

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Covenant Living of Keene		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Wyman Rd Keene, NH 03431	

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 0657</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on interview, and record review, it was determined that the facility failed to revise a care plan for 2 resident in a final sample of 8 residents (Resident identifiers are #5 and #13).</p> <p>Findings include:</p> <p>Resident #13</p> <p>Observation on 6/24/25 at approximately 8:30 a.m. of Resident #13 revealed that Resident #13 was up in his/her wheelchair and that there was a wrist splint on his/her dresser. Resident #13 was not wearing the wrist splint.</p> <p>Review on 6/25/25 of Resident #13's physician's orders revealed an order dated 4/18/25, Left wrist brace on in AM [morning] off in PM [evening]. Further review revealed that application of the splint was not addressed in the Resident #13's care plan.</p> <p>Interview on 6/25/25 at approximately 10:15 a.m. with Staff B (Director of Nursing) confirmed Resident #13 had an order for daily application of a left wrist splint and that the intervention should be reflected in the care plan. Staff B further confirmed that the intervention had not been added to the care plan for Resident #13.</p> <p>Review on 6/25/25 of the facility's policy Care Plan, Comprehensive Person-Centered Revision date March 2022 revealed .11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change</p> <p>Resident #5</p> <p>Review on 6/25/25 of Resident #5's medical record revealed he/she had a fall on 6/1/25.</p> <p>Review on 6/25/25 of Resident #5's care plan titled, At risk for falls/fall . revealed that the care plan was not updated with an intervention after Resident #6's fall.</p> <p>Interview on 6/25/25 at approximately 9:00 a.m. with Staff B (Director of Nursing) confirmed the above findings.</p> <p>(continued on next page)</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 0657</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review on 6/25/25 of the facility policy titled, Falls and Fall Risk, Managing, Revision Date March 2018 revealed: . Resident-Centered Approaches to Managing Falls and Fall Risk, . 5. If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that each resident had a monthly MRR (Medication Regimen Review) by a pharmacist for 1 of 5 residents reviewed for unnecessary medications in a final sample of 8 residents. (Resident identifier is #5.)</p> <p>Findings include:</p> <p>Review on 6/25/25 of Resident #5's MRR's revealed he/she did not have a MRR for August 2024.</p> <p>Interview on 6/25/25 at approximately 8:30 a.m. with Staff B (Director of Nursing) confirmed the above finding.</p> <p>Review on 6/25/25 of the facility policy titled, 8.1 Medication Regimen Review and Reporting, Dated 1/24 revealed: . 2. The consultant pharmacist reviews the medication regimen and medical chart of each resident at least monthly .</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on record review and interview, it was determined that the facility failed to implement their established antibiotic stewardship protocols for monitoring the appropriate antibiotic use (Resident identifiers #13, #16, and #123).</p> <p>Findings include:</p> <p>Review on 6/24/25 of facility Antibiotic Stewardship Guidelines undated, revealed on page 5 revealed . Antibiotic Time Out Every time antibiotics are prescribed .3. Reassess within 48 hours and adjust Rx (treatment) if necessary or stop Rx (treatment) if indicated .</p> <p>Review on 6/24/25 of Resident #13's physician orders revealed an order dated 5/30/25 for Keflex 500mg 3 times a day for 5 days for wound infection.</p> <p>Review on 6/24/25 of Resident #16's physician orders revealed an order dated 5/30/25 for amoxicillin 875mg-potassium clavulante 125mg 2 times a day for 5 days for Urinary Tract Infection (UTI).</p> <p>Review on 6/24/25 of Resident #123's physician orders revealed an order dated 5/22/25 for Macrobid 100mg 2 times a day for 5 days for UTI.</p> <p>Review on 6/24/25 of Resident #13, #16, and #123's physician orders revealed no antibiotic time out completed for the orders listed above.</p> <p>Interview on 6/25/25 at approximately 9:45 a.m. with Staff A (Infection Preventionist) confirmed that Resident #13, #16, and #123 did not have completed antibiotic time outs. Staff A revealed that he/she did not report missed antibiotic timeouts or infections that do not meet criteria to the quality committee.</p>