STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305082	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Healthcare Center	188 Jones Avenue Portsmouth, NH 03801

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)
F 0847 Level of Harm - Potential for minimal harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 37488 Based on interview and record review, it was determined that the facility failed to ensure their arbitration agreement contained all the necessary elements for 3 of 3 residents reviewed for binding arbitration in a final sample of 22 (Resident Identifiers are #60, #66, and #83). Findings include: Review on 5/8/24 of Resident #60, #66, and #83's signed arbitration agreements revealed that the agreements did not grant the resident or his/her representative the right to rescind the agreement within 30 calendar days of signing it and did not explicitly state that neither the resident nor his/her representative is required to sign an agreement for binding arbitration as a condition of admission. Interview on 5/8/24 at approximately 12:33 p.m. with Staff B (Regional Director of Operations) confirmed the above findings.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0848 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide a neutral and fair arbitration process and agree to arbitrator and venue. 37488 Based on interview and record review, it was determined that the facility failed to ensure that the arbitration agreement provided for the selection of a venue that is convenient to both parties for 3 of 3 residents reviewed for binding arbitration in a final sample of 22 residents (Resident Identifiers are #60, #66, and #83). Findings include: Review on 5/8/24 of Resident #60, #66, and #83's signed arbitration agreements revealed that the agreement did not provide for the selection of a venue that is convenient to both parties. Interview on 5/8/24 at approximately 11:18 a.m. with Staff C (Regional Nurse) confirmed the above findings. Interview on 5/8/24 at approximately 12:33 p.m. with Staff B (Regional Director of Operations) confirmed the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305082	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37488 Based on record review and interview, it was determined that the facility failed to implement smoking policies for 1 of 2 residents reviewed for smoking in a final sample of 22 residents (Resident Identifier #66). Findings include: Review on 5/7/24 of the facility's list of residents who smoke revealed that Resident #66 was identified as a smoker by the facility. Review on 5/7/24 of Resident #66's medical record revealed that Resident #66 was admitted to the facility on [DATE]. Review on 5/7/24 of Resident #66's medical record revealed Resident #66 did not have a smoking assessment to assess for safety of smoking. Further review revealed there was no care plan for smoking. Review on 5/7/24 of the facility's binder titled Vape and Lighter Log revealed that Resident #66 had been signed out to smoke on the following dates: 4/26/24, 4/28/24, 5/1/24, 5/4/24, 5/6/24 and 5/7/24. Interview on 5/7/24 at approximately 11:27 a.m. with Resident #66 revealed that he/she does smoke outside and that staff keep the lighters at the nursing station. Further interview with Resident #66 revealed that cigarettes are kept in his/her room. Interview on 5/7/24 at approximately 11:30 a.m. with Staff A (Unit Manager) confirmed that Resident #66 smokes and that the lighters are kept at the nursing station. Further interview with Staff A confirmed that Resident #66 was not assessed for safety with smoking. Review on 5/8/24 of facility's policy titled Resident Smoking review and revision date 4/30/24, revealed under Policy Explanation and Compliance Guidelines . #7. Residents who smoke will be further assessed, using the Resident Safe Smoking Assessment . #8. Residents will smoke in accordance with his/her care plan.