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	08/21/2025

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 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. Based on observation, interview, and record review, it was determined that the facility failed to ensure sanitization of dishware in 1 of 1 kitchen observed.Findings include:Review on 8/20/25 of the facilities policy High-Temperature Dish out of temperature policy, undated, revealed the following: .Required temperature (per regulatory standards) .Final Rinse Cycle: Minimum temperature 180 degrees F [Fahrenheit] . 1. Immediate Verification Check the machine's temperature gauges. Confirm accuracy with a thermometer or heat sensitive test strip on dishes during the final rinse. Record out-of-range reading in the dishwasher temperature log.3 .Do not continue dishwashing until proper sanitation can be ensured. 4. Implement Back up Sanitation .Switch to 3- Compartment Sink Method .Observation on 8/19/25 at approximately 8:14 a.m. in the kitchen revealed Staff E (Cook) loading morning dirty dishes into the high temperature dish machine. The dish machine achieved a maximum temperature of 172 degrees Fahrenheit during the final rinse. Observation on 8/19/25 at approximately 12:45 p.m. in the kitchen with Staff C (Director of Dietary Services) revealed the high temperature dish machine achieved a maximum temperature of 168 degrees Fahrenheit during the final rinse. Review on 8/19/25 of the Dish machine temperature logs, revealed that the final rinse temperature of the dish machine had not been recorded since 7/28/25.Interview on 8/19/25 at approximately 12:45 p.m. in the kitchen with Staff C confirmed the above findings. Further interview with Staff C revealed that the dishes washed in the morning at a final rinse of 172 degrees Fahrenheit were not rewashed and were used to serve lunch.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview and record review, it was determined that the facility failed to implement antibiotic use protocols that address unnecessary or inappropriate antibiotic use for 1 of 6 residents reviewed for antibiotic stewardship. (Resident identifiers is #38.) Findings include:Resident #38Review on 8/21/25 of Resident #38's physician's order revealed an order dated 7/7/25 for Cipro for an UTI.Review on 8/21/25 of Resident #38's medical record revealed no antibiotic time out was completed for the above antibiotic.Review on 8/21/25 of Resident #38's Revised McGeer Criteria for Infection Surveillance Checklist, dated 8/5/25, for the UTI infection on 7/7/25 did not meet criteria.Interview on 8/21/25 at 8:12 a.m. with Staff A (Director of Nursing) confirmed that the above facility's policy titled Antibiotic Management did not include Antibiotic Stewardship or the use of an antibiotic time out. Further interview revealed that the facility did not document time-outs for antibiotic use. Staff A revealed that the facility follows the CDC for antibiotic use guidelines. Review on 8/21/25 of the CDC (Centers for Disease Control and Prevention) Core Elements of Antibiotic Stewardship for Nursing Homes, dated 3/18/24 and retrieved from https://www.cdc.gov/antibiotic-use/hcp/core-elements/nursing-homes-antibiotic-stewardship.html revealed, . Standardize the practices which should be applied during the care of any resident suspected of an infection or started on an antibiotic. These practices include improving the evaluation and communication of clinical signs and symptoms when a resident is first suspected of having an infection, optimizing the use of diagnostic testing, and implementing an antibiotic review process, also known as an antibiotic time-out, for all antibiotics prescribed in your facility. Antibiotic reviews provide clinicians with an opportunity to reassess the ongoing need for and choice of an antibiotic when the clinical picture is clearer and more information is available. Review on 8/20/25 of the facility's policy tiled Antibiotic Management revealed, As any type of medication, if an antibiotic is to be started, it will be on an individualized based on the symptom criteria, the prescriber will order as based on resident's history and clinical situation. The MD/NP [Medical Doctor/Nurse Practitioner] will order any lab work that may be expected while on a specific antibiotic. The antibiotic prescribed should be of the narrowest of the spectrum for achieving the intended effect.