

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/27/2025
NAME OF PROVIDER OR SUPPLIER Lafayette Center		STREET ADDRESS, CITY, STATE, ZIP CODE 93 Main Street Franconia, NH 03580	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>Based on interview and record review, it was determined that the facility failed to keep residents apprised of the progress towards resolution, and maintain evidence demonstrating the response and rationale of the resident group grievance for the attendees of the Resident Council Meeting for 3 of 3 months of meeting minutes reviewed.</p> <p>Findings include:</p> <p>Interview on 5/22/25 at approximately 10:00 a.m. during Resident Council Meeting revealed that the complaints about LNA's (Licensed Nursing Assistance) discussing other residents and being loud is an on going issue. All 9 residents at this meeting stated they do not feel this concern was addressed and that no one had followed up to inform them of what if any actions had been taken since the initiation of the concerns.</p> <p>Review on 5/22/25 of the facility's Resident Council Meeting minutes revealed the following documented concerns under Nursing:</p> <p>February 11, 2025 minutes: LNA's talking about residents in front of other residents;</p> <p>March 25, 2025 minutes: LNA's talking about residents in front of other residents. Has gotten better;</p> <p>April 15,2025 minutes: LNA's talking about residents in front of other residents or in the hallways near rooms. Still ongoing (Birch Wing). Hollering of staff in hallways and at nurse's stations (All wings).</p> <p>Interview on 5/22/25 at approximately 11:00 a.m. with Staff K (Activities Director) confirmed the above concerns regarding the LNA's had been an ongoing issue at the Resident Council Meeting. Staff K stated that Social Services is given the resident concerns after the meeting. Staff K confirmed that there was no written follow up of actions taken in the meeting minutes the months following the continued concerns.</p> <p>Interview on 5/22/25 at approximately 10:30 am with Staff E (Social Services coordinator) stated that they do not write the concerns from Resident Council as separate Grievances. Staff E stated that they verbalize the Resident Council concerns to the Department heads at the managers meeting the following day so all managers can be aware of what concerns are brought up and for them to address.</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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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review on 5/22/25 of facility policy titled Resident Council Meetings, revised 10/2022, revealed .7. The facility shall act upon concerns and recommendations of the Council, make attempts to accommodate recommendations to the extent practicable, and communicate its decisions to the Council .		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on observation, interview and record review, it was determined that the facility failed to develop and update comprehensive care plans for 2 of 3 residents reviewed for pressure ulcers in a final sample of 16 residents. (Resident identifiers are #32 and #158).</p> <p>Findings include:</p> <p>Resident #32</p> <p>Review on 5/22/25 of Resident #32's medical record revealed a provider note dated 5/19/25 written by Staff D (Advanced Practice Registered Nurse) that stated; Previously closed sacral ulcer now has one open area, mid-line, continue with medihoney and silicone border dressings to open area.</p> <p>Review on 5/22/25 of Resident #32's MAR (Medication Administration Record) revealed a physician's order with a start date of 4/21/25 to Cleanse sites on inner left and right buttock. Apply Medi honey and cover with silicone dressing. Change 3x [three times a] week in the morning every Mon, Wed, Fri [Monday, Wednesday, and Friday].</p> <p>Interview on 5/23/25 at approximately 8:30 a.m. with Staff H (Unit Manager) confirmed that there were no new orders addressing the 5/19/25 wound note that identified the new area at mid-line.</p> <p>Interview on 5/23/25 at approximately 8:45 a.m. with Staff D confirmed that he/she saw Resident #32 on 5/19/25 and noted the new area at mid-line and did not write a new treatment order. Staff D further confirmed that the treatments had not been completed.</p> <p>Review on 5/23/25 of Resident #32's care plan for skin revealed that the last update to the care plan was on 3/27/25.</p> <p>Interview on 5/23/25 at approximately 9:00 a.m. with Staff H confirmed that Resident #32's care plan for skin had not been updated since 3/27/25. Resident #158</p> <p>Review on 5/21/25 of Resident #158's progress notes revealed that on 3/27/25 there was an Unstageable pressure area to the right buttock and a stage 2 pressure ulcer to the left buttock. Further review revealed that on 4/12/25 there was a Deep Tissue Injury to the right heel.</p> <p>Observation on 5/23/25 at approximately 12:30 p.m. of Resident #158's wound care with Staff G (Infection Preventionist/Wound Care Nurse) and with Staff D revealed that Resident #158 has pressure areas to the right heel, left gluteal fold, and right coccyx area.</p> <p>Review on 5/23/25 of Resident #158's care plan initiated on 3/10/25 revealed, Resident at risk for skin breakdown related to impaired functional mobility and actual MASD [Moisture-associated skin damage]. Further review revealed that the care plan had not been updated to include interventions for the above pressure areas.</p> <p>Interview on 5/27/25 with Staff H confirmed that there was no care plan intervention for Resident #158's pressure ulcers that developed in March and April.</p>		

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<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>**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 follow physician orders for 1 of 3 residents reviewed for choices in a final sample of 16 residents (Resident Identifier is #21).</p> <p>Findings include:</p> <p>[NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 10th edition St. Louis, Missouri: Elsevier, 2021. Page 614 .It is essential to verify the accuracy of every medication you give to your patients with the patient's order. If the medication order is incomplete, incorrect, or inappropriate, or if there is a discrepancy between the original order and the information on the MAR [Medication Administration Record]. consult with the health care provider. Do not give a medication until you are certain that you can follow the seven rights of medication administration . Page 672 .seven rights of medication administration include right medication, right dose, right patient, right route, right time, right documentation and right indication .</p> <p>[NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 10th ed. St. Louis, Missouri: Mosby Elsevier, 2021.</p> <p>Chapter 31 Medication Administration Page 595, .Medications that are time critical most likely cause harm or have subtherapeutic effects if they are not administered in time (usually 30 minutes before and after the scheduled dose). Non-time-critical medications most likely do not cause harm if they are given within 1 hour to 2 hours before or after the schedule time. Thus, you need to administer time-critical medications at a precise time, within 30 minutes before and after a scheduled time. You administer non-time-critical medications within 1 to 2 hours of their scheduled times .</p> <p>Interview on 5/21/25 at 11:37 a.m. with Resident #21 revealed that his/her medications are often given late. He/she stated it has happened multiple times within the last month.</p> <p>Review on 5/22/25 of Resident #21's annual Minimum Data Set (MDS) with an assessment reference date of 3/18/25 revealed Resident #21 had a Basic Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact cognition.</p> <p>Review on 5/22/25 of Resident #21's Medication Administration Audit Report for the last 30 days revealed the following medications were given past the scheduled time:</p> <p>On 4/21/25</p> <p>Methylphenidate (central nervous system stimulant) HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 6:13 a.m.</p> <p>On 4/22/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 7:05 a.m.</p> <p>On 4/28/25</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Olanzapine (antipsychotic) Oral Tablet. Give 10 mg by mouth at bedtime for bipolar disorder, scheduled for 7:00 p.m., given at 8:52 p.m.</p> <p>On 4/29/25</p> <p>Olanzapine Oral Tablet. Give 10 mg by mouth at bedtime for bipolar disorder, scheduled for 7:00 p.m., given at 8:52 p.m.</p> <p>On 5/3/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 6:17 a.m.</p> <p>On 5/4/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 6:14 a.m.</p> <p>On 5/5/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 6:35 a.m.</p> <p>Olanzapine Oral Tablet. Give 10 mg by mouth at bedtime for bipolar disorder, scheduled for 7:00 p.m., given at 8:53 p.m.</p> <p>On 5/7/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 6:07 a.m.</p> <p>Olanzapine Oral Tablet. Give 10 mg by mouth at bedtime for bipolar disorder, scheduled for 7:00 p.m., given at 8:57 p.m.</p> <p>On 5/8/25</p> <p>Valbenazine Tosylate (treat various movement disorder) Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 7:00 a.m., given at 10:17 a.m.</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:51 p.m.</p> <p>On 5/9/25</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:30 p.m.</p> <p>On 5/10/25</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 2:25 a.m.</p> <p>Olanzapine Oral Tablet. Give 10 mg by mouth at bedtime for bipolar disorder, scheduled for 7:00 p.m., given at 2:25 a.m.</p> <p>Gabapentin (nerve pain medication) Oral Capsule 300 mg. Give 1 capsule by mouth three times a day for polyneuropathy, scheduled for 8:00 p.m., given at 2:24 a.m.</p> <p>Bupropion (antidepressant) HCl ER Oral Tablet Extended Release 12 Hour 150 mg. Give 1 tablet by mouth two times a day for depression and anxiety, scheduled for 8:00 p.m., given at 2:24 a.m.</p> <p>On 5/11/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 6:01 a.m.</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 7:35 p.m.</p> <p>5/12/25</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:15 p.m.</p> <p>On 5/13/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 7:21 a.m.</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:30 p.m.</p> <p>On 5/14/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 7:09 a.m.</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:05 p.m.</p> <p>On 5/15/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 6:06 a.m.</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:11 p.m.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/16/25</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:24 p.m.</p> <p>5/17/25</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:33 p.m.</p> <p>5/18/25</p> <p>Valbenazine Tosylate Oral Capsule. Give 40 mg by mouth one time a day for Tardive Dyskinesia, scheduled for 4:00 p.m., given at 8:35 p.m.</p> <p>On 5/21/25</p> <p>Methylphenidate HCl Oral Tablet 20 mg. Give 1 tablet by mouth one times a day for bipolar disorder, scheduled for 4:00 a.m., given at 6:36 a.m.</p> <p>Interview on 5/23/25 at 8:51 a.m. with Staff D (Advanced Practice Registered Nurse) confirmed that the above medications were administered late.</p> <p>Review on 5/23/25 of the facility's policy titled Medication Administration revised on 3/25 revealed, .10. Ensure that the six rights of medication administration are followed: . e . right time .12b. Administer within 60 minutes prior to or after scheduled times unless otherwise ordered by physician .</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>Based on interview and record review, it was determined that the facility failed to assist a resident in gaining access to hearing services for 1 of 1 resident reviewed for communication in a final sample of 16 residents (Resident Identifier is #42).</p> <p>Findings include:</p> <p>Interview on 5/22/25 at 10:40 a.m. with Resident #42 revealed that he/she had requested to be seen by the audiologist. Resident #42 stated that he/she felt that his/her hearing was getting worse, and he/she was concerned.</p> <p>Review on 5/23/25 of Resident #42's medical record revealed that Resident #42 was admitted to the facility in 2023 and diagnosed with abnormal auditory perceptions in the left ear in 9/2024.</p> <p>Review on 5/23/25 of Resident #42's ambulatory clinic notes for a hearing evaluation dated 5/23/24 revealed that Resident #42 was a good candidate for bilateral hearing aides.</p> <p>Interview on 5/23/25 at approximately 1:00 p.m. with Resident #42's Durable Power of Attorney (DPOA) revealed that Resident #42 had difficulty communicating with family both in person and on the telephone.</p> <p>Interview on 5/23/25 at approximately 2:00 p.m. with Staff F (Medical Records/Central Supply coordinator) confirmed that Resident #42 had requested to be seen by the audiologist for a hearing consult and the facility did not make an appointment.</p> <p>Review on 5/23/25 of the facility's policy titled, Consultant Referrals dated 7/21 revealed, .1. Outside clinical services will be provided to the residents as ordered by the resident physician and as available by appointment from the outside provider .</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide care consistent with professional standards of practice to promote healing for 1 of 3 residents reviewed for pressure ulcers in a final sample of 16 residents. The lack of treatment orders over a six day period resulted in a small open area that worsened into an Unstageable pressure area. (Resident identifiers is #158).</p> <p>Findings include:</p> <p>Review on 5/23/25 of Resident #158's admission Minimum Data Set with an Assessment Reference Date of 3/3/25 revealed that Resident #158 admitted to the facility on 2/2025 and under Section M - Skin Conditions was coded in item M0210 Unhealed Pressure Ulcers/Injuries as No (indicating that the Resident had no pressure ulcers during the 7 look-back period of 2/25/25 through 3/3/25).</p> <p>Right Buttock</p> <p>Review on 5/23/25 of Resident #158's Weekly Skin Review, dated 3/11/25, revealed that the Resident's skin was intact. This was completed by Staff H (Unit Manager).</p> <p>Review on 5/23/25 of Resident #158's Nursing Note, dated 3/18/25, revealed, Small open area noted in crease of right buttock area (appears [to be] from brief) . bordered [dressing] applied, [skilled nurse] to monitor.</p> <p>Review on 5/23/25 of Resident #158's Nursing Note dated 3/22/25 revealed, Peri wound is pink and warm . wound was cleansed with wound cleanser and dried. A small amount of barrier ointment was applied to the area and then covered with a pouffed silicon [sic] dressing .</p> <p>Review on 5/23/25 of Resident #158's medical record, including physician's orders and progress notes, revealed there was no documentation that the provider was notified of the above area or that a physician's order was obtained for the above treatment.</p> <p>Review on 5/23/25 of Resident #158's Provider Progress note, dated 3/24/25, (six days after open area to right buttocks was first identified) by Staff D (Advanced Practice Registered Nurse) revealed, . Patient has an Unstageable pressure ulcer on the right buttock wound bed 100% [percent] slough [a type of necrotic tissue], will order santyl gel to wound bed with silicone border cover [dressing] change [every] 3 days .</p> <p>Review on 5/23/25 of Resident #158's March 2025 Treatment Administration Record (TAR) revealed a physician's order, dated 3/26/25, for right buttock apply thin layer of santyl and cover with silicone border dressing every Monday, Wednesday and Friday for Unstageable pressure injury (ulcer). Further review revealed that the treatment was not signed on the TAR as being completed until 3/28/25.</p> <p>Review on 5/23/25 of Resident #158's medical record revealed there was no weekly documentation of the size and/or measurements of the above pressure ulcer between 3/18/25 through 4/18/25.</p> <p>Interview on 5/23/25 at 2:23 p.m. with Staff G (Wound Care Nurse/Infection Preventionist) confirmed there were no measurements for the right pressure area until 4/18/25.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 5/23/25 of Resident #158's April 2025 TAR revealed that there was no treatment ordered or documented as completed for the right buttock pressure ulcer between 4/9/25 through 4/23/25.</p> <p>Interview on 5/27/25 at 11:19 a.m. with Staff B (Director of Nursing), Staff D, Staff G and Staff H (Unit Manager) confirmed that the above pressure area to the right buttock was identified on 3/18/25 and that there was no physician's order for treatment until 3/26/25. Staff D confirmed that they were not aware of the open area to the right buttock until 3/24/25 when it was assessed as an Unstageable pressure ulcer.</p> <p>Left Buttock</p> <p>Review on 5/23/25 of Resident #158's medical record revealed the following progress notes:</p> <p>On 3/24/25 written by Staff D: . Left buttock with stage 2 pressure ulcer wound bed moist pink without [signs and symptoms] of infection triple [antibiotic] to wound .,</p> <p>On 3/26/25 by Staff D: . left buttock stage 2 pressure ulcer .,</p> <p>On 4/18/25 by Staff D: Resident has two pressure areas on bilateral gluteal folds, Left wound is improved with a 0.5 cm [centimeter] open area recommend protective silicone border dressing change 3 [times] weekly .,</p> <p>On 4/25/25 by Staff D: . Left wound is improved with a 0.25 cm open area recommend protective silicone dressing .</p> <p>Review on 5/23/25 of Resident #158's April 2025 TAR revealed there was no treatment ordered or documented as completed for the left buttock from 4/1/25 through 4/21/25.</p> <p>Review on 5/23/25 of Resident #158's medical record revealed there was no weekly documentation of the size and/or measurements of the above left buttock pressure area between 3/24/25 (when it was identified) and 4/18/25.</p> <p>Interview on 5/23/25 at 2:23 p.m. with Staff G confirmed there were no measurements for the left pressure ulcer until 4/18/25.</p> <p>Interview on 5/27/25 at 11:19 a.m. with Staff B, Staff D, Staff G and Staff H confirmed that the above pressure area to the left buttock was identified on 3/24/25. They confirmed that there was no treatment documented for the left buttock between 4/1/24 through 4/21/25.</p> <p>Dressing Change Observation</p> <p>Review on 5/23/25 of Resident #158's current treatment orders revealed the following:</p> <p>Cleanse site on interior heel (right) with normal saline, apply santyl cream to wound bed then cover with a silicone dressing change daily, with a start date of 5/22/25;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Lafayette Center		STREET ADDRESS, CITY, STATE, ZIP CODE 93 Main Street Franconia, NH 03580	
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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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Coccyx open site. Clean with normal saline, pat dry, then apply Santyl cream to site and cover with Silicone dressing every 3 days in the morning every Monday, Wednesday, Friday with a start date of 5/23/25; and</p> <p>Right lower buttocks reddened site, Clean with normal saline, pat dry, apply Medi honey and cover with silicone boarder dressing every 3 days in the morning every Monday, Wednesday, Friday, with a start date of 5/23/25.</p> <p>Observation on 5/23/25 at approximately 12:30 p.m. with Staff G and Staff D during Resident #158's wound care revealed the following:</p> <p>Right heel wound: Staff G applied skin prep to the wound bed and then covered the wound with a silicone dressing.</p> <p>Right Gluteal fold wound: Staff G applied skin prep to the wound bed, applied Medi honey, and covered the wound with a silicone dressing. No measurement was taken of this wound at the time of the dressing change. Staff D stated that it was probably 0.4 cm x 0.4 cm.</p> <p>Left Coccyx wound: Staff G applied skin prep to the wound bed and then applied Medi Honey. Staff D cleaned the wound to remove the treatment so they could visualize the area then reapplied Medi honey and covered with a silicone dressing.</p> <p>Interview on 5/23/25 at approximately 1:30 p.m. with Staff G confirmed they did not follow physician's orders for the above wound treatments and that no measurements were taken of the left gluteal fold wound. Review on 5/27/25 of the facility's policy titled Wound Treatment Management revised 9/2024 revealed, . 1. Wound treatment will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. 2. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders . 5. Treatment decisions will be based on . b. Characteristic of the wound . ii Size - including shape, depth, and presence of tunneling and/or undermining . 7. Treatments will be documented on the Treatment Administration Record or in the electronic health record. 8. The effectiveness of treatments will be monitored through ongoing assessment of the wound. considerations for needed modifications include . b. Changes in the characteristics of the wound .</p> <p>Review on 5/27/25 of the facility's policy titled Skin Assessment revised 2/2025 revealed, . It is our policy to perform a full body skin assessment as part of our systematic approach to pressure injury prevention and management . 1. A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury. 2. Procedure . e. Begin head to toe, thoroughly examining the resident's skin for conditions. Pay close attention to pressure points, bony prominences, and underneath medical devices. f. Remove any special garments or devices, if not contraindicated or ordered to remain in place. g. Remove any dressings . and note findings. h. Note any skin conditions such as redness, bruising, rashes, blisters, skin tears, open areas, ulcers, and lesions . 7 Documentation of skin assessment . b. Document observations . c. Document type of wound. d. Describe wound (measurements, color, type of tissue in wound bed, drainage, odor, pain) .</p> <p>(continued on next page)</p>		

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Review on 5/27/25 of the facility's policy titled Maintenance and Thinning of Medical Records revised 9/2024 revealed, . 2. In accordance with accepted professional standards of practices, the facility must maintain medical records on each resident that are: a. Complete b. Accurately documented .		

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<p>F 0778</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident make transportation arrangements to and from radiology services.</p> <p>Based on interview and record review, it was determined the facility failed to provide the necessary assistance in making transportation arrangements for a scheduled x-ray which resulted in a missed appointments for 1 of 1 resident reviewed for transportation assistance in a final sample of 16 residents. (Resident Identifier is #13.)</p> <p>Findings include:</p> <p>Review on 5/21/25 of Resident #13's medical record revealed that he/she was admitted to the facility on 12/2024.</p> <p>Interview on 5/21/25 at 10:42 a.m. with Resident #13 revealed that he/she was upset because they were supposed to have an x-ray of their knee at the orthopaedic clinic, but was told by Staff F (Medical Records/Central Supply coordinator), who sets up the transportation, that they did not know anything about an appointment and transportation had not been set up.</p> <p>Interview on 5/22/25 at 2:28 p.m. with Staff L (Certified Occupational Therapy Assistant) confirmed that they had seen paperwork at the nurses station for Resident #13 regarding an appointment for an x-ray of the knee on 5/21/25 and that they had reached out to Staff F to be sure they were aware of it.</p> <p>Interview on 5/22/25 at 2:35 p.m. with Staff F revealed that Staff L had told them that there had been paperwork at the nurses station regarding an appointment/x-ray for Resident #13.</p> <p>Interview on 5/23/25 at 9:55 a.m. with Staff F and with the orthopaedic clinic confirmed that Resident #13 had been seen at the clinic on 5/6/25 and given paperwork to Resident #13 that included an appointment for an x-ray and physician visit for 5/21/25 at 12:00 p.m. The clinic confirmed that Resident #13 did not go the appointment or have the x-ray.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to implement policies and procedures for 2 of 2 residents observed for wound care and failed to develop a water management program to minimize the risk of Legionella that had the potential to effect the facility census of 56 residents who resided at the facility. (Resident Identifiers are #32 and #158).</p> <p>Findings include:</p> <p>Resident #32</p> <p>Observation on 5/23/25 at approximately 12:00 p.m. with Staff G (Infection Preventionist/ Wound Care Nurse) and Staff D (Advanced Practice Registered Nurse) performing wound care for Resident #32 revealed the following:</p> <p>Staff G gathered their supplies outside of the room and placed them on a clip board without cleaning the clipboard or placing a clean field barrier. There was a sign indicating the resident needed EBP (Enhanced Barrier Precautions) hanging on the outside of Resident #32's door. Staff G entered Resident #32's room. Staff G did not don an isolation gown. Staff G removed Resident #32's dirty coccyx wound dressing.</p> <p>Resident #158</p> <p>Observation on 5/23/25 at approximately 12:30 p.m. with Staff G and Staff D performing wound care for Resident #158 revealed the following:</p> <p>Staff G gathered their supplies outside of the room and placed them on a clip board without cleaning the clipboard or placing a clean field barrier. Staff G removed a pair of scissors that were stored on the top of the treatment cart and placed them on the clipboard. There was a sign indicating EBP hanging on the outside of Resident #158's door. Staff G and Staff D entered the room without putting on an isolation gown. Staff G placed the clipboard with the dressing change supplies directly on Resident #158's bed. Staff G cut Resident #158's right heel wound dressing off with the scissors and placed them back on to the clipboard. Staff G removed the left gluteal fold wound dressing. Staff G removed right coccyx wound dressing. When treatments were completed, Staff G brought the clip board and placed it on top of the treatment cart Staff G placed the dirty scissors back into the holder on the top of the cart.</p> <p>Interview on 5/23/25 at approximately 1:00 p.m. with Staff G confirmed the above observations.</p> <p>Review on 5/23/25 of facility policy titled Enhanced Barrier Precautions, revised 1/2024, revealed .3. Implementation of Enhanced Barrier Precautions .a. Make gowns and gloves available immediately near or outside of the resident's room . b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities .4. High-contact resident care activities include: .h. wound care: any skin opening requiring a dressing .10. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk .</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 - Many</p>	<p>Review on 5/23/25 of the facility policy titled Clean Dressing Change, revised 5/2024, revealed .5. Set up clean field on the overbed table with needed supplies for wound cleansing and dressing application .12. Cleanse the wound as ordered .</p> <p>Review on 5/22/25 of the water management plan provided by the facility revealed that it contained a water system for a 4 story building [The facility is only one story].</p> <p>Interview on 5/22/25 at approximately 11:40 a.m. with Staff I (Administrator) revealed the facility did not have a water management plan that describes the flow of the water system at the facility.</p> <p>Review on 5/23/25 of the facility policy titled Infection Prevention and Control Program, revised 1/2024, revealed .16. Water Management: a. A water management program has been established as part of the overall infection prevention and control program. b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems. c. The Maintenance Director serves as the leader of the water management program.</p>