STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morrison Nursing Home	6 Terrace Street Whitefield, NH 03598

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 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38218 Based on observation, interview, and record review, it was determined that the facility failed to ensure that medications were appropriately stored in 2 out of 3 medication carts observed (Resident Identifiers are #15 and #42). Findings include: Observation on 12/8/24 at approximately 9:20 a.m. of the A Wing medication cart revealed an unlabeled medicine cup with a tablet in it. Interview on 12/8/24 at approximately 9:20 a.m. with Staff G (Registered Nurse (RN)) confirmed the above finding and Staff G stated that it was his/her personal medication in the medicine cup. Observation on 12/8/24 at approximately 9:25 a.m. of the [NAME] Wing medication cart revealed 2 unlabeled medicine cups. One cup had pills in it and one cup had pills and a transdermal patch in it. Interview on 12/8/24 at approximately 9:25 a.m. with Staff H (RN) confirmed the above findings and revealed that the medicine cups were Resident #15's and Resident #42's morning medications. Review on 12/8/24 of Resident #15's Medication Administration Record (MAR) revealed the following medications left unlabeled in the medication cup: Aspirin 81 milligrams (mg), Grape Seed Extract 400 mg, Omeprazole Delayed Release (DR) 20 mg, Vitamin D3 25 micrograms (mcg), 2 Levetiracetam 750 mg. Review on 12/8/24 of Resident #42's December 2024's MAR revealed the following medications left unlabeled in the medication cup: Rosuvastin Calcium 5 mg, Liothyronine 5 mcg, Losartan Potassium 25 mg, Myrbetiq 24 hour 25 mg, Pantoprazole Sodium DR 40 mg, Venlafaxine Extended Release (ER) 75 mg, Famciclovir 250 mg, 2 Carbidopa-Levodopa 25-100 mg, Carbidopa 25 mg, and the Rivastifmine Transdermal patch 4.6 mg. Observation on 12/9/24 from approximately 7:15 a.m. to 7:20 a.m. revealed the A Wing medication cart was left unattended with two cups on top of the medication cart with clear liquid and spoons in them. (continued on next page)

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: 305094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024

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Morrison Nursing Home	6 Terrace Street Whitefield, NH 03598

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 12/9/24 at approximately 7:20 a.m. with Staff I (RN) revealed that the two cups on top of the A Wing medication cart had Miralax mixed with water in them. Staff I confirmed that the medication was left unattended on the medication cart. Observation on 12/9/24 from approximately 7:22 a.m. to 7:25 a.m. revealed Staff I left two cups with the Miralax mixed in water on top of the A Wing medication cart unattended and entered a resident's room down the hall. Observation on 12/9/24 from approximately 7:30 a.m. to 7:35 a.m. revealed Staff I left the 2 cups of Miralax mixed in water on top of the A Wing medication cart unattended to go and administer medications to Resident #2. Review on 12/8/24 of the facility policy titled, Medication Administration, General Guidelines, dated 9/18, revealed: .Medication Administration .4. Medications are to be administered at the time they are prepared . Review on 12/8/24 of the facility policy titled, Storage of Medication, dated 9/18, revealed: .Procedures, 1. The provider pharmacy dispenses medications in containers that meet state and federal labeling requirements .Medications are to remain in these containers .

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48515 Based on observation, interview, and record review, it was determined that the facility failed to ensure that dietary staff used hair restraints when handling food and failed to label and store food in accordance with professional standards for food safety to prevent foodborne illness for 1 of 1 kitchen observed. Findings include: Observation on 12/8/24 at approximately 9:20 a.m. of Staff C (Dietary Aide) revealed Staff C to be portioning fruit salad into individual cups for meal service with long hair pulled up in a bun with a hair clip. Staff C was not wearing a hair restraint in place. Interview on 12/8/24 at approximately 9:20 a.m. with Staff C revealed that he/she had not been told to use a hair restraint and did not wear a hair net while working with food. Review on 12/10/24 of facility policy titled, [NAME] Nursing Home Hair Net Policy, revealed: .All Food Handlers are required to wear effective hair restraints that cover all exposed body hair . Observation on 12/8/24 at approximately 9:10 a.m. of the Main Kitchen Refrigerator revealed the following food with no use by or preparation date: a chicken salad sandwich wrapped in plastic wrap, a bowl of lobster salad covered in plastic wrap, 2 small portioned containers of cottage cheese, and 3 portioned containers of three bean salad Interview on 12/8/24 at approximately 9:10 a.m. with Staff B (Dietary Manager) confirmed the above finding. Review on 12/10/24 of facility policy titled, Labeling and Dating Procedure-Dietary Kitchen revealed: .All product is to be labeled from the date opened and or prepared . All items prepared for service are to be dated the day they are prepared, and a use by date of the day to be used . Review on 12/10/24 of the U.S. Food and Drug Administration Food Code, dated 2017, retrieved from https://www.fda.gov/food/FDA-food-code/food-code-2017 revealed the following: .Annex 3, Public Health Reasons/Administrative Guidelines .Chapter 2 Management and Personnel .2-402 Hair Restraints 2-402.11 Effectiveness. (A) Except as provided in (B) of this section, Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens . Chapter 3 Food .3-305.11 Food Storage .(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded .

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. 48515 Based on observation and interview, it was determined that the facility failed to follow their policy for labeling and dating resident food items brought in by visitors for 1 of 3 kitchenettes observed. Observation on 12/8/24 at approximately 9:50 a.m. of the B wing kitchenette revealed food that was not labeled with resident names or dates: two prepackaged pepperoni sticks, one unopened can of Low Sodium V-8 juice, one prepackaged pulled pork mac-n-cheese bowl, and two packages of ice cream sandwiches. Interview on 12/8/24 at approximately 9:50 a.m. with Staff B (Dietary Manager) confirmed that the above items were not provided by the facility and were not labeled with resident names or dates. Review on 12/8/24 of facility policy titled, Foods Brought by Family/Visitors, revised November 2017, revealed: .6. Food brought by family/visitors .will be labeled and stored in manner that is clearly distinguishable from facility-prepared food .

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F 0851 Level of Harm - Potential for minimal harm Residents Affected - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 37488 Based on interview and record review it was determined that the facility failed to submit complete and accurate data for Payroll Based Journal for Fiscal Year Quarter 4 (July 1, 2024 - September 30, 2024). Findings include: Review on 12/10/24 of the Payroll Based Journal (PBJ) Staffing Data [NAME] Report for Fiscal Year Quarter 4 2024 revealed that the facility failed to have Registered Nurse hours on the following dates: 7/1-7/13, 7/18-7/27, 8/9-8/18, 8/24, 8/25, 8/29-8/31, 9/4-9/6, 9/12-9/14, 9/22, 9/24, 9/25, 9/29, and 9/30. Further review revealed that the facility failed to have Licensed Nursing coverage 24 hours a day on the following dates: 7/1-7/31, 8/1-8/26, 8/29-8/31, 9/1-9/30. Interview on 12/10/24 at approximately 9:00 a.m. with Staff A (Administrator) confirmed that the PBJ file was submitted timely but was rejected for invalid format. Review on 12/10/24 of Centers for Medicare & Medicaid Services (CMS) Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual, Version 2.6, effective date June 2022, revealed: .Accuracy: Staffing information is required to be an accurate and complete submission of a facility's staffing records. Facilities should run the staffing reports that are available in CASPER to verify the accuracy and completeness of their final submission prior to the submission deadline .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48515 Based on observation, interview, and record review, it was determined that the facility failed to implement policies for hand hygiene for 1 of 1 resident reviewed for pressure ulcers and the use of appropriate Personal Protective Equipment (PPE) to prevent the potential spread of infection for 1 of 2 residents reviewed for catheter/urinary tract infection (Resident Identifier #1). Findings include: Review on 12/9/24 of Resident #1's medical record revealed that he/she currently had two pressure wounds and an indwelling catheter. Observation on 12/9/2024 of Resident #1's room revealed signage indicating Enhanced Barrier Precautions (EBP) use for Resident #1. Observation on 12/9/24 at 10:15 a.m. of Staff D (Licensed Nursing Assistant) exiting Resident #1's room after providing a shower and dressing Resident #1. Further observation revealed Staff D was not wearing a gown. Interview on 12/9/24 at 10:15 a.m. with Staff D revealed that he/she was unaware that Resident #1 was on EBP and was unaware that he/she needed to wear a gown while providing high-contact care activities. Review on 12/9/24 of facility policy titled, Isolation-Categories of Transmission-Based Precautions, Updated and effective April 1, 2024, revealed: .Enhanced Barrier Precautions 1. In addition to Standard Precautions, implement Enhanced Barrier Precautions (EBP), the use of gown and gloves during high-contact care activities . Observation on 12/9/24 at 10:30 a.m. with Staff E (Licensed Practical Nurse) of Resident #1's dressing change revealed that Staff E removed Resident #1's old dressing, removed his/her gloves and then applied clean gloves without performing hand hygiene. Interview on 12/9/24 at approximately 10:40 a.m. with Staff E confirmed that he/she did not perform hand hygiene when he/she changed his/her gloves. Review on 12/9/24 of facility policy titled, Wound Care, revised December 2023, revealed . 4. Put on exam glove. Loosen tape and remove dressing. 5. Pull glove over dressing and discard into appropriate receptacle. Wash and dry hands thoroughly. 6. Put on gloves . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review on 9/9/24 of the Centers for Disease Control and Prevention (CDC) guideline titled, Implementation of Personal Protective Equipment Use in Nursing Homes to Prevent Spread of Multidrug Resistant Organisms (MDRO's), updated July 12, 2022 revealed: . Effective implementation of EBP requires .the availability of PPE and hand hygiene supplies at the point of care .Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing .MDRO's may be indirectly transferred from resident-to-resident during these high-contact activities. Nursing home resident with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDRO's. The use of gown and gloves for high-contact resident care activities is indicated . Review on 9/6/24 of the CDC guideline titled, Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 4/12/24, retrieved from: https://www.cdc.gov/infection-control/hcp/core-practices/index.html, revealed: .Hand Hygiene .Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient .After touching a patient or the patient's immediate environment .Immediately after glove removal . Ensure proper selection and use of personal protective equipment (PPE) based on the nature of the patient interaction and potential for exposure to blood, body fluids and/or infectious material: Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions. Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eyes, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed. Remove and discard PPE, other than respirators, upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door. Do not use the same gown or pair of gloves for care of more than one patient. Remove and discard disposable gloves upon completion of a task or when soiled during the process of care .