

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Ridge Center, Genesis Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Baldwin Street Franklin, NH 03235	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37488</b></p> <p>Based on interview and record review, it was determined that the facility failed to adhere to physician ordered medication parameters for 1 of 3 residents reviewed for pain in a final sample of 22 residents (Resident Identifier #1).</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>Review on 6/25/24 at approximately 12:48 p.m. of Resident #1's physician orders revealed an order for Oxycodone HCl [Hydrochloride]</p> <p>5 MG [Milligrams] give 1 tablet by mouth at bedtime for pain management AND give 1 tablet by mouth every 6 hours as needed for pain 5/10 or greater. With a start date of 5/29/24.</p> <p>Review on 6/25/24 of Resident #1's Medication Administration Record (MAR) for June 2024 revealed that Resident #1's as needed (PRN) Oxycodone 5 MG tablet was administered once a day on 6/1, 6/3, 6/5, 6/6, 6/10, 6/17, 6/20, 6/21, 6/23, 6/24, 6/26, and twice a day on 6/8, 6/9, 6/12, 6/14, 6/22 with no pain level documented.</p> <p>Interview on 6/27/24 at approximately 1:00 p.m. with Staff D (Unit Manager) confirmed that Resident #1 received the above medication and there was no pain level documented.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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**</b> 48515</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 Pneumococcal immunization for 1 of 5 residents reviewed for immunizations (Resident Identifier #73).</p> <p>Findings include:</p> <p>Review on 6/27/24 of Resident #73's medical record revealed that Resident #73 was admitted to the facility in February 2024. Further review revealed that Resident #73 had no Pneumococcal immunization history in the medical record nor was their education/consent/declination for Pneumococcal vaccine present.</p> <p>Interview on 6/27/24 at approximately 8:45 a.m. with Staff C (Infection Preventionist) confirmed that Resident #73 had not been offered or educated on the risks/benefits of pneumonia vaccines and should have been on admission.</p> <p>Review on 6/27/24 of facility policy titled Pneumococcal Vaccination, revealed: . 1. Upon admission, obtain the pneumococcal vaccination history of all patients .Adults aged greater than or equal to [AGE] years who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine PCV 20 .</p>		