

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Derry Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Chester Road Derry, NH 03038	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>43408</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to determine if self-administration of medications were appropriate for 1 of 1 resident reviewed for choices in a final sample of 15 residents (Resident Identifier #31).</p> <p>Findings include:</p> <p>Observation on 10/14/24 at approximately 9:15 a.m. of Resident #31's room revealed an albuterol inhaler on Resident #31's bedside table.</p> <p>Interview on 10/14/24 at approximately 9:15 a.m. with Resident #31 revealed that they use the albuterol inhaler as needed.</p> <p>Review on 10/14/24 of Resident #31's medical record revealed that there was no physician's order for an albuterol inhaler and no self administration assessment had been completed with Resident #31.</p> <p>Interview on 10/14/24 at approximately 12:00 p.m. with Staff A (Licensed Practical Nurse) confirmed the above findings.</p> <p>Review on 10/16/24 of facility policy titled, Self-Administration of Medications, revised on February 2021, revealed: . 1. As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medication is safe and clinically appropriate for the resident .</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>37488</p> <p>Based on record review and interview, it was determined that the facility failed to notify residents of the bed hold policy before a transfer for 2 of 2 resident's reviewed for hospitalization s in a final survey sample of 15 residents (Resident Identifiers are #8, #47 and #51).</p> <p>Findings include:</p> <p>Resident #8</p> <p>Review on 10/15/24 of Resident #8's medical record revealed they had been discharged to the hospital on 4/15/24. Further review of Resident #8's medical record revealed no evidence that the bed hold policy was provided to Resident #8 upon transfer to the hospital.</p> <p>Resident #47</p> <p>Review on 10/15/24 of Resident #47's medical record revealed that they had been discharged to the hospital on 8/20/24 and on 9/21/24. Further review of Resident #47's medical record revealed no evidence that the bed hold policy was provided to Resident #47 upon either transfer to the hospital.</p> <p>28881</p> <p>Resident #51</p> <p>Review on 10/15/24 of Resident #51's medical record revealed that they had been discharged to the hospital on 7/29/24. Further review of Resident #51's medical record revealed no evidence that the bed hold policy was provided to Resident #51 upon transfer to the hospital.</p> <p>Interview on 10/15/24 at 12:00 p.m. with Staff B (Business Office Manager) confirmed that there was no bed hold policy provided to Resident #8, #47 or #51 at the time of transfer. Staff B stated the facility notifies the resident about the bed hold policy at admission as part of the admission packet.</p> <p>Review on 10/15/24 of the facility's policy titled, Bed-Holds and Returns, revised March 2022, revealed: . Residents are provided with written information about these policies at the time of transfer (or, if the transfer was an emergency, within 24 hours) .</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>43408</p> <p>Based on observations, interviews, and record review, it was determined that the facility failed to ensure that multi dose medications were labeled appropriately in 1 out of 1 medication carts observed.</p> <p>Findings include:</p> <p>Observation on 10/14/24 at approximately 8:20 a.m. of the East Medication Cart with Staff A (Licensed Practical Nurse) revealed the following:</p> <p>Resident #6's open Humalog pen with no open or discard dates;</p> <p>Resident #11's open Lispro insulin pen with a hand written open date of 9/20/24 and an incorrect hand written discard date of 9/1/24;</p> <p>Resident #19's open Lispro insulin vial with no open date or discard date;</p> <p>Resident #19's open Lantus insulin pen with no open date or discard date;</p> <p>Resident #24's two open Humalog insulin pens with no open or discard dates;</p> <p>Resident #30's open Lyumjev insulin pen with no open or discard date;</p> <p>Resident #30's open Tresbia insulin pen with no open or discard date;</p> <p>Resident #32's open Basaglar insulin pen with no open or discard date;</p> <p>Resident #32's open Novolog insulin pen with a hand written open date of 9/11/24 and a hand written discard date of 10/2/24;</p> <p>Resident #33's open Lantus pen with no open or discard dates;</p> <p>Resident #36's open bottle of Ciprofloxine 0.3% Dexamethasone 0.1% ear drops with no open or discard date;</p> <p>Resident #47's open Lispro insulin pen with no open or discard dates;</p> <p>Resident #47's open Admelog insulin pen with a hand written open date of 9/18/24 and a hand written discard date of 10/2/24;</p> <p>Resident #47's open Apidra insulin pen with a hand written open date of 9/10/24, a hand written discard date of 10/8 and a pharmacy sticker that read discard 28 days after opening;</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An open bottle of Systane gel eye drops with no resident name or identifiers;</p> <p>An open bottle of Prednisolone 1% (percent) eye drops with no resident name or identifiers and a hand written open date of 6/5/24;</p> <p>An open Basaglar insulin pen with no resident name or identifiers, and no open or discard date.</p> <p>Review on 10/16/24 of the following manufacturer's instructions revealed:</p> <p>Lispro insulin vial and pen - discard 28 days after opening;</p> <p>Lantus insulin pen - discard 28 days after opening;</p> <p>Humalog insulin pen - discard 28 days after opening;</p> <p>Lyumjev insulin pen - discard 28 days after opening;</p> <p>Tresbia insulin pen - discard 56 days after opening;</p> <p>Basaglar insulin pen- discard 28 days after opening;</p> <p>Admelog insulin pen -discard 28 days after opening;</p> <p>Interview on 10/14/24 with Staff A confirmed the above findings.</p> <p>Review on 10/16/24 of facility policy titled, Labeling of Medication Containers, revised on April 2019, revealed: . Labeling for individual resident medications include all necessary information, such as: a. The resident's name .Appropriate accessory and cautionary statements .expiration date when applicable . Directions for use .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43408</p> <p>Based on observation, interview and record review, it was determined that the facility failed to follow Center For Disease Control (CDC) guidance for Enhanced Barrier Precautions (EBP) for 2 of 2 residents reviewed for infection control in a sample of 15 residents (Resident Identifiers are #4 and #10).</p> <p>Findings include:</p> <p>Resident #4</p> <p>Observation on 10/14/24 at approximately 11:50 a.m. revealed no EBP sign or Personal Protective Equipment (PPE) outside Resident #4's room.</p> <p>Review on 10/14/24 of Resident #4's medical record revealed a care plan for .Hx [History] of MDRO [MultiDrug Resistant Organism] related to ESBL [Extended Spectrum Beta-Lactamase] in urine (colonized) with a history of frequent UTI's [Urinary Tract Infections] . initiated on 8/17/23 and revised on 7/24/24. Further review of the care plan revealed an intervention initiated on 7/17/24 stating .Maintain enhanced barrier precautions related to history of colonized ESBL .</p> <p>Interview on 10/15/24 at approximately 11:30 a.m. with Staff D (Unit Manger) revealed that Resident #4 was not on EBP. Staff D confirmed that Resident #4 was colonized with ESBL in their urine.</p> <p>28881</p> <p>Resident #10</p> <p>Review on 10/14/24 of Resident #10's medical record revealed an open wound on the right heel that the resident had upon admission.</p> <p>Interview on 10/14/24 at approximately 9:30 a.m. with Staff F (Director of Nursing) confirmed Resident #10 had a pressure ulcer to the right heel and was not on any precautions.</p> <p>Observation on 10/15/24 at approximately 11:30 a.m. revealed no EBP sign or PPE inside or outside Resident #10's room.</p> <p>Interview on 10/15/24 at approximately 11:45 a.m. with Resident #10 revealed that when staff provide treatment to the pressure ulcer, they wear gloves but do not wear protective gowns.</p> <p>Interview on 10/16/24 at approximately 10:00 a.m. with Staff E (Infection Preventionist) confirmed the above findings and that Resident #4 and #10 should have had EBP in place.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 10/16/24 of the facility policy titled, Enhanced Barrier Precautions, revised on August 2023, revealed: . EBP's are indicated (when contact precautions do not other wise apply) for residents infected or colonized with the following: .g. ESBL-producing Enterobacterales .10. signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required. 11. PPE is available outside of the resident rooms .</p> <p>Review on 10/16/24 of Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs) on the CDC website, found at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html and updated on 7/12/22, revealed: .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 MDROs to staff hands and clothing [11-15]. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs [3,5,6]. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization .Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheotomy/ventilator, Wound care: any skin opening requiring a dressing.</p>