STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305077	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lafayette Center	93 Main Street Franconia, NH 03580

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F 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 28881 Based on medical record review and interview, it was determined that the facility failed to develop, implement, and revise a care plan for 3 residents in a final survey sample of 19 residents (Resident Identifiers are #2, #48, and #58). Findings Include: Resident #2 Review on 5/13/24 of Resident #2's medical record revealed a diagnosis of Post Traumatic Stress Disorder (PTSD), upon admission on 1/30/20. Review on 5/14/24 of Resident #2's care plan revealed no focus area or interventions related to PTSD. Interview on 5/14/24 at approximately 2:00 p.m. with Staff L (Licensed Practical Nurse) revealed they did not know the basis of Resident #2's trauma. Interview on 5/15/24 at approximately 9:55 a.m. with Staff D (Director of Nursing) confirmed the above finding. Staff D also did not know the basis of Resident #2's trauma. Resident #58 Review on 5/15/24 of Resident #58's medical record revealed an order for Coumadin for Atrial Fibrillation, since admission on 4/26/24. Review on 5/15/24 of Resident #58's care plan with an initial date of 4/26/24 revealed no focus area and interventions related to anticoagulation therapy and monitoring of side effects. Interview on 5/15/24 at approximately 9:55 a.m. with Staff D confirmed the above finding. Interview on 5/15/24 at approximately 1:30 p.m. with Staff E (Administrator) revealed the facility does not have a policy related to anticoagulation therapy. 37488 (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	Resident #48 Review on 5/13/24 of Resident #48's physician note dated 5/6/24 revealed that Resident #48 had a new left heel Deep Tissue Injury (DTI) and to float heels and apply skin prep to both heels daily to maintain skin integrity. Review on 5/15/24 of Resident #48's physician note dated 5/14/24 revealed that Resident #48's right heel has 1 intact blister on the posterior aspect of the heel. Review on 5/15/24 of Resident #48's care plan, revealed: Focus: Resident is at risk for skin breakdown related to weakness with decline in functional mobility, dated 5/5/24. Goal: Resident will not show signs or skin breakdown by next review, dated 5/5/24 and revised on 5/15/24. Review on 5/15/24 of the facility policy titled Care Plan Revisions Upon Status Change, dated 10/2022 and revised 10/2023, revealed: Policy Explanation and Compliance Guidelines .1. The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change. 2. d. The care plan will be updated with new or modified interventions if needed .g. The Unit Manager or other designated staff member will communicate care plan interventions to all staff involved in the resident's care .h. The Unit Manager or other designated staff member will conduct an audit on all residents experiencing a change in status, at the time the change in status is identified, to ensure care plans have been updated to reflect current resident needs. Interview on 5/15/24 at approximately 9:00 a.m. with Staff D revealed that Resident #48's care plan had not been updated to include actual facility acquired skin breakdown identified on 5/6/24 and on 5/14/24.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37488 Based on observation, record review, policy review, and interviews, it was determined that the facility failed to provide appropriate care and services to aide in the prevention of an avoidable pressure ulcer for 1 of 1 residents reviewed for pressure ulcers in a final survey sample of 19 residents (Resident Identifier is #48). Findings include: Review on 5/15/24 of the facility policy Pressure Injury Prevention and Management, dated 07/2021 and Reviewed and Revised 10/2022 and 10/2023 revealed: .4. Interventions for Prevention and to Promote Healing .a. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries .c. Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present .i. Redistribute pressure (such as repositioning, protecting and/ or offloading heels, etc.) Review on 5/13/24 of the Nursing assessment dated [DATE] revealed: Section K. Skin Integrity: 4.) Skin observation a. skin intact. Further review of the Nursing Assessment revealed that in Section L. Braden Scale (For Predicting Pressure Sore Risk), the score was a 17, indicating that Resident #48 was considered at risk for developing a pressure ulcer. Review on 5/15/24 of Resident #48's care plan dated 5/5/24 revealed: care plan focus: Resident at risk for skin breakdown related to weakness with decline in functional mobility and bowel incontinence, and care plan goal: The resident will not show signs of skin breakdown by next review. Further review revealed interventions to observe skin for sign and symptoms of skin breakdown, weekly skin check, observe skin condition daily with Activities of Daily Living (ADL) care, and obtain a Physical Therapy and Occupational Therapy evaluation to improve functional mobility. Review also revealed no interventions for offloading and repositioning. Review on 5/15/24 of the Physician note dated 5/6/24 revealed: Skin: New left heel concern. Left heel DTI [Deep Tissue Injury] noted that is intact and non-tender Float heels. Further review of physician note dated 5/14/24 revealed: Acute concerns: Follow up left heel DTI, noted right heel DTI. Review on 5/15/44 of Resident #48's Point of Care Task Record revealed the task for offloading started on 5/6/24. Interview on 5/15/24 at approximatley 12:25 p.m. with Staff C (Licensed Nursing Assistant) revealed that he/she believed that Resident #48's heels had been floated for the last 5 days. Interview on 5/15/24 at approximately 12:20 p.m. with Staff B (Licensed Practical Nurse) assigned to care for Resident #48 confirmed that he/she did not know the date that Resident #48 was supposed to have heels floated. Staff B stated Maybe as of yesterday 5/14/24. Interview on 5/15/24 with Staff D (Director of Nursing) confirmed above findings. Staff D stated Resident #48's DTI on left and right heels were facility acquired.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 28881 Based on observation and interview, it was determined that the facility failed to ensure that the residents' environment remained free of accident hazards as is possible regarding storage of chemical cleaning solutions on 2 of 3 units observed (Birch Unit & Spruce Unit). Findings include: Observations on 5/13/24 at 1:15 p.m; 5/14/24 at 8:30 a.m and 9:30 a.m; and 5/15/24 at 7:40 a.m. of the Birch Unit Tub Room revealed that the door was open with a bottle of Rapid Multi Disinfectant Spray chemical cleaning solution hanging on the wall within reach of wandering residents. Interview on 5/15/24 at 7:40 a.m. with Staff F (Licensed Practical Nurse) confirmed the above finding. Observation on 5/15/24 at 7:30 a.m. of the Spruce Unit Tub Room revealed that the door was open with a container of Super Sani-Cloth Germicidal wipes on top of a portable cart within reach of wandering residents. Interview on 5/15/24 at 7:30 a.m. with Staff I (Licensed Nursing Assistant) confirmed the above finding. Interview on 5/15/24 with Staff D (Director of Nursing) further confirmed the findings and revealed there were 13 wandering residents in the facility. Review on 5/15/24 of the facility's policy titled, Hand Washing, Chemical Use, and PPE [Personal Protective Equipment], revealed: .Any area used for storing chemicals should be locked at all times, including carts and closets . Review on 5/15/24 of the facility's policy titled, Accidents and Supervision, last revised 10/2023, revealed: . The resident environment will remain free of accident hazards as is possible . Review on 5/15/24 of Rapid Multi Surface Disinfectant Cleaner Safety Data Sheet, revealed: .Section 11. Toxicological Information - Potential Health Effects: Eyes: Causes eye irritation .Eye Contact: Redness, Irritation. Review on 5/15/24 of Super Sani-Cloth Germicidal Wipes Data Sheet, last revised 2/18/2019, revealed: .11. Toxicological Information - Inhalation of high concentrations of vapors may cause upper respiratory tract irritation, headache and dizziness. May be harmful if inhaled .Eye Contact - This product is expected to cause moderate irritation to eyes based on test data .May cause redness, itching, and pain.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28881 Based on observation, interview, and record review, it was determined that the facility failed to ensure medications were stored under proper temperature controls in 1 of 1 medication room observed and failed to ensure that open injectable medications were labeled in accordance with the manufacturer's instructions in 1 of 2 medication carts observed. Findings include: Birch Unit Medication Room: Review on 5/13/24 at approximately 9:30 a.m. of the Birch Unit Temperature Log for Medication/Vaccine Refrigerators, revealed missing temperatures on the following dates: 3/23/24, 3/24/24, 4/16/24, 4/17/24, 4/18/24, 4/19/24, 4/20/24, 4/21/24, 4/24/24, 4/25/24, 4/29/24, 4/30/24, 5/1/24, 5/2/24, 5/3/24, 5/4/24, and 5/5/24. Observation on 5/13/24 at approximately 9:30 a.m. with Staff F (Licensed Practical Nurse) of the Birch Unit Medication Room revealed the refrigerator temperature was 50 degrees Fahrenheit (F), and contained 3 boxes of Sanofi High-Dose Influenza Vaccinations, 9 unopened Insulin Flex Touch Pens (2 Novolog, 4 Basaglar, and 3 Tresiba) and 1 open vial of Purified Protein Derivative (PPD). Interview on 5/13/24 at approximately 9:30 a.m. at the time of the observation with Staff F confirmed the above finding. Review on 5/15/24 of the facility's policy titled, Medication Storage in the Facility, with an effective date of 5/2018, revealed: .Medications requiring refrigeration are kept in a refrigerator at temperatures between 2 degrees C [Celsius] (36 degrees F) and 8 degrees C (46 degrees F) with a thermometer to allow temperature monitoring .The Facility should maintain a temperature log in the storage area to record temperatures at least once a day .The Facility should check the refrigerator or freezer in which vaccines are stored, at least two times a day, per CDC Guidelines. Review on 5/15/24 of Sanofi Influenza manufacture instructions (https://www.sanofiflu.com/fluzone-quadrivalent-influenza-vaccine/), dated 2024, revealed: Store all Fluzone Quadrivalent presentations refrigerated at 2 [degrees] to 8 C (35 to 46 F). Review on 5/15/24 of Novolog manufacture instructions (https://www.mynovoinsulin.com/insulin-products/novolog/taking-novolog.html), revealed: Store unused NovoLog(R) pens and vials in refrigerator at 36 F to 46 F until expiration. Review on 5/15/24 of PPD solution manufacture instructions (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fglobaltb.njms.[NAME].edu%2Fdownloads%2Fproducts%2FMantoux_Appendices%2Ftbmantouxapp03.doc&wdOrigin=BROWSELINK) revealed: (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Purified protein derivative (PPD) solution must be kept refrigerated at 36-46 F. Pine Unit Medication Cart: Observation on 5/13/24 at approximately 10:00 a.m. with Staff H (Licensed Practical Nurse) of the Pine Unit (Nancy's Way) Medication Cart revealed an open Lispro Insulin Pen and Lantus Insulin Pen without an open or open expiration date. Further observation revealed 1 open vial of Lispro Insulin that had an open date of 3/22/24 and an expiration date of 4/22/24 (beyond 28 days). Interview on 5/13/24 at approximately 10:00 a.m. with Staff H confirmed the above finding. Review on 5/15/24 of the Lantus Insulin Pen manufacturer's instructions revealed: After 28 days, throw your opened Lantus pen away - even if it still has insulin in it. Review on 5/15/24 of Humalog/Insulin Lispro Injection manufacturer specifications revealed: .Storage and Handling .In-use HUMALOG vials, cartridges, pens, and HUMALOG KwikPen .must be used within 28 days or be discarded, even if they still contain HUMALOG . Review on 5/15/24 of the facility's policy titled, Medication Storage in the Facility, with an effective date of 5/2018, revealed: .The nurse shall place a 'date opened' sticker on the medication and enter the date opened and the new date of expiration .The expiration date of the vial or container will be [30] days unless the manufacturer recommends another date .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40522 Based on observation, interview, and policy review, it was determined that the facility failed to ensure that dietary staff washed their hands before handling clean and sanitized utensils during dishwashing procedures. Findings include: Standard: Review on 5/14/24 of the FDA 2017 Food Code, retrieved from: (https://www.fda.gov/media/110822/download), revealed .2-3 PERSONAL CLEANLINESS .2-301.11 Clean Condition. FOOD EMPLOYEES shall keep their hands and exposed portions of their arms clean .2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: .(E) After handling soiled EQUIPMENT or UTENSILS; . Observation on 5/14/24 at approximately 8:45 a.m. in the kitchen dishwashing area revealed that Staff K (Dietary Aide) was stacking plate warmers, bowls and plates onto racks, then rinsing the food debris off the plates and bowls with ungloved hands prior to sanitizing them through the high temperature dish machine. Staff K then wiped their hands with a paper towel and did not perform hand hygiene before removing clean and sanitized plate warmers, bowls and plates from the dish machine, and handling meal trays for storage and handling utensils to air dry. Interview on 5/14/24 at approximately 8:45 a.m. with Staff K confirmed the above observation. Review on 5/14/24 of the facility's policy titled, Cleaning Dishes/Dish Machine, with no date, revealed: .The person loading dirty dishes will not handle the clean dishes unless they changed into clean apron and wash hands thoroughly before moving from dirty to clean dishes .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28881 Based on record review, observation, interview, and policy review, it was determined that the facility failed to follow Center For Disease Control (CDC) guidance for wearing Personal Protective Equipment (PPE) for Enhanced Barrier Precautions (EBP) and Transmission Based Precautions (TBP) for 2 of 7 residents reviewed for infection control (Resident Identifiers are #25 and #212). Findings Include: Resident #25 Review on 5/14/24 of Resident #25's medical record revealed they received medication Intravenously (IV) and had a wound. Observation on 5/14/24 at approximately 8:30 a.m. of Resident #25 revealed an EBP sign on the door and PPE available outside of the resident's room. Further observation of Staff J (Registered Nurse) revealed while administering IV medications, they did not don a gown. Interview on 5/14/24 at approximately 8:30 a.m. with Staff J confirmed the above finding. 37488 Resident # 212 Observation on 5/13/24 at approximately 1:49 p.m. of Resident #212's room revealed a contact precautions sign on the door and PPE outside of the door in the hallway. Interview on 5/14/24 at approximately 12:04 p.m. with Staff B (Licensed Practical Nurse (LPN), who was identified as Resident #212's nurse, revealed that he/she did not know why Resident #212 was on contact precautions. Interview on 5/14/24 at approximately 12:08 p.m. with Staff G (LPN) revealed that he/she did not know why Resident #212 was on contact precautions. Interview on 5/14/24 at approximately 12:15 p.m. with Staff D (Director of Nursing) revealed that Resident #212 had a diagnosis of viral herpes on admission and confirmed Resident #212 should be on contact precautions. Interview on 5/14/24 at approximately 1:00 p.m. with Staff M (Advanced Practice Nurse Practioner) confirmed that Resident #212 was treated at the hospital for viral herpes, and that Staff M assessed Resident #212 on 5/14/24 and confirmed that Resident #212 had viral herpes. Staff M further confirmed that he/she follows the facility's infection preventionists recommendations for precautions, and placed Resident #212 on contact precautions. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 5/14/24 at approximately 10:40 a.m. at the [NAME] Way Unit revealed that Staff B was carrying a medicine cup with medications and fluids and entered Resident #212's room without donning PPE. Further observation revealed that Resident #212's room had a contact precaution sign outside the door. Staff B was administering medications to Resident #212. Interview on 5/14/24 at approximately 10:40 a.m. with Staff B confirmed the above findings. Staff B stated that he/she would don PPE only when performing Resident #212's wound treatment and/or caring for Resident #212's catheter. Staff B did not know the reason for Resident #212 being on contact precautions. Staff B also stated that when residents are on contact precautions he/she would don gown, gloves and goggles before entering a resident room. Review on 5/14/24 of the facility policy titled Isolation Precautions, revised on 4/2024, revealed: Policy Explanation and Compliance Guidelines: 2. Facility staff will apply Transmission Based Precautions, in addition to standard precautions, to residents who are known or suspected to be infected or colonized with certain infectious agents requiring additional controls to prevent transmission .8. Information regarding the particular type of precaution to be utilized will be communicated through verbal reports, written in-house communication forms, and signage .9. For questions related to what precautions to take for a particular resident, refer to the resident's nurse. Review on 5/16/24 of Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs) on the CDC website, found at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html updated 7/12/22, revealed: .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 MDROs to staff hands and clothing [11-15]. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs [3,5,6]. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization . 40522