

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Bedford Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 480 Donald Street Bedford, NH 03110	

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>48515</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that expired medications were removed from a medication cart in 1 of 3 medication carts observed.</p> <p>Findings include:</p> <p>Observation on 10/1/24 at approximately 8:20 a.m. revealed a bottle of Latanoprost Ophthalmic Solution 0.005% with an open date of 8/9/24.</p> <p>Review on 10/1/24 of manufacturers instructions on package revealed: .Opened bottle may be stored at room temperature up to 25 degrees Celsius (77 degrees Fahrenheit) for 6 weeks .</p> <p>Interview on 10/1/24 at approximately 8:25 a.m. with Staff B (Licensed Practical Nurse) confirmed the above findings and that the above medication was expired and currently in use.</p> <p>Review on 10/3/2024 of facility policy titled, Medication Storage, revised 4/16/24 revealed: . 8. Unused Medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs Policy.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Bedford Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 480 Donald Street Bedford, NH 03110	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40522</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that food and dishware were stored in accordance with professional standards for food service safety for 1 of 1 kitchen observed.</p> <p>Findings include:</p> <p>Observation on 10/1/24 at approximately 8:30 a.m. with Staff H (Food Service Director) of the facility kitchen revealed a box of zucchini and yellow squash that were soft, covered with a clear slime-like substance, clusters of white fuzzy substance, and black discoloration that were stored in the kitchen walk-in refrigerator. Further observation revealed a stack of pre-sliced hard yellow cheese half covered with saran wrap with no date.</p> <p>Interview on 10/1/24 at approximately 8:30 a.m. with Staff H confirmed the above finding.</p> <p>Observation on 10/2/24 at approximately 8:40 a.m. with Staff H in the kitchen revealed a dietary aide stacked wet cups and stored them in a bin to air-dry. A few minutes later, another dietary aide took the same stack of wet cups and moved them to the main dining room for use.</p> <p>Interview on 10/2/24 at approximately 8:40 a.m. with Staff H confirmed the above finding and that they stacked wet cups to air dry. Staff H was unable to provide a facility policy on storage and drying of dishware.</p> <p>Review on 10/2/24 of the facility policy titled, Food Safety Requirements, dated 4/9/24, revealed: .Facility staff shall inspect all food, food products, and beverages for safe transport and quality .and ensure timely and proper storage .Practices to maintain safe refrigerated storage include: .Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by-date, or frozen (where applicable)/discarded; and v. Keeping foods covered or in tight containers .</p> <p>Review on 10/2/24 of the FDA 2017 Food Code, retrieved from:https://www.fda.gov/media/110822/download, revealed: .Preventing Food and Ingredient Contamination 3-302.11Packaged and Unpackaged Food - Separation, Packaging, and Segregation .FOOD shall be protected from cross contamination by .storing the FOOD in packages, covered containers, or wrappings; Preventing Contamination from the Premises</p> <p>3-305.11 Food Storage .(A) Except as specified in (B) and (C) of this section, FOOD shall</p> <p>be protected from contamination by storing the FOOD: (1) In a clean, dry location (2) Where it is not exposed to splash, dust, or other contamination; .Drying 4-901.11 Equipment and Utensils, Air-Drying Required. After cleaning and SANITIZING, EQUIPMENT and UTENSILS: (A) Shall be air-dried or used after adequate draining .before contact with FOOD .4-901.12 Wiping Cloths, Air-Drying Locations . shall</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Bedford Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 480 Donald Street Bedford, NH 03110	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>be air-dried in a location and in a manner that prevents contamination of FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLESERVICE and SINGLE-USE ARTICLES .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Bedford Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 480 Donald Street Bedford, NH 03110	

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 0882</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>48515</p> <p>Based on interview and record review it was determined that the facility failed to employ, at least on a part time basis, an Infection Prevetionist who completed specialized training in infection prevention and control for a facility census of 86 residents.</p> <p>Findings include:</p> <p>Review on 10/2/24 of infection control line listing and antibiotic stewardship records indicated that Staff D (Infection Preventionist) was responsbile for the infection prevention and control program.</p> <p>Interview on 10/2/2024 at approximately 1:10 p.m. with Staff A (Director of Nursing) revealed that Staff D had been the full time Infection Preventionist since January 2024.</p> <p>Review on 10/2/24 of Staff D's training revealed that Staff D had started specialized Infection Prevention Training in September 2023 but had not completed it.</p> <p>Interview on 10/2/2024 at approximately 1:00 p.m. with Staff E (Registered Nurse) revealed that Staff E assisted Staff D with the infection control and prevention program. Staff E revealed that they had not completed specialized education in Infection Prevention.</p>