

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Sullivan County Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5 Nursing Home Drive Unity, NH 03743	

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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>51109</p> <p>Based on record review and interview, it was determined that the facility failed to accurately code Minimum Data Set (MDS) assessments for 3 residents reviewed for MDS in a final sample of 25 residents (Resident identifiers are #8, #29, and #118).</p> <p>Findings include:</p> <p>Resident #29</p> <p>Review on 10/16/24 of Resident #29's current orders revealed an order dated 3/19/24 for dialysis three days a week.</p> <p>Review on 10/16/24 of Resident #29's Quarterly MDS with an Assessment Reference Date (ARD) of 9/21/24, Section O, Special Treatments, Procedures, and Programs, dialysis was coded as no.</p> <p>Interview on 10/16/24 at approximately 10:35 a.m. with Staff A (MDS Coordinator) confirmed that the resident was on dialysis, and that the MDS was coded incorrectly.</p> <p>48515</p> <p>Resident #118</p> <p>Review on 10/14/2024 of Resident #118's Quarterly MDS assessment, dated 8/20/2024, Section N revealed that antipsychotic medications were received on a routine basis. Resident #118 was not receiving antipsychotic medications during the assessment reference period.</p> <p>Review on 10/16/2024 of Resident #118's August 2024 Medication Administration Record (MAR), revealed that Resident #118 was not receiving antipsychotic medications.</p> <p>Interview on 10/16/2024 at approximately 1:02 p.m. with Staff A confirmed the above findings.</p> <p>26364</p> <p>Resident #8</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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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review on 10/16/24 of Resident #8's hospice records revealed Resident #8 was admitted to hospice on 8/26/24.</p> <p>Review on 10/16/24 of Resident #8's Significant Change MDS Assessment with an ARD of 9/5/24, revealed that under Section OO0110, Special Treatments, Procedures, and Programs, Hospice care while a resident was not indicated.</p> <p>Interview on 10/16/24 at approximately 11:45 a.m. with Staff A confirmed that Resident #8 was receiving Hospice services, and the assessment was coded incorrectly.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48515</p> <p>Based on interview and record review it was determined that the facility failed to follow professional standards after a fall with identified hip pain for 1 of 1 resident reviewed for falls (Resident Identifier #120)</p> <p>Findings include:</p> <p>Review on 10/14/2024 of Resident #120's nursing note written by Staff F (Licensed Practical Nurse), dated 8/24/24 revealed: Resident was found on the floor lying on her left side close to [pronoun omitted] bed. Assessment done. AROM [active range of motion] on BUE [bilateral upper extremities], PROM [passive range of motion] on BLE [bilateral lower extremities], resident c/o [complained of] pain. Tender to touch on resident's left hip. Resident holds [pronoun omitted] side. Assisted resident back to bed with 2-3 person . Received order to send resident to ER [emergency room] for further evaluation.</p> <p>Interview on 10/16/2024 at approximately 11:00 a.m. with Staff F revealed that Resident #120 was found on the floor. Staff F assessed Resident #120 for injury. Staff F revealed that Resident #120 was complaining of pain and pointing to his/her left hip. Staff F further revealed that Resident #120 was transferred back to bed with assist of three staff. The provider was notified after the resident was transferred to bed and an order was obtained to send the resident to the emergency room for evaluation.</p> <p>Review on 10/16/2024 of Resident #120's hospital discharge summary, dated 8/29/24, revealed: . [pronoun omitted] left pubic fracture .</p> <p>Review on 10/16/2024 of facility policy titled, Falls, dated 8/5/20, revealed: .(2) The charge nurse present performs a complete physical assessment to determine injury. She/he will use sound nursing judgement to determine necessary actions, first aid, transfer etc. Should the resident show evidence of a fracture or pain, keep him/her immobilized .Do not move the injured limb .</p> <p>Review on 10/16/2024 of the Journal of Nursing, Post Fall Care Nursing Algorithm, accessed on 1/21/20 revealed: The general scheme of the algorithm is as follows: the post-fall algorithm begins with a decision diamond that requires the nurse to . the next step is to determine whether serious injury has occurred; in this case, serious injury is defined as an injury involving the neck or spine, or any other major trauma. The attending nurse should not move the patient, but should call for assistance from another nurse and immediately notify a physician .The musculoskeletal system should be assessed for any deformities, pain, swelling, weakness, strength, and range of motion .</p>