

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Villa Crest Nursing and Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1276 Hanover Street Manchester, NH 03104	

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>26364</p> <p>Based on observation, record review, and manufacturers instructions, it was determined that the facility failed to follow professional standards when administering insulin for 1 out of 31 medications observed (Resident Identifier #83).</p> <p>Findings include:</p> <p>Observation on 6/19/24 at approximately 7:45 a.m. of Staff A (Licensed Practical Nurse) administering Resident #83's insulin revealed that the Lantus Glargine insulin pen was held for 4 seconds when administering the dose.</p> <p>Interview on 6/19/24 at approximately 7:45 a.m. of Staff A confirmed the above findings.</p> <p>Review on 6/19/24 of the manufacturers instructions for Lantus insulin Glargine injection 100 Units/ml (milliliters), dated 8/2022, revealed: .Step 5. Use your thumb to press the injection button all the way down. When the number in the dose window returns to 0 as you inject slowly count to 10 before removing. (Counting to 10 will make sure you get your full insulin dose.) .</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>48515</p> <p>37488</p> <p>Based on record review and interview, it was determined that the facility failed to ensure that as needed (PRN) psychotropic drugs were limited to 14 days for 2 residents in a final sample of 26 residents (Resident Identifiers are #112 and #11).</p> <p>Findings include:</p> <p>Resident #112</p> <p>Review on 6/19/2024 of Resident #112's current physician orders revealed and order for Lorazepam Intensol 0.5 mg [milligrams] by mouth every 4 hours PRN for anxiety/restlessness that was initiated on 5/28/2024.</p> <p>Review on 6/19/2024 of Resident #112's June Medication Administration Record (MAR) revealed that 3 doses of as needed Lorazepam Intensol had been given in the month of June.</p> <p>Interview on 6/20/2024 at approximately 8:30 a.m. with Staff B (Director of Nursing) confirmed that there was no 14 day stop date or evaluation for continued use for the PRN Lorazepam since its origination date of 5/28/24. Staff B further confirmed that there should have been either an evaluation of the need to continue the order or a stop date 14 days after the start date of 5/28/24.</p> <p>Resident #11</p> <p>Review on 6/19/24 of Resident #11's current physician orders revealed an order for Lorazepam Intensol 0.5 mg -Schedule IV concentrate: 2 mg/mL [milliliter] PRN every 4 hours for restlessness/agitation that was initiated on 5/10/24.</p> <p>Review on 6/19/24 of Resident #11's June MAR revealed that Resident #11 had not used the medication.</p> <p>Interview on 6/19/24 at approximately 2:48 p.m. with Staff B confirmed that there was no 14 day stop date or evaluation for continued use for the PRN Lorazepam since its origination date of 5/10/24. Staff B further confirmed that there should have been either an evaluation of the need to continue the order or a stop date 14 days after the start date of 5/10/24.</p> <p>Review on 6/20/24 of facility policy titled Psychotropic Medication, dated 9/2022, revealed: 11 . (1) For psychotropic medications that are NOT antipsychotics: If the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use and include the duration for the PRN order .</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>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 infection control and prevention guidelines to prevent cross-contamination by not wearing gowns when handling soiled linen and clothing in the laundry.</p> <p>Findings include:</p> <p>Review on 6/20/24 of the Centers for Disease Control and Prevention (CDC) Environmental Infection Control Guidelines, Section G. Laundry and Bedding, retrieved 6/20/24 from: <a 204="" 55="" 942="" 968"="" data-label="Page-Footer" href="https://www.cdc.gov/infection-control/hcp/environmental-control/laundry-bedding.html#:~:text=Handling%20contaminated%20laundry%20with%20a,aerosols%20in%20patient%2Dcare%20areas.&text=Sorting%20or%20rinsing%20contaminated%20laundry,occurred%20is%20prohibited%20by%20OSHA. revealed: .Although contaminated textiles and fabrics in health-care facilities can be a source of substantial numbers of pathogenic microorganisms, reports of health-care associated diseases linked to contaminated fabrics are so few in number that the overall risk of disease transmission during the laundry process likely is negligible. When the incidence of such events are evaluated in the context of the volume of items laundered in health-care settings . existing control measures (e.g., standard precautions) are effective in reducing the risk of disease transmission to patients and staff. Therefore, use of current control measures should be continued to minimize the contribution of contaminated laundry to the incidence of health-care associated infections. The control measures described in this section of the guideline are based on principles of hygiene, common sense, and consensus guidance; they pertain to laundry services utilized by health-care facilities . Laundry workers should wear appropriate personal protective equipment (e.g., gloves and protective garments) while sorting soiled fabrics and textiles .</p> <p>Review on 6/20/24 of the facility's policy Linen Processing, updated 9/2022, revealed, .Soiled laundry/bedding shall be handled, transported and process according to best practices for infection and control . 1. All used laundry is handled as potentially contaminated using standard precautions (e.g. gloves and gowns when sorting, if necessary) . Laundry Processing 1. Hand hygiene products, as well as appropriate PPE [Personal Protective Equipment] (i.e., gloves and gowns) are available and used while sorting and handling contaminated linens .</p> <p>Observation on 6/20/24 at 9:50 a.m. of the main laundry room revealed that there was no gowns visible for staff to use when sorting and/or loading soiled laundry in the washing machine.</p> <p>Interview on 6/20/24 at 9:50 a.m. with Staff F (Laundry Aide) revealed that there were no gowns available in the laundry room. Staff F stated that he/she had worked in the laundry for about 7 months and had never used or seen gowns being used by other laundry staff when sorting and touching soiled linen and clothing.</p> <p>Interview on 6/20/24 at 10:05 a.m. with Staff G (Housekeeping Supervisor) revealed that it was the facility's practice that laundry staff did not need to wear Personal Protective Equipment (PPE) other than gloves when sorting and handling soiled linens. Staff G stated that a gown should be used when handling soiled linen that comes from residents that were on transmission based precautions.</p> <p>(continued on next page)</p> </td> </tr> </table> </div> <div data-bbox="> <p>FORM CMS-2567 (02/99) Previous Versions Obsolete</p> </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 6/20/24 at 10:10 a.m. with Staff H (Laundry Aide) revealed that he/she had worked at the facility approximately one month full time in the laundry department. Staff H revealed that he/she had never seen or used a gown when sorting and processing soiled laundry. Staff H revealed that he/she had not been educated that a gown was needed when dealing with soiled laundry.</p> <p>Observation on 6/20/24 at 11:00 a.m. of Staff F revealed him/her loading soiled laundry into the washer. Staff G was not wearing a gown.</p> <p>Interview on 6/20/24 at 11:04 a.m. with Staff G confirmed that no gowns were available in the laundry room.</p> <p>Interview on 6/20/24 at 11:19 a.m. with Staff E (Infection Preventionist) revealed that it was the facility's practice that laundry staff did not need to wear a gown when processing soiled linen/laundry unless the resident was on transmission based precautions.</p> <p>Interview on 6/20/24 at 11:43 a.m. with Staff B (Director of Nurses) revealed that it was the facility's expectation that laundry staff wear a gown when handling contaminated linen/clothing.</p> <p>Interview on 6/20/24 at 12:29 p.m. with Staff I (Corporate Director of Nurses) revealed that the facility follows CDC guidelines for infection control policy and procedures.</p>		