 10/17/24. There was no documentation of Resident #29 being offered or educated about the next dose recommendations.</p> <p>Resident #36</p> <p>Review on 6/19/25 of Resident #36's vaccination record revealed Resident #36, born in 1939, received the COVID-19 Bivalent Booster (Pfizer) on 10/17/24. There was no documentation of Resident #36 being offered or educated about the next dose recommendations.</p> <p>Resident #39</p> <p>Review on 6/19/25 of Resident #39's vaccination record revealed Resident #39, born in 1931, received the COVID-19 Bivalent Booster (Pfizer) on 10/17/24. There was no documentation of Resident #39 being offered or educated about the next dose recommendations.</p> <p>Interview on 6/19/25 at approximately 9:30 a.m. with Staff C (Infection Preventionist) confirmed the above findings.</p> <p>Review on 6/19/25 of facility policy dated 3/1/2025 revealed . Eligibility: All residents are eligible for COVID-19 vaccination, as per CDC guidelines, unless contraindicated . Ongoing Updates: The facility will monitor CDC updates to adjust vaccination schedules accordingly .</p>		