STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305076	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Village Center, Genesis Healthcare	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review, it was determined that the facility failed to inform a resident and/or the resident's representative of the risks and benefits of psychotropic medications for 1 of 5 resident reviewed for unnecessary medications in a final sample of 18 residents. (Resident identifier is #3.)Findings include:Review on 9/10/25 of Resident #3's active physician's orders revealed the following psychotropic medications and start date:Buspirone 5 mg (milligram) give 1 tablet by mouth three times a day for anxiety with a start date of 6/24/25.Lamotrigine 100 mg give 1 tablet by mouth one time day for bipolar disorder with a start date of 6/25/25.Ziprasidone 60 mg give 1 capsule by mouth twice a day with meal or snack for bipolar disorder with a start date of 6/24/25. Review on 9/11/25 of Resident #3's medical record revealed no documentation that Resident #3 or Resident #3's representative was informed of the risk and benefits of the above psychotropic medications. Interview on 9/11/25 at approximately 11:25 a.m. with Staff D (Director of Nursing) confirmed the above findings. Staff D was unable to provide documentation that Resident #3 or Resident #3's representative were inform of the risks and benefits of the above psychotropic medications.

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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and record review, it was determined that the facility failed to properly dispose of medications for 1 of 4 residents observed for medication administration. (Resident identifier is #23.)Findings include:Observation on 9/10/25 between 8:25 a.m. to 8:35 a.m. with Staff F (Licensed Practical Nurse (LPN)) during Resident #23's medication administration revealed that Staff F poured two tablets of multivitamin in a medicine cup and discarded one tablet of multivitamin in the sharps container. Further observation revealed that an open bottle of Over The Counter (OTC) Aspirin Enteric-Coated (EC) 81 mg (milligram) had no visible expiration date on the bottle. Staff G (LPN) came over to ask a question to Staff F and Staff G took the above mentioned open bottle of Aspirin EC 81 mg then discarded the bottle in the open waste bin that had no label and was attached to the medication cart.Interview on 9/10/25 between 8:25 a.m. to 8:35 a.m. with Staff F confirmed the above observation. Review on 9/10/25 of the facility policy titled, Disposal of Medication Waste, revision date of 7/1/24, revealed .Medications that cannot be returned to the pharmacy .will be placed in medication disposal bins labeled: 4.1.1 Hazardous/Nonhazardous waste 4.1.2 Incompatible waste, 4.1.3 Acute waste, 4 1.4 Controlled Substance waste .Waste bins will be stored in the medication room or other secure medication storage area not accessible to patients .Solid dosage form medications (e.g., pills, capsules) are to be removed from their original containers before disposal .Medications are not to be disposed in common areas, resident trash cans, or sharps container .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, it was determined that the facility failed to implement policies and procedures for Enhanced Barrier Precautions (EBP) for 1 of 1 resident reviewed for urinary catheter in a final sample of 18 residents. (Residents identifier are #78.)Findings include: Review on 9/10/25 of the facility's policy titled, Enhanced Barrier Precautions, revision date of 12/16/24, revealed .Implementation of EBP .Patient Status .Has a wound or indwelling medical device .Use EBP Yes, if they do not meet criteria for Contact Precautions .Observation on 9/9/25 at approximately 11:00 a.m. with Resident #78 revealed that Resident #78 has an indwelling urinary catheter. Further observation revealed no EBP signage posted and no Personal Protective Equipment (PPE) cart or supplies in Resident #78's room or outside of Resident #78's room. Interview on 9/9/25 at 11:36 a.m. with Staff I (Licensed Nursing Assistant) revealed that he/she was not aware if Resident #78 was on EBP. Interview on 9/9/25 at 11:48 a.m. with Staff H (Licensed Practical Nurse) confirmed that Resident #78 was not on EBP. Staff H revealed that residents on EBP would have an EBP sign posted outside of the resident's room and a PPE cart in the hallway outside of the resident's room.Review on 9/10/25 of Resident #78's medical record revealed a foley (indwelling) catheter care plan with an initiated date of 9/9/25 with an intervention for EBP. Observation on 9/10/25 at approximately 9:05 a.m. with Staff H revealed that there were no EBP signage and PPE cart outside of Resident #78's room. Interview on 9/11/25 at approximately 9.:02 a.m. with Staff B (Infection Preventionist) confirmed the above policy and that residents with indwelling catheter should be on EBP.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 2 of 5 residents reviewed for immunizations and to implement policies and procedures on COVID-19 immunization for 1 of 1 staff reviewed for COVID-19 immunizations. (Resident Identifiers are #20 and #39 and Staff identifier is Staff A).Findings include:Review on 6/4/25 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.Review on 9/11/25 of facility policy titled COVID-19 Vaccination revised on 2/7/24 revealed . Centers will provide the opportunity to receive COVID-19 vaccination following Centers for Disease Control and Prevention (CDC) recommendations subject to availability. 3. Based on the patient's COVID-19 vaccination history, offer the vaccination following the manufacturer's recommended schedule. 4. Employees are encouraged to obtain COVID-19 vaccination from their personal health provider, health department, or community health partners. Employees who consent to COVID-19 vaccination but cannot obtain COVID-19 vaccination through their personal health provider, health department, or community health providers should consult with their supervisor regarding alternate potential sources to obtain the COVID-19 vaccination .7.2. If an employee refuses COVID-19 vaccination, document declination on the COVID-19 Vaccine Informed Declination in the approved automated system.Resident #20Review on 9/10/25 of Resident #20's medical record revealed that Resident #20 was born in 1939 ([AGE] years old).Review on 9/10/25 of Resident #20's vaccination records revealed Resident #20 received the 2024-2025 Pfizer COVID-19 vaccine on 9/26/24. There was no documentation of Resident #20 being offered or educated about the next dose recommendations.Resident #39Review on 9/10/25 of Resident #39's medical record revealed that Resident #39 was born in 1950 ([AGE] year-old).Review on 9/10/25 of Resident #39's vaccination records revealed the 2024-2025 Pfizer COVID-19 vaccine was administered on 9/24/24. There was no documentation of Resident #39 being offered or educated about the next dose recommendations.Interview on 9/11/25 at approximately 8:18 a.m. with Staff B (Infection Preventionist) confirmed that there was no documentation that Resident #20 and Resident #39 were offered or educated about the next dose recommendations.Review on 9/10/25 of Staff A's (Licensed Nursing Assistant (LNA)) COVID-19 Vaccination Information revealed that Staff A's last COVID-19 vaccination was 6/1/22.Interview on 9/10/25 at 1:01 p.m. with Staff A revealed that they were not provided information that a COVID-19 vaccination was available for 2024/25 and that he/she had not been asked to sign a declination that they had been educated and/or refused the COVID-19 vaccination.Interview on 8/13/25 at 3:10 p.m. with Staff C (Administrator) revealed that the facility does not offer COVID-19 vaccinations to employees or track/obtain a declination.