STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305096	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Goffstown Nursing and Rehab Center	29 Center Street Goffstown, NH 03045

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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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review, it was determined that the facility failed to inform residents or resident's representative of the risk and benefits of psychotropic medication use for 1 out of 6 residents reviewed for unnecessary medications in final sample of 12 residents. (Resident identifiers is #18.)Resident #18 Review on 12/2/25 of Resident #18's physicians orders revealed: Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 mg (milligrams) (Divalproex Sodium), Give 500 mg by mouth one time a day for Bi-polar with Psychosis HOLD FOR SEDATION AND Give 750 mg by mouth in the evening for Bi-Polar with Psychosis, Order Date, 10/28/25. Review on 12/3/25 of Resident #18's medical record revealed that there was no documentation that Resident #18 and or the resident representative had been informed of the risks and benefits of the above medication. Interview on 12/3/25 at approximately 11:30 a.m. with Staff C (Director of Nursing) confirmed the above findings Review on 12/325 of the facility policy titled, Use of Psychotropic Medications, Dated 2025, revealed: . 9. Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase. 11. The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use .

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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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, it was determined that the facility failed to ensure that PRN orders for anti-psychotic drugs are limited to 14 days and are not renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication for 1 of 6 residents reviewed for unnecessary medications in a final sample of 12 residents. (Resident identifier is #2.) Findings include:Review on 12/2/25 of Resident #2's December 2025's MAR (Medication Administration Record) revealed the following physicians order: Quetiapine Fumarate oral tablet 25 mg (milligrams) Give 1 tablet by mouth every 12 hours as needed for psychosis, Start Date 10/23/25. Further review revealed no documentation from the physician of an evaluation for the appropriateness of the medication justifying continuation after 14 days. Interview on 12/3/25 at approximately 12:45 p.m. with Staff C (Director of Nursing) confirmed the above findings. Review on 12/3/25 of the facility policy titled, Use of Psychotropic Medications, Dated 2025 revealed: . 16 a. PRN (as needed) orders for psychotropic medications, excluding antipsychotics, shall be limited to no more than 14 days, unless the attending physician or prescribing practitioner believes it is appropriate to extend the order beyond 14 days. The medical record should include documentation from the physician.

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interview and record review, it was determined that the facility failed to ensure residents have a documented discharge summary for 1 of 3 closed records reviewed. (Resident identifier is #6.) Findings include:Review on 12/3/25 of Resident #6's medical record revealed that there was no documentation of discharge summary, medication reconciliation, or a post-discharge plan of care. Interview on 12/3/25 at approximately 11:30 a.m. with Staff C (Director of Nursing) revealed Resident #6 was discharged on 12/1/25 and confirmed the above findings. Interview on 12/3/25 at approximately 1:30 p.m. with Staff D (Director of Social Services) confirmed there was no documentation of discharge summary, medication reconciliation, or a post-discharge plan of care. Review on 12/3/25 of the facility policy titled, Documentation Requirements at Time of Resident Discharge Policy, undated revealed: . Documentation Requirements, 1. Discharge Summary, . 2. Medication Reconciliation, . 3. Follow-Up Care Instructions, . 4. Communication and Notification, . 5. Transfer/Transport Documentation, .

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, record review, it was determined that the facility failed to dispose of a medication in a proper receptacle during observation of administration of 27 medications. Findings include: Observation on 12/3/25 at approximately 7:20 a.m. during medication administration with Staff A (Licensed Practical Nurse) revealed Staff A dispose of an Aspirin EC (enteric coated) 81 mg (milligrams) in the sharps container attached to the medication cart. Interview on 12/3/25 at approximately 7:20 a.m. with Staff A confirmed the above findings and revealed that he/she was unsure of the facility policy for medication disposal. Interview on 12/3/25 at approximately 10:00 a.m. with Staff C (Director of Nursing) revealed that the facility has a receptacle in the medication room for wasting of medication. Review on 12/3/25 of the facility policy titled, Medication Wasting Policy, undated revealed: . 4. Procedure for Wasting NON-Controlled Medications, . 3. Render medication non-retrievable by placing it in the facility's approved pharmaceutical waste container .

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview and record review, it was determined that the facility failed to provide services to maintain/prevent decrease in ROM/mobility for 1 out of 1 residents observed for mobility and positioning in a final sample of 12 residents. (Resident identifier is #20.)Observation on 12/2/25 at approximately 9:23 a.m. in Resident #20's room revealed a bedside table with four palm-wrist splints. Resident #20 was sitting in his/her wheelchair without a splint on his/her right hand. Observation further revealed that Resident #20's right hand was resting in a fisted position. Further observation revealed a sign, undated, on the wall near Resident #20's bed that stated Please put on [Resident #20's name omitted]'s palm splint in AM [morning] and remove before bed. rehab. Interview on 12/2/25 at approximately 9:30 a.m. with Resident #20 revealed that he/she wears a splint for his/her right hand but was unable to say when it should be worn. Observation on 12/2/25 at approximately 11:38 a.m. of Resident #20 revealed that he/she was self-propelling his/her wheelchair using his/her feet and left hand to the dining room. Resident #20 did not have his/her right palm-wrist splint on. Observation on 12/3/25 at approximately 7:38 a.m. of Resident #20 revealed that he/she was seated near the nurse's station and was not wearing his/her right palm-wrist splint. Review on 12/3/25 of Resident #20's care plan revealed a care plan for Resident #20's at risk for pain, decrease mobility, and skin breakdown related to contractures with a revision date of 9/26/25 with an intervention for splint/braces as per physician order. Review on 12/3/25 of Resident #20's physician orders revealed no current order for the application or removal of a right palm-wrist splint. Review on 12/3/25 of Resident #20's point of care task for the past 30 days revealed a task to apply a wrist splint to the left wrist (not the right wrist). Review also revealed that the splint was applied four times in the past 30 days. Observation on 12/03/25 at approximately 11:02 a.m. revealed Resident #20 not wearing his/her palm-wrist splint. Interview on 12/3/25 at approximately 12:15 p.m. with Staff C (Director of Nursing) confirmed that there was no order for Residents #20's right palm-wrist splint application. Interview on 12/4/25 at 11:38 a.m. with Staff G (Rehabilitation Director) revealed that Resident #20 was discharged for occupational therapy on 10/3/25 with intervention to apply a right palm-wrist splint daily for the entire day. Staff G confirmed that the point of care task for the application of a wrist splint was for the right hand and not the left.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on policy review and record review, it was determined that the facility failed to ensure that the provider reviewed irregularities identified by the pharmacist during the monthly Pharmacy Medication Regimen Review (MRR) timely for 1 of 5 residents reviewed for unnecessary medications (Resident Identifier is #1).Findings include:Review on 12/3/25 of the facility's policy Pharmacy Medication Review- Follow-up and Required Actions, undated, revealed: .II. Policy Statement .All pharmacist recommendations, identified irregularities, and follow-up items must be 1. Reviewed by the attending practitioner. 2. Addressed within the required regulatory timeframe .C. Practitioner Response Requirements 1. The attending practitioner must respond to each pharmacist recommendation within 5 business days, unless state law requires a shorter timeline. Review on 12/3/25 of Omnicare Consultation Report, monthly pharmacy review, recommendation date 6/20/25, for Resident #1 revealed the following recommendation: please consider gradual dose reduction of olanzapine to reduce fall risk . Physician response was entered on the consult form 8/12/25. Interview on 12/3/25 at approximately 3:38 p.m. with Staff B (Administrator) confirmed the above findings.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, it was determined that the facility failed to ensure a medication error rate less than 5 percent (%) for 3 of 27 medication administrations observed. (Resident Identifiers are #29 and #33.)Findings include:Resident #29 Observation on 12/3/25 at approximately 7:35 a.m. of medication administration with Staff A (Licensed Practical Nurse) revealed Staff A preparing Resident #19's medications at the medication cart outside of the nursing station. Staff A prepared Metoprolol Succinate ER (extended release) 50 mg (milligrams) and Vitamin E 200 units. Staff A proceeded to walk down the hall to Resident #19's room. Upon entering the room Staff A looked over at Resident #19 sleeping in his/her bed. Staff A then went over to Resident #29's (Resident #19's roommate) bedside. Staff A placed Resident #19's medication in a cup on Resident #29's bedside table. Staff A then began conversing with Resident #29 and obtained his/her oxygen saturation level. Staff A then stated to Resident #29, Here is your morning medication. Staff A was stopped at this time to ensure Resident #29 was not administered Resident #19's medications. As Staff A walked out of the room, Staff A turned to look at the names on the outside of the room and stated, I wish it had A or B next to their names. Interview on 12/3/25 at approximately 7:35 a.m. with Staff A confirmed the above findings. Review on 12/3/25 of the facility policy titled, Medication Administration Policy, undated, revealed: .4. Medication Administration Procedures, 4.1 Verification, Prior to administration, staff must verify the five rights: 1. Right Resident, 2. Right Medication .4.3 Administration, Identify the resident using two identifiers ., Explain the medication and purpose to the resident . Resident #33 Observation on 12/3/25 at approximately 7:30 a.m. of Staff A preparing Resident #33's Humalog Insulin Pen for administration revealed Staff A did not prime the insulin pen before dialing it to the ordered 4 units dose. Interview on 12/3/25 at approximately 7:30 a.m. with Staff A confirmed the above findings. Review on 12/3/25 of Resident #33's December 2025's MAR (Medication Administration Record) revealed the following physician's order: Humalog Kwikpen Subcutaneous Solution Pen-injector 100 Unit/ml (milliliter), . inject per sliding scale, . Start Date 11/14/25. 12/3/25 7:30 a.m. dose administered 4 units. Review on 12/3/25 of the manufacturer's instructions for Humalog KwikPen, Dated 2018 revealed: . Priming your Pen, Prime before each injection. Priming your pen means removing the air from the needle and cartridge that may collect during normal use and ensures that the pen is working correctly. If you do not prime before each injection, you may get too much or too little insulin. There were 3 medication errors out of a total of 27 medication administration opportunities resulting in a 11.11% error rate.

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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** Based on observation, interview, and record review, it was determined that the facility failed to ensure that an expired medication was removed from a medication cart for 1 of 2 carts observed and the facility failed to ensured that medications with a shortened shelf life were labeled with an opening date.North Medication Cart Observation on [DATE] at approximately 8:30 a.m. of the North Medication Cart revealed: One Facility Glucagon with an expiration date of 11/25One Degludec insulin pen (Resident #16) opened and not labeled with a date of opening or an open expiration date Interview on [DATE] at approximately 8:30 a.m. with Staff A (Licensed Practical Nurse) confirmed the above findings. Further interview revealed that Staff A administered Resident #16's morning dose of Degludec from the above insulin pen. Review on [DATE] of Resident #16's [DATE] MAR (Medication Administration Record) revealed:Insulin Degludec Subcutaneous Solution pen-injector 100 Uni/ml (milliliter) Inject 36 unit subcutaneously in the morning for DMII (Diabetes Type 2) . was checked as administered by Staff A. Observation on [DATE] at approximately 8:00 a.m. during medication administration observation in the South Medication Cart revealed: One Fluticasone Salmeterol Inhaler 250 mg (milligrams) (Resident #7) opened and not labeled with a date of opening or an open expiration date Interview on [DATE] at approximately 8:00 a.m. with Staff A confirmed the above findings. Review on [DATE] of the manufacturer's instructions for Glucagon, Dated 2025 revealed, . Do not use Glucagon if the expiration date has passed. Review on [DATE] of the manufacturer's instructions for Degludec Insulin, Dated [DATE] revealed: . Storage Conditions, Room Temperature for 56 days. Review on [DATE] of the manufacturer's instructions for Fluticasone Salmeterol Inhaler, Dated 8/2022 revealed: . Safely throw away Wixela Inhub in the trash 1 month after you open the foil pouch or when the counter reads 0, whichever comes first. Review on [DATE] of the facility policy titled, Labeling of Medications and Biologicals, Revision Date 2025, revealed: . 8. Labels for multi-use vials must include: a. The date the vial was initially opened or accessed (needle-punctured); b. All opened or accessed vials should be discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. Review on [DATE] of the facility policy titled, Expired Medication Management Policy, undated, revealed: 4. Responsibilities, Nursing Staff/Medication Aides: . Immediately remove expired items from active medication supply.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on interview, observation, and record review, it was determined that the facility failed to maintain an equipment per manufacturer's instruction for 1 of 1 resident humidifier observed. (Resident identifier is #1.)Findings include: Observation on 12/2/25 at approximately 1:15 p.m. of Resident #1's room revealed that there was a humidifier at his/her bedside that was plugged into the wall. Interview on 12/3/25 at approximately 7:44 a.m. with Staff H (Licensed Practical Nurse), night nurse, confirmed the above observation. Staff H further revealed that the humidifier was brought in by family and had been present at the resident bedside since September 2025. Staff H stated that he/she did not clean and maintain the humidifier. Observation on 12/3/25 at approximately 7:45 a.m. with Staff H revealed that the humidifier had approximately 1/4-1/2 inch of water with a light tan film in the base of the unit. Further observation revealed that there was no indication that the humidifier had been inspected by maintenance. Interview on 12/3/25 at approximately 9:03 a.m. with Staff C (Director of Nursing) revealed the process for the resident to have a bedside humidifier would include a safety check by maintenance, cleaning schedule, and physician orders for use and maintenance. Review on 12/3/25 of Resident #1's medical record revealed no care plan and physician order for the use and maintenance of a bedside humidifier. Review on 12/3/25 of the facility's policy Resident Humidifier Use Policy, undated revealed . Use must be approved by nursing staff and documented in the resident's care plan Procedures 1. Physician/prescribers orders 1.1 Humidifier use must be indicated in the resident's plan of care or authorized by a physician .2. Equipment Safety .2.4Device s must be unplugged when not in use or during cleaning 3. Infection Control & Cleaning 3.1 Humidifiers must be cleaned and disinfected daily following manufacturer instructions 3.4 Reservoirs must be emptied, cleaned and dried before refilling 7. Documentation Physician order or plan of care authorization. Daily use cleaning and maintenance. Review on 12/3/25 of the facility's policy Electrical Equipment Inspection and Approval Policy, undated, revealed, Purpose To ensure the safety of residents, staff and visitors by requiring that all electrical equipment and devices are inspected and approved by the Maintenance Director before being placed in use within the facility 1.1 All electrical equipment must be submitted to the Maintenance Director prior to use 6. Resident and Family Education Residents and families must be informed that personal electrical items must be submitted for inspection before use. Review on 12/3/25 of Mistaire Ultrasonic cool Mist Humidifier user Manual Model: PEHUMIDIF revealed . General cleaning Inside the base of the unit. Pour excess water out of the unit. Wash out the unit with fresh water using the cleaning brush and soft cloth as needed Descaling Depending on usage and water type, cleaning to remove scale may be required weekly or every other week to optimize unit performance.

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F 0567 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. Based on interview and policy review it was determined that the facility failed to ensure that residents had access to their personal funds during off business hours. The facility manages personal accounts for 25 residents.Findings include:Review on 12/3/25 of the Facility's policy Resident Petty Cash Policy, undated, revealed Purpose To establish a clear procedure for .ensuring that residents have appropriate access during evenings and weekends 3. Weekend and Evening Availability .3.1 The facility will designate evening and weekend petty cash custodians, such as charge nurses, supervisors, or on-call administrative staff. 3.2 Access to funds during these periods will occur as follows: Evenings: Available until the end of the evening shift (typically 11:00 p.m.) through the charge nurse or supervisor. Weekends: Available during both day and evening shifts through designated nursing supervisors.Interview on 12/03/25 at approximately 1:06 p.m with Staff E (Business Office Manager) revealed that residents must request cash from him/her during regular business hours because residents are unable to access their personal funds in the evening or weekends because staff do not have the access to facility's petty cash during off hours.