| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 305087 | A. Building<br>B. Wing | 11/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Community | 93 Water Village Road<br>Ossipee, NH 03864 |

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 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep residents' personal and medical records private and confidential.<br><br>Based on interview and record review, it was determined that the facility failed to protect the personal privacy of a resident for 1 of 1 residents reviewed for abuse in a final sample of 21 residents (Resident identifier is #77). Findings include:Interview on 9/2/25 with the complainant revealed that on 8/28/25 a post was made on social media which revealed that a resident was being transferred from the facility to a local hospital. The post mentioned a resident's daughter's name and that Resident #77 had pain and a spinal issue. Someone sent the complainant the post on social media because they had identified that the post referred to the complainant's mother.Interview on 9/23/25 at approximately 11:15 a.m. with Staff G (Quality Director) revealed that Staff H (Social Service Director) informed Staff G on 9/15/25 that there had been a comment posted on a social media platform about Resident #77's transfer to the hospital. Interview on 9/23/25 at approximately 1:00 p.m. with Staff F (Health Information Manager) confirmed that on 8/28/25 he/she commented on a social media platform about Resident #77's transfer to the hospital. Staff F revealed they were counseled by administration about not sharing information on social media on 9/15/25. Review on 9/23/25 at approximately 10:30 a.m. of the facility's social media policy titled Social Media Policy revised on 6/29/23 revealed .H. Employees must take proper care not to purposely or inadvertently disclose any information that is confidential or sensitive. |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 305087 | A. Building<br>B. Wing | 11/14/2025 |

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| Mountain View Community | 93 Water Village Road<br>Ossipee, NH 03864 |

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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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to meet professional standards of care for 1 of 1 resident reviewed for pain management in a final sample of 21 residents (Resident identifier is #4).Findings include:Review on 9/25/25 of [NAME] and [NAME], Fundamentals of Nursing. 10th ed. St. Louis, Missouri: Elsevier, 2021. Page 610-Medication Administration Right Indication .is considering the seventh right of medication administration .Review on 9/23/2025 of Resident #4 physician orders revealed an order dated 4/21/25 for Oxycodone 5 milligrams (mg), Give 1 tablet by mouth every 4 hours as needed for moderate-severe pain.Review on 9/23/25 of Resident #4's August 2025 Medication Administration Record (MAR) revealed on 8/12 Resident #4 received Oxycodone for a pain level of 0. Review of September 2025 MAR revealed Resident #4 received Oxycodone on 9/1 for a pain level of 0; on 9/2, 9/4, and 9/5 for a pain level of 4; on 9/6 for pain level of 3; on 9/12, 9/16, 9/19, 9/21, and 9/22 for pain level of 4.Review on 9/24/25 of facility policy titled Pain Assessment and Management revised 2024 revealed .General Information: 3. Assessment scales .Mild 1-4; Moderate 5-6; Severe 7-10 .Interview on 9/24/2025 at approximately 11:30 a.m. with Staff E (Unit Manager) confirmed the above findings. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 305087 | A. Building<br>B. Wing | 11/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Community | 93 Water Village Road<br>Ossipee, NH 03864 |

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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to ensure that expired medications were removed from use for 1 of 2 medication carts observed. (Resident identifier is #97).Findings include:Observation on 9/23/2025 at approximately 9:00 a.m. of the Mount [NAME] medication cart with Staff A (Medication Nursing Assistant) revealed Resident #97's Tramadol 50 mg (milligrams) medication card with a pharmacy expiration date of 7/30/25.Review on 9/23/25 of the narcotic administration book revealed he/she had received one Tramadol on 8/4/25.Interview on 9/23/25 at approximately 9:00 a.m. with Staff A confirmed the above medication was administered to Resident #97 on 8/3/25, and it had expired on 7/30/25. |