

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Birch Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Rochester Hill Road Rochester, NH 03867	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>47129</p> <p>Based on observations, interviews, and record review, it was determined that the facility failed to ensure open injectable medications were labeled in accordance with the manufacturer's instructions in 1 out of 2 medication carts observed.</p> <p>Findings include:</p> <p>Observation on 8/27/24 at approximately 8:30 a.m. of the orange medication cart on the B wing revealed an open multiple-dose vial of Lantus (Insulin Glargine) Solution without an open date and/or an open expiration/discard date that was in use for Resident #50.</p> <p>Interview on 8/27/24 at 8:40 a.m. with Staff A (Licensed Practical Nurse) confirmed the above finding.</p> <p>Review on 8/27/24 of the Lantus (Insulin Glargine) manufacturer's instructions revealed: The Lantus vials you are using should be thrown away after 28 days, even if it has insulin left in it.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>28881</p> <p>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) for 1 of 6 residents reviewed for infection control (Resident Identifier #55) and the facility failed to perform hand hygiene during medication administration for 3 of 5 residents observed (Resident Identifiers are #21, #44 and #49).</p> <p>Findings Include:</p> <p>Resident #55:</p> <p>Review on 8/27/24 of Resident #55's medical record revealed they had an order for EBP for medication received through a peripheral line and an infected wound.</p> <p>Observation on 8/27/24 at approximately 10:00 a.m. of Resident #55 revealed an EBP sign and PPE inside the resident's room. Staff B (Licensed Nurse Aide) was observed assisting Resident #55 with transfers and positioning without wearing a gown or gloves.</p> <p>Interview on 8/27/24 at approximately 11:35 a.m. with Staff B confirmed the above finding and revealed that they were aware that Resident #55 was on EBP.</p> <p>Review on 8/29/24 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 <a href="https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html">https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html</a> and updated on 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. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheotomy/ventilator, Wound care: any skin opening requiring a dressing.</p> <p>Review on 8/29/24 of the facility's policy titled, Enhanced Barrier Precautions, last revised 5/31/24 revealed: An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds . PICC lines .3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or outside of resident's room .4. High-contact resident care activities include: a. Dressing . c. Transferring .</p> <p>Unit A Wing Medication Administration:</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 - Few</p>	<p>Observation on 8/28/24 from 7:30 a.m. to 7:50 a.m. of medication administration of 3 residents (#21, #44, and #49) revealed Staff C (Medication Nurse Assistant) did not perform hand hygiene between each of the 3 residents.</p> <p>Interview on 8/28/24 at approximately 8:00 a.m. with Staff C confirmed the above finding.</p> <p>Review on 8/29/24 of the facility's policy titled, Medication Administration, last revised 3/19/24 revealed: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician .in a manner to prevent contamination or infection .Wash hands prior to administering medication per facility protocol and product.</p> <p>Review on 8/29/24 of the facility's policy titled, Hand Hygiene, last revised 6/14/23 revealed: All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors.</p>		