

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Country Village Center, Genesis Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 91 Country Village Road Lancaster, NH 03584	

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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28881</p> <p>Based on record review and interview, it was determined that the facility failed to accurately code Minimum Data Set (MDS) assessments for 2 residents reviewed for MDS in a final sample of 18 residents (Resident Identifiers are #25 and #75).</p> <p>Findings include:</p> <p>Resident #75</p> <p>Review on 9/6/24 of Resident #75 Discharge MDS with an assessment reference date of 7/23/24 revealed under Section A, Discharge Status, that the Resident was coded as discharged to a Short-Term General Hospital.</p> <p>Review on 9/6/24 of Resident #75's Discharge Summary dated 7/23/24 revealed that the resident discharged home.</p> <p>Interview on 9/6/24 at approximately 12:45 p.m. with Staff C (MDS Coordinator) revealed the discharge disposition was incorrectly coded and should have been coded as Home/Community.</p> <p>48515</p> <p>Resident #25</p> <p>Review on 9/5/24 of Resident #25's medical record revealed no order for restraints or a care plan regarding the use of restraints.</p> <p>Review on 9/5/24 of Resident #25's Quarterly MDS, dated [DATE], Section P, Restraints and Alarms, revealed that Resident #25 was coded for use of bed rails daily.</p> <p>Interview on 9/5/24 at approximately 9:30 a.m. with Staff C confirmed that Resident #25 does not utilize a restraint and further confirmed that Resident #25's MDS was coded incorrectly.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43408</p> <p>Based on observation, interview, and policy review, it was determined that the facility failed to store food in accordance with professional standards for food safety to prevent foodborne illness for 1 of 1 kitchen and 2 of 3 kitchenettes observed.</p> <p>Findings include:</p> <p>Observation on 9/4/24 at approximately 9:55 a.m. with Staff B (Dietary Manager) of the main kitchen milk cooler revealed the following:</p> <p>1 open container and 1 unopened container of Grave prune juice, both with a manufacturer's use by date of 8/10/24; 10 single serve containers of Dannon Light and Fit yogurts with a manufacturer's use by date of 4/2/24.</p> <p>Observation on 9/4/24 at approximately 10:00 a.m. with Staff B of the Cohass Unit kitchenette refrigerator revealed the following:</p> <p>1 open container of Hormel thick and easy hydrolyte water with hint of lemon with a hand written open date of 6/19/24. Further observation of the Hormel container revealed manufacturer's instructions that read Discard if not used within 10 days of opening.;</p> <p>1 open container of Chick-fil-A sauce with a manufacturer's use by date of 12/18/23.</p> <p>Observation on 9/4/24 at approximately 10:10 a.m. with Staff B of the Notchway Unit kitchenette refrigerator revealed the following:</p> <p>1 storage container of green beans labeled with a residents name and the dates 8/28/24-8/30/24.</p> <p>Interview on 9/4/24 at approximately 10:10 a.m. with Staff B confirmed the above findings. Staff B stated that the green beans in Notchway unit refrigerator should have been discarded on 8/30/24.</p> <p>Review on 9/4/24 of facility policy titled, Food Handling, revised on 6/15/18, revealed: .Foods that are marked with a manufacturer's 'use by' date what are properly stored can be used until that date as long as the product has not been combined with any other food or prepared in any way including portioning .</p> <p>Review on 9/4/24 of facility policy titled, Food: Safe Handling for Foods from Visitors, revised 7/2019 revealed: .5. Refrigerator/freezer for storage of foods brought in by visitors will be properly maintained .Daily monitoring for refrigerated storage duration and discard of any food items that have been stored for over 7 days .</p> <p>Review on 9/4/24 of the Food Code U.S. Public Health Service 2017 U.S. Department of Health and Human Services, retrieved from https://www.fda.gov/food/fda-food-code/food-code-2017 revealed the following:</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	.Annex 3, Public Health Reasons/Administrative Guidelines .Chapter 3 Food .Page 458 Manufacturer's use-by dates .It is not the intent of this provision to give a product an extended shelf life beyond that intended by the manufacturer. Manufacturers assign a date to products for various reasons, and spoilage may or may not occur before pathogen growth renders the product unsafe. Most, but not all, sell-by or use-by dates are voluntarily placed on food packages .The manufacturer's use-by date is its recommendation for using the product while its quality is at its best. Although it is a guide for quality, it could be based on food safety reasons. It is recommended that food establishments consider the manufacturer's information as good guidance to follow to maintain the quality (taste, smell, and appearance) and salability of the product. If the product becomes inferior quality-wise due to time in storage, it is possible that safety concerns are not far behind .		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43002</p> <p>Based on observation, interview, and record review it was determined that the facility failed to follow CDC guidelines for hand hygiene and the use of appropriate Personal Protective Equipment (PPE) to prevent the spread of infection for 32 residents on Transmission Based Precautions (TBP) and 3 residents on Enhanced Barrier Precautions (EBP).</p> <p>Findings include:</p> <p>Isolation Gowns</p> <p>Interview on 9/4/24 at 9:46 a.m. with Staff A (Administrator) revealed that the facility currently had 32 residents on Droplet Precautions for COVID-19 and they resided on all 3 units.</p> <p>Review on 9/4/24 of the facility Resident Matrix, dated 9/4/24, revealed that there were 32 residents on TBP and 3 additional residents who had indwelling devices; who were observed to be on EBP.</p> <p>Observation on 9/4/24 at approximately 1:15 p.m. of the facility isolation gowns being used on all 3 units for TBP and EBP rooms revealed that gowns being used in the facility were thin and of a light material. There were no other gowns observed on the units.</p> <p>Review on 9/4/24 at approximately 1:15 p.m. of the plastic packaging for the of the above gowns revealed that they were Cover Gowns .Appropriate for situations where exposure to blood and/or bodily fluids is not a risk.</p> <p>Interview on 9/4/24 at 1:30 p.m. with Staff E (Infection Preventions) revealed that the facility only had the above gowns in the facility and those gowns were being used for all residents who were on TBP and EBP regardless of the risk for exposure to blood and/or bodily fluids.</p> <p>Review on 9/4/24 of the product description of the gowns, provided by the facility, revealed: Gown, Cover . Lightweight gowns offer comfort and breathability for less critical areas .</p> <p>Interview on 9/4/24 at 3:35 p.m. with Staff A confirmed that the gowns being used in the facility were not recommended for use with any potential bodily fluids and therefore should not be used .</p> <p>28881</p> <p>PPE and Hand Hygiene</p> <p>Observation on 9/6/24 at approximately 9:30 a.m. revealed Staff D (Licensed Nurse Assistant) exited a COVID-19 positive resident room after providing care, and without discarding or disinfecting their face shield, entered another resident room containing residents without COVID-19.</p> <p>Interview on 9/6/24 at approximately 9:35 a.m. with Staff D confirmed they entered a non-COVID-19 room without having changed or disinfected their face shield.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 9/6/24 at approximately 9:40 a.m. with Staff E confirmed that staff were to discard used PPE prior to exiting a precaution room.</p> <p>43408</p> <p>Observation on 9/4/24 at approximately 11:40 a.m. of the Cohass unit meal service revealed the following:</p> <p>Staff F (Licensed Nursing Assistant) entering a COVID-19 positive room wearing an N95 mask and no isolation gown, gloves or eye shield. After exiting the room, Staff F did not perform hand hygiene before going to a COVID-19 negative room to assist a resident. Staff F then left that room without performing hand hygiene and retrieved a meal tray from the meal tray cart and delivered it to a second COVID-19 positive room with an N95 mask on without an isolation gown, gloves or eye shield.</p> <p>Interview on 9/4/24 at approximately 11:40 a.m. with Staff F revealed they were not aware that they had to don gloves, eye shield or isolation gown when entering a COVID-19 positive room unless they were directly coming in contact with the resident. Staff F also stated that they were not aware they had to perform hand hygiene unless they were coming into direct contact with a resident.</p> <p>Interview on 9/4/24 at approximately 11:55 a.m. with Staff E revealed that during meal service, the COVID-19 negative rooms were to be passed their trays before the COVID-19 positive rooms. Staff E stated that staff are to don full PPE when entering a COVID-19 positive room, which includes an N95 mask, isolation gown, gloves and an eye shield. Staff E stated that staff were expected to perform hand hygiene in between patient interactions, before donning and after doffing any PPE, or when hands were visibly soiled.</p> <p>Review on 9/4/24 of the Special Contact and Droplet Precautions for Special Respiratory Circumstances signage outside COVID-19 positive rooms revealed: .Perform Hand Hygiene Before and After patient contact, contact with environment and after removal of PPE (Alcohol based hand rub). Wear an N95 Respirator, Gown, Face Shield and gloves upon entering this room .</p> <p>Review on 9/6/24 of the facility's policy titled Infection Prevention and Control Program Description, revised 7/1/24, revealed: .Implementation of Control Measures and Precautions includes basics such as hand hygiene, Standard and Transmission Based Precautions, cleaning/disinfecting equipment and measures to protect persons . from communicable diseases or infections .</p> <p>Review on 9/9/24 of the CDC guidance titled, Infection Control Guidance: SARS-CoV-2, dated June 24, 2004, revealed: .2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection .HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review on 9/9/24 of the CDC 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, last update: July 2023, revealed: .Isolation gowns are used as specified by Standard and Transmission-Based Precautions, to protect the HCW's [Health Care Worker's] arms and exposed body areas and prevent contamination of clothing with blood, body fluids, and other potentially infectious material . The need for and type of isolation gown selected is based on the nature of the patient interaction, including the anticipated degree of contact with infectious material and potential for blood and body fluid penetration of the barrier. The wearing of isolation gowns and other protective apparel is mandated by the OSHA Bloodborne Pathogens Standard .Isolation gowns are always worn in combination with gloves, and with other PPE when indicated .</p> <p>Review on 9/9/24 of the CDC Implementation of Personal Protective Equipment Use in Nursing Homes to Prevent Spread of Multidrug Resistant Organisms (MDRO's), updated July 12, 2022 revealed: . Effective implementation of EBP requires .the availability of PPE and hand hygiene supplies at the point of care . Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing .MDRO's may be indirectly transferred from resident-to-resident during these high-contact activities. Nursing home resident with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDRO's. The use of gown and gloves for high-contact resident care activities is indicated .</p> <p>Review on 9/6/24 of CDC guideline titled, Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 4/12/24, retrieved from: https://www.cdc.gov/infection-control/hcp/core-practices/index.html, revealed: .Hand Hygiene .Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient .After touching a patient or the patient's immediate environment .Immediately after glove removal . Ensure proper selection and use of personal protective equipment (PPE) based on the nature of the patient interaction and potential for exposure to blood, body fluids and/or infectious material: Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions. Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eyes, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed. Remove and discard PPE, other than respirators, upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door. Do not use the same gown or pair of gloves for care of more than one patient. Remove and discard disposable gloves upon completion of a task or when soiled during the process of care .</p>		