

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2024
NAME OF PROVIDER OR SUPPLIER  Langdon Place of Dover		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Middle Road Dover, NH 03820	

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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40522</b></p> <p>Based on interview and record review, it was determined that the facility failed to implement policies and procedures for providing COVID-19 vaccines for 2 of 5 residents reviewed for COVID-19 immunizations (Resident identifiers are #1 and #10).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Review on 3/12/24 of Resident #1's COVID-19 vaccine consent form, dated 2/1/24, revealed that Resident #1 had given consent to be vaccinated with the COVID-19 vaccine.</p> <p>Review on 3/12/24 of Resident #1's medical record revealed no documentation that Resident #1 received the COVID-19 vaccine after giving consent on 2/1/24.</p> <p>Resident #10</p> <p>Review on 3/12/24 of Resident #10's COVID-19 vaccine consent form, dated 11/12/23, revealed that Resident #10 had given consent to be vaccinated with the COVID-19 vaccine.</p> <p>Review on 3/12/24 of Resident #10's immunization record revealed no documentation that Resident #10 received the COVID-19 vaccine giving consent on 11/12/23.</p> <p>Interview on 3/13/24 at approximately 10:15 a.m. with Staff A (Director of Nursing) confirmed the above findings. Staff A stated that the pharmacy had available single doses of COVID-19 vaccines since October 2023.</p> <p>Review on 3/13/24 of the facility policy titled, COVID-19 Vaccination, revision date of 2/7/24, revealed . Centers will provide the opportunity to received COVID-19 vaccinations following Centers for Disease Control and Prevention (CDC) recommendations subject to availability, to patient/residents .1. Obtain COVID-19 vaccination history .3 Based on the patient's COVID-19 vaccination history, offer the vaccination following the manufacturer's recommended schedule .5. Obtain consent .8. Obtain physician order for COVID-19 vaccination. 8.1 Use the Medical Director Authorization. 9. Administer the vaccine .</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 3/13/24 of the facility's Updated (2023-2024 Formula) COVID-19 vaccine information from CDC, dated 9/22/23, revealed .Interim 2023-2024 COVID-19 Immunizations Schedule for Persons 6 months of Age and Older .Table 1a. For people who are NOT moderately or severely immunocompromised .2023-24 Moderna COVID-19 Vaccine .Age [AGE] years and older .unvaccinated (0 doses) Give 1 dose now .Any number of previous doses COVID-19 vaccines, NOT including at least 1 dose of 203-24 COVID-19 vaccine Give 1 dose at least 8 weeks (2 months) after the previous dose .Table 1b. For people who are NOT moderately or severely immunocompromised .2023-24 Pfizer-BioNTech COVID-19 Vaccine .Age [AGE] years and older .unvaccinated (0 doses) Give 1 dose now .Any number of previous doses COVID-19 vaccines, NOT including at least 1 dose of 203-24 COVID-19 vaccine Give 1 dose at least 8 weeks (2 months) after the previous dose .Table 2a. For people who ARE moderately or severely immunocompromised .2023-24 Moderna COVID-19 Vaccine .Age [AGE] years and older .unvaccinated (0 doses) Give a 3-dose initial series. Administer: Dose 1 now, Dose 2 at least 4 weeks after Dose 1 Dose 3 at least 4 weeks after Dose 2 .3 or more doses of Moderna COVID-19 Vaccine, NOT including at least 1 dose of 2023-24 COVID-19 vaccine Give 1 dose at least 8 weeks (2 months) after the previous dose .Table 2b. For people who ARE moderately or severely immunocompromised .2023-24 Pfizer-BioNTech COVID-19 Vaccine .Age [AGE] years and older .unvaccinated give a 3-dose initial series. Administer: Dose 1 now, Dose 2 at least 3 weeks after Dose 1 Dose 3 at least 4 weeks after Dose 2 .3 or more doses of Pfizer-BioNTech COVID-19 Vaccine, NOT including at least 1 dose of 2023-24 COVID-19 vaccine .Give 1 dose at least 8 weeks (2 months) after the previous dose .</p>