

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2024
NAME OF PROVIDER OR SUPPLIER Epsom Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Suncook Valley Highway Epsom, NH 03234	
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 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>28881</p> <p>Based on observation, interview, and record review it was determined that the facility failed to revise care plans for 2 of 2 residents reviewed for care planning in a final sample of 24 (Resident Identifiers #31 and #63).</p> <p>Findings Include:</p> <p>Resident #63</p> <p>Review on 3/7/24 of Resident #63's medical record revealed a provider order, with a start date of 12/22/23, for Eliquis [anticoagulant] 5 mg [milligram] Oral Twice Daily for atrial fibrillation.</p> <p>Further review on 3/7/24 of Resident #63's medical record revealed no care plan interventions for monitoring adverse drug reactions of the anticoagulant medication.</p> <p>Interview on 3/7/24 at approximately 7:50 a.m. with Staff E (Director of Nursing) confirmed the above finding.</p> <p>Review on 3/8/24 of the facility's policy titled Anticoagulant Medications dated 9/1/22, revealed the following:</p> <p>.a. Assess for any signs or symptoms related to adverse drug reactions due to the medication alone or in combination with other medications .</p> <p>48515</p> <p>Resident #31</p> <p>Review on 3/6/24 of Resident #31's nurse's note dated 3/4/24 revealed that on 2/27/24 Resident #31 fell asleep while sitting in his/her wheelchair and fell forward to the floor. Note further stated that Resident #31's care plan was updated to include the intervention that if Resident #31 falls asleep in his/her wheelchair then staff should encourage Resident # 31 to go to bed.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 305080
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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>Review on 3/6/24 of Resident # 31's care plan revealed no intervention to encourage Resident #31 to go to bed if he/she falls asleep in his/her wheelchair. The care plan for falls was last updated on on 1/18/24.</p> <p>Interview on 3/7/24 at approximately 9:45 a.m. with Staff D (Licensed Practical Nurse) confirmed the above findings.</p> <p>Review on 3/8/24 of the facility's policy titled Comprehensive Care Planning dated 9/1/22, revealed the following:</p> <p>.11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change .</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** 49819</p> <p>Based on observation, record review, and interview the facility failed to follow professional medication administration standards for 1 medication administered out of 29 medications (Resident Identifier is #16).</p> <p>Findings include:</p> <p>Review on 3/7/24 of professional nursing standard:</p> <p>Fundamentals of Nursing, [NAME], [NAME] A., and [NAME] [NAME]. 7th ed. St. Louis, Missouri: Mosby Elsevier, 2009 revealed: Page 336- Physicians' Orders The physician is responsible for directing medical treatment. Nurses follow physician ' s orders unless they believe the orders are in error or harm clients. Therefore you need to assess all orders, and if you find one to be erroneous or harmful, further clarification from the physician is necessary .</p> <p>Observation on 3/6/24 at approximately 8:20 a.m. of Staff A (Registered Nurse) administering Resident #16's medications revealed that Staff A did not instruct the resident to rinse his/her mouth after inhaling corticosteroid medicine.</p> <p>Review on 3/6/24 of Resident #16's Physician Orders for this inhaler revealed instructions to Rinse mouth after use.</p> <p>Review on 3/7/24 of the manufacturer warnings and precautions for this corticosteroid inhaler, revealed Candida albicans infections of the mouth and pharynx may occur. Advise the patient to rinse his/her mouth with water without swallowing after inhalation to help reduce risk.</p> <p>Interview on 3/7/24 at approximately 8:45 a.m. with Staff E (Director of Nursing) confirmed the above findings.</p>		