STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305099	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Webster at Rye	795 Washington Road Rye, NH 03870

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 43408 Based on observation, interview, and record review, it was determined that the facility failed to determine if self-administration is appropriate for a resident for 1 of 1 resident reviewed for respiratory care. (Resident Identifier #152). Findings include: Observation on 8/13/24 at approximately 9:15 a.m. of Resident #152 revealed Resident #152 sitting up in their recliner chair with 3 medicine cups sitting on the side table next to them. Further observation revealed one medicine cup to contain seven pills and three capsules, and the two other medicine cups to each contain a liquid (one was very light blue in color and the other was a pale orange color). Interview on 8/17/24 at approximately 9:20 a.m. with Staff E (Registered Nurse (RN)) confirmed the above findings. Further Interview with Staff E revealed that the medication cups observed contained Resident #152's morning medications that were administered by Staff F (RN). Staff E confirmed that Resident #152 does not have an order to self administer medications and does not have an assessment to self administer their medications. Interview on 8/13/24 at approximately 1:30 p.m. with Staff C (Director of Nursing) confirmed that Resident #152 should not be self administering their medications. Review on 8/14/24 of facility policy titled, Medication Administration General Guidelines, effective 1/21, revealed: .15. Residents are allowed to self-administer medications when specifically authorized by the prescribe, the nursing care center's interdisciplinary Team [IDT], and in accordance with procedures for self-administration of medications and state regulations . Review on 8/14/24 of facility policy titled, Medication Administration Self-Administration by Resident, effective 11/17, revealed: .Residents who desire to self-administer medications are permitted to do so with a prescriber's order and if the nursing care center's interdisciplinary team has determined that the practice would be safe and the medications are appropriate and safe for self-administration .

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)
F 0812 Level of Harm - Potential for minimal harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 28881 Based on observation, interview, and policy review, it was determined that the facility failed to ensure food was stored at the proper temperature in 1 of 1 kitchenettes observed. Findings include: Review on 8/12/24 at approximately 9:45 a.m. of the kitchenette refrigerator temperature logs revealed the following missing temperatures: June 2024 6/11/24 (PM), 6/12/24 (PM), 6/13/24(PM), 6/14/24 (AM and PM), 6/15/24 (AM and PM), 6/16/24 (AM), 6/17/24 (PM), 6/18/24 (PM), 6/19/24 (PM), 6/22/24 (PM), 6/23/24(PM), 6/24/24(PM), 6/25/24(PM), 6/26/24(PM), 6/27/24 (PM), 6/28/24 (PM), 6/29/24(AM and PM), and 6/30/24 (AM and PM). July 2024 7/12/24 (PM), 7/13/24 (PM), 7/15/24 (PM), 7/16/24 (AM and PM), 7/18/24 (PM), 7/19/24 (PM), 7/20/24 (AM and PM), 7/21/24 (AM and PM), 7/22/24 (AM and PM), 7/23/24 (AM and PM), 7/24/24 (PM), 7/25/24 (PM), 7/26/24 (AM) 7/27/24 (AM and PM), 7/28/24 (AM and PM), 7/29/24 (AM and PM) and 7/31/24 (AM). August 2024 8/7/24 (AM), 8/8/24 (AM), 8/10/24 (AM), and 8/11/24 (AM and PM). Interview on 8/12/24 at approximately 9:45 a.m. with Staff B (Food Services Director) confirmed the above finding. Review on 8/16/24 of the Food and Drug Administration [FDA] Food Code, dated 2017, retrieved from: https://www.fda.gov/media/110822/download, revealed: Certain foodborne pathogens that are anaerobes or facultative anaerobes are able to multiply under either aerobic or anaerobic conditions. Therefore special controls are necessary to control their growth. Refrigerated storage temperatures of 5 C (41 F) may be adequate to prevent growth and/or toxin production of some pathogenic microorganisms . Review on 8/12/24 of facility policy titled, Food Storage, revealed: .3. Cold foods shall be maintained at temperatures of 40 degrees Fahrenheit or below .5. Thermometers are located in each refrigerator and freezer and temperatures are checked and recorded twice daily to ensure proper storage of temperatures .

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 28881 Based on interview, record review, and policy review, it was determined that the facility failed to implement an ongoing systematic collection of surveillance data during a SARS-CoV-2 (COVID-19) outbreak from 7/7/24 to 7/25/24 and failed to ensure a system for identifying residents with COVID-19 through timely testing for 1 of 10 residents reviewed with respiratory symptoms (Resident Identifier is #99). Findings include: Interview with Staff C (Director of Nursing) on 8/13/24 revealed that Staff C was providing a new COVID-19 Line List for July 2024, originally provided on 8/12/24, due to some inaccuracies identified by the facility that had been corrected. Review on 8/13/24 of the facility's COVID-19 Line List for July 2024, received on 8/13/24, revealed changes had been made to the list provided on 8/12/24 related to symptom onset, test collection dates, and symptom information. Interview with Staff C on 8/14/24 revealed that Staff C was providing a new COVID-19 Line List for July 2024 to replace the list provided on 8/13/24, due to additional inaccuracies identified by the facility that had been corrected. Review on 8/14/24 of the facility's COVID-19 Line List for July 2024, received on 8/14/24, revealed additional changes had been made to the list provided on 8/13/24 related to symptom onset, test collection dates, and symptom information. Further review revealed that Resident #99 was on the COVID-19 Line List provided on 8/14/24 and it indicated that Resident #99's symptoms started on 7/7/24. Review on 8/12/24 of Resident #99's medical record revealed a Progress Note dated 7/6/24 that stated: Resident continues with cold sx [symptoms] prn [as needed] tussin [cough medication] given at 0945 [9:45 a.m.] and 1345 [1:45 p.m.] with positive effect. Resident refused neb [nebulizer] tx [treatment]. Resident was put on O2 [oxygen] on the previous shift for O2sat 90% RA [Oxygen saturation at 90% on room air] with dyspnea [shortness of breath]. O2 has had good effect 95% 2L/min [2 liters per minute] via nasal canula. Interview on 8/14/24 with Staff C confirmed the above findings and the above progress note stating Resident #99 had respiratory symptoms prior to 7/6/24. The provider ordered a COVID-19 test for Resident #99 on 7/7/24 and the result was positive. Review on 8/14/24 of facility policy titled, Webster at Rye COVID-19 Resident and Staff Testing Policy revealed: Webster at Rye follows the latest CDC [Center for Disease Control and Prevention] guidelines for testing for COVID-19 of residents and staff. Review on 8/14/24 of the Center for Disease Control and Prevention guidance Infection Control Guidance: SARS-CoV-2, dated 6/24/24, accessed at https://www.cdc.gov/covid/hcp/infection-control/index.html, revealed the following: Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible.