STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305084	A. Building B. Wing	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mineral Springs	1251 White Mountain Highway North Conway, NH 03860

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 45419 Based on record review and interview, it was determined that the facility failed to ensure that a resident receiving anticoagulant (blood thinner) therapy received the necessary care and services for anticoagulation treatment for 5 days for 1 of 3 residents reviewed for anticoagulation therapy (Resident Identifier #1). Findings include: Record review on 5/30/24 of Resident #1's electronic medical record revealed a nurses note, dated 5/1/24 at 6:47 p.m. that stated Resident #1 was noted to have lips slightly cyanotic with vital signs as follows: Blood pressure of 124/87, heart rate of 163, respirations of 40, O2 [oxygen] saturation of 83% on 3 liters of oxygen and a temperature of 97.7 degrees Fahrenheit. Further review of the medical record revealed a note by Staff A (Nurse Practitioner) dated 5/1/24 and entered at 12:56 p.m., stating: The patient had not received [pronoun omitted] Coumadin since April 25 and was due for repeat INR [International Normalization Ratio] lab work however this appears to have not been done so the Coumadin was not re-dosed. The Nurse Practitioner's note also indicated that the resident agreed to go to the emergency room for further evaluation secondary to concerns of acute Pulmonary Embolism (PE). Review on 5/30/24 of Resident #1's April 2024 Medication Administration Record (MAR) revealed an order for Coumadin 2.5 milligrams (mg). The order read as follows: Give 1 tablet by mouth in the evening for a-fib [Atrial Fibrillation] until 4/25/24 recheck INR on 4/26/24 with a start date of 4/19/24 and an end date of 4/26/24. Further review of the April 2024 MAR revealed an order to Recheck INR on 4/26/2024 .contact the MD [Medical Doctor] or NP [Nurse Practitioner] with results for additional orders . This order was not signed off as completed in the MAR and no new orders to continue Coumadin were obtained. Interview on 5/30/24 at 11:00 a.m. with Staff B (Unit Manager) confirmed there was no results of INR testing being done on 4/26/24 as ordered for Resident #1. Interview on 5/30/24 at 1:00 p.m. with Staff C (Administrator) confirmed that the resident was sent to the hospital and admitted for bilateral pulmonary embolisms after not receiving Coumadin for 5 days.

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