| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30E059 | A. Building<br>B. Wing | 11/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Glencliff Home for the Elderly | 393 High Street<br>Glencliff, NH 03238 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>26364<br><br>Based on observation, interview, and record review, it was determined that the facility failed to follow the manufacturer's specifications regarding the administration of eye drops for 2 of 2 eye drops observed in 42 medication administration observations (Resident Identifier #20).<br><br>Findings include:<br><br>Observation on 11/6/24 at approximately 8:00 a.m. during medication administration for Resident #20 with Staff A (Medication Nursing Assistant (MNA)) revealed that Staff A administered one drop of Brimonidine eye drops to each eye and then proceeded to administer one drop of Lubricant eye drops (brand name omitted) to each eye without spacing out the administration of the two above mentioned eye drops.<br><br>Review on 11/6/24 of Resident #20's active physician order revealed an order for Brimonidine 0.2 percent (%), one drop in both eyes twice a day for a diagnoses of unspecified glaucoma and an order for a Lubricant eye drop 0.5-0.95 (brand name omitted), one drop ophthalmic [eye] three times a day.<br><br>Interview on 11/6/24 at approximately 8:05 a.m. with Staff A confirmed that they did not wait and space out the administration of the two eye drops.<br><br>Review on 11/7/24 of the manufacturer's instructions titled, ALPHAGAN (Brimonidine Tartrate Ophthalmic Solution) 0.2%, revised date of 3/2016, revealed: .If more than one topical ophthalmic product is to be used, the different products should be instilled at least 5 minutes apart . |

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 0678<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43408<br><br>Based on interview and record review, it was determined that the facility failed to ensure Cardiopulmonary Resuscitation (CPR) policies followed professional standards and failed to document irreversible signs of death for 1 of 2 closed record reviewed (Resident Identifier #67).<br><br>Findings include:<br><br>American Heart Association Journals: Circulation, [DATE], Volume 122. Number 18 supply 3, found at https://doi.org/10.1161/CIRCULATIONAHA.110.970905<br><br>Part 3: Ethics: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care<br><br>Withholding and Withdrawing CPR (Termination of Resuscitative Efforts) Related to Out-of Hospital Cardiac Arrest (OHCA)<br><br>Criteria for Not Starting CPR in All OHCA<br><br>.Basic life support (BLS) training urges all potential rescuers to immediately begin CPR without seeking consent, because any delay in care dramatically decreases the chances of survival. While the general rule is to provide emergency treatment to a victim of cardiac arrest, there are a few exceptions where withholding CPR might be appropriate, as follows: Situations where attempts to perform CPR would place the rescuer at risk of serious injury or mortal peril, Obvious clinical signs of irreversible death (eg, rigor mortis, dependent lividity, decapitation, transection, or decomposition), A valid, signed, and dated advance directive indicating that resuscitation is not desired, or a valid, signed, and dated DNR order .<br><br>Review on [DATE] of Resident #67's medical record revealed that Resident #67 expired on [DATE]. Further review of Resident #67's medical record revealed Resident #67's advanced directives were to be a Full Code.<br><br>Review on [DATE] of Resident #67's nurses notes revealed a note dated [DATE], written by Staff F (Licensed Practical Nurse), that stated: .Nurse went to room and noted resident face down on floor with mottling on face, ears, stomach and legs. This nurse checked for a radial pulse and posterior lung sounds and none noted. RN [Registered Nurse] in building notified .<br><br>Interview on [DATE] at approximately 12:00 p.m. with Staff F revealed that when staff found Resident #67, he/she was laying on his/her right side, but his/her face was facing downward on the floor. Staff F stated that the irreversible signs of death observed were no pulse, no respirations and mottling on his/her left side of the neck going down to the left shoulder and from the left hip down to the left knee and cold to touch. Staff F confirmed that no CPR was initiated.<br><br>(continued on next page) |

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| F 0678<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review on [DATE] of the facility policy titled, Cardiopulmonary Resuscitation (CPR), reviewed/revised , d+[DATE], revealed: .Purpose: To establish criteria based on the American Heart Association guidelines for not starting CPR on a resident who has a full code status . Any resident in cardiac arrest is to receive cardiopulmonary resuscitation (CPR) unless one of the following criteria have been met and subsequently documented: 1. the resident has a valid DNR order. 2. Physical Assessment of Resident based on American Heart Association Guidelines for irreversible signs of death to include: a. Unresponsiveness b. Apnea c. Absence of pulse d. Absence of heart sounds 3. Presence of Lividity/Rigor mortis or presence of Injuries that are incompatible with life. The nurse will document assessment findings stating any and all signs of irreversible death that are present . |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Provide and implement an infection prevention and control program.<br><br>26364<br><br>Based on interviews, it was determined that the facility failed to develop a water management program to minimize the risk of Legionella that had the potential to effect the facility census of 67 residents who resided at the facility.<br><br>Findings include:<br><br>Interview on 11/7/24 at approximately 9:00 a.m. with Staff B (Maintenance Assistant) revealed that the Staff B was unable to provide the facility water management program.<br><br>Interview on 11/7/24 at approximately 11:30 a.m. with Staff C (Infectionist Preventionist) revealed that they were not aware of the facility's water management program. |