STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305102	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coos County Nursing Home	364 Cates Hill Rd Po Box 416 Berlin, NH 03570

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review it was determine that the facility failed to implement the facility's infection control policies for 1 of 1 residents reviewed for transmission based precautions (Resident identifier is #1) and hand hygiene for 1 of 4 residents observed for medication administration (Resident identifier is #74). The facility failed to implement monitoring measures in the a water management plan that has the potential to effect a census of 74 residents. Findings include: Resident #1 Observation on 2/24/26 at approximately 10:47 a.m. revealed a contact precautions sign outside Resident #1's room. Further observation revealed Staff H (Housekeeping) exiting Resident #1's room wearing gloves and surgical mask and no gown. Staff H did not remove his/her gloves when leaving Resident #1's room. Interview on 2/24/26 at approximately 10:50 a.m. with Staff H confirmed the above findings. Observation on 2/26/26 at approximately 8:25 a.m. of Staff I (LNA) entering Resident #1's room revealed Staff I wearing a surgical mask. Staff I was then observed adjusting Resident #1's privacy curtain without gloves or gown. Interview on 2/26/26 at approximately 8:28 a.m. with Staff I confirmed the above findings. Interview on 2/26/26 at approximately 9:30 a.m. with Staff G (Infection Preventionist) revealed that Resident #1 was on contact precautions. Further interview revealed it is the policy for staff to don gloves, gown, and surgical mask before entering the resident's room on contact precautions regardless of interventions to be performed. Review on 2/26/26 of the facilities Infection Control Policy for Contact Precautions, revised 7/25, revealed, Wear Personal Protective Equipment (PPE) when entering the room . Review on 2/26/26 of the posted CDC Contact Precautions signage revealed the following instructions: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry Resident #74 Observation on 2/25/26 at approximately 9:30 a.m. of Staff A during medication administration pass revealed Staff A applied gloves, administered insulin to Resident #74, removed gloves and then proceeded to the medication cart and began preparing another residents medications, without performing hand hygiene. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305102	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coos County Nursing Home	364 Cates Hill Rd Po Box 416 Berlin, NH 03570

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 2/25/26 at approximately 9:30 a.m. of Staff A confirmed above findings. Interview on 2/25/26 at approximately 2:00 p.m. of Staff G (Infection Preventionist) revealed the expectation is for staff to perform hand hygiene after gloves are removed. Review on 2/25/26 of facility policy titled Handwashing/Hand Hygiene undated, revealed Procedure:.3. If hands are not visibly soiled, may use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all following situations:.j. After removing gloves. 4. The use of gloves does not replace handwashing/hygiene. Review on 2/24/26 of the facilities policy Legionella Water Management, no review date, revealed the following: 5.d. Specific temperature range used to control the introduction and/or spread of Legionella ; e. Water temperatures maintained at 140 degrees Fahrenheit (F) at all times. f. Water temperatures is monitored every 4 hours as it leaves the boiler room i. Water temperatures in the residents' rooms are tested weekly and recorded. j. A 5-minute flush of water is required in any room empty greater than 5 days . Further review revealed that the Policy did not establish control measures and interventions for out of range data. Interview on 2/25/26 at approximately 2:55 p.m. with Staff J (Maintenance Director) revealed the following: Hot water temperature monitoring of water temperatures as it leave the boiler had not met the 140-degree F expectation for the month of February and that Staff J had not met with the Legionella team or management about the issue. Staff J revealed that he/she has not put any new interventions in place to mitigate the temperature issue. Further interview with Staff J revealed that weekly temperatures are being taken in the facility dining rooms and not in resident rooms as per the policy. Staff J also revealed that he/she had no evidence or tracking of flushing for empty rooms. Review on 2/26/26 of the Facilities Incoming Temperatures for the Month of January revealed that the boiler temperature did not meet or exceed 140 degrees F on 9 of 31 days and further that in February the boiler temperature for February did not meet or exceed 140 degrees F for 23 of 25 days. Review of Facility Logbook Documentation revealed that the facility had not checked resident room temperatures since 2/28/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305102	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coos County Nursing Home	364 Cates Hill Rd Po Box 416 Berlin, NH 03570

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 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, the facility failed to ensure a medication error rate was less than 5 percent (%) for 3 of 29 medication administrations observed. (Resident identifier is #74).Findings include:Observation on 2/25/26 at approximately 9:10 a.m. of Staff A (Licensed Practical Nurse) revealed Staff A prepared the following 2 medications for Resident #74: Eliquis 2.5 milligrams (mg) tablet and Lantus Insulin 100unit/milliliters (ml) injector pen. During preparation Staff A set the unit dial on the insulin pen to 14 without performing a safety test on the pen first.Review on 2/25/26 of Resident #74 Medication Administration Record revealed the following medications were also scheduled for the morning medication pass: Vitamin B12 500 micrograms (mcg) tablet and Metoprolol Succinate ER 50mg tablet, which were not prepared.Observation on 2/25/26 at approximately 9:20 a.m. revealed Staff A administered the Lantus to Resident #74 and when Resident #74 looked at the med cup with just the Eliquis, he/she asked where the other medications were. At that time, Staff A went back to the medication cart and poured the missed medications (Vitamin B12 and Metoprolol) then administered them all to Resident #74.Interview on 2/25/26 at approximately 9:30 a.m. with Staff A confirmed the above findings.Review on 2/25/26 of Lantus Insulin pen manufacturer instructions revealed the following, .Instruction Leaflet.Important Information for use.Step 3. Perform a Safety test Always perform the safety test before each injection. Performing the safety test ensures that you get an accurate dose by:.A. Select a dose of 2 units by turning the dosage selector. B. Take off the outer needle cap and keep it to remove the used needle after injections. Take off the inner needle cap and discard it. C. Hold the pen with the needle pointing upwards. D. Tap the insulin reservoir so that any air bubbles rise up towards the needle. E. Press the injection button all the way in. Check if insulin comes out of the needle tip. You may have to perform the safety test several times before insulin is seen.Review on 2/25/26 of facility policy titled Medication Administration General Guidelines dated 1/25 revealed, .Policy Medications are administered as prescribed in accordance with manufacturers' specifications.Medications Preparation: .3. Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record.There were 3 medication errors out of a total of 29 medication administration opportunities resulting in a 10.34% error rate.