STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30E059	A. Building B. Wing	10/30/2025

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

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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 - Many	Implement a program that monitors antibiotic use. Based on interview and record review, it was determined that the facility failed to have an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use to improve resident outcomes and reduce antibiotic resistance for a facility census of 63 residents.Findings include:Review on 10/29/25 of the facility's policy titled Antibiotic Stewardship Program, dated April 2025, revealed no antibiotic use protocols and a system to monitor appropriate antibiotic use.Review on 10/29/25 of the facility antibiotic line list for September 2025 revealed that there were 8 residents who were prescribed antibiotics, and there was no evaluation of appropriateness of antibiotic use.Interview on 10/29/2025 at approximately 1:10 p.m. with Staff J (Infection Preventionist) confirmed the above findings. Staff J revealed that he/she does not track or trend appropriate antibiotic use. Staff J was unable to explain a process to determine appropriateness of antibiotic treatments such as utilizing antibiotic use protocols. Further interview revealed Staff J reports total infections to Quality Assurance and Performance Improvement (QAPI) committee.Review on 10/30/2025 of facility's QAPI meeting minutes, dated 10/22/25, revealed only the only infections data reported were total infections treated.Interview on 10/30/2025 at approximately 10:15 a.m. with Staff O (Medical Director) revealed there was no antibiotic use data presented in QAPI or discussion about antibiotic use, such as tracking and trending of appropriateness of antibiotic treatments.

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on observation, interview and record review, it was determined that the facility failed to ensure that the Infection Preventionist (IP) had the time necessary to properly assess, develop, implement, monitor, and manage the Infection Prevention and Control Program (IPCP) for a facility census of 63 residents.Findings include:Interview on 10/29/2025 at approximately 11:15 a.m. with Staff I (Director of Nursing (DON)) revealed that Staff J (IP) works approximately 7 hours weekly and additionally coordinates resident Minimum Data Set (MDS) Assessments and the QAPI program.Interview on 10/29/2025 at approximately 1:15 p.m. with Staff I (DON) revealed that Staff J (IP) did not work yesterday and was not available by phone. Staff I did not know when Staff J was working this week. Interview on 10/29/25 at approximately 12:30 p.m. with Staff J confirmed the Staff J did not work yesterday and revealed they were available until 1:15 p.m. today. Staff J confirmed that they worked approximately 8 hours a week at the facility. Review on 10/29/25 of Staff J's job description, dated 7/10/19, provided by Staff I, for classification and job position of Registered Nurse III revealed no Infection Prevention Responsibilities.Review on 10/29/25 of the policy titled Overview of the Infection Prevention and Control Program (IPCP), undated, revealed The Infection Preventionist (Infection Preventionist (IP)) is responsible for directing the IPCP. Further review of the policy revealed the major elements of the IPCP included .a system of infection precautions and/or isolation .an employee health program .Antibiotic review .Observation, interview and record review from 10/28/25 to 10/30/25 revealed that the IP failed to direct the IPCP by failing to implement infection control policies for EBP (Cross reference: F880 Infection Prevention & Control); failing to develop and implement an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic appropriateness (Cross reference: F881 Antibiotic Stewardship Program); and failing to educate and offer staff the COVID-19 vaccination (Cross reference: F887 Covid-19 Immunization).

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview and record review, it was determined that the facility failed to ensure that the pharmacist reported any irregularities monthly to the attending physician, the facility's medical director, and the director of nursing for 2 out of 3 months reviewed. (Resident identifiers are #13, #17, #19, #25, and #58). Findings Include:Review on 10/29/25 of the facility's drug regimen reviews (DRR) for the months of August, September, and October 2025 revealed they were not received by the facility until 10/29/25. The DRRs from August and September had the following recommendations: Resident #13's pharmacy recommendations, dated 9/30/25, was to change the Aspirin 81 mg (milligram) EC (Enteric Coated), 4 tabs (324 mg), to one tablet of Aspirin 325 mg tablet to reduce pill burden; Resident #17's pharmacy recommendation, dated 8/31/25, was that Resident #17 had no clinical Atherosclerotic Cardiovascular Disease (ASCVD) medical diagnosis listed for taking Atorvastatin 30 mg daily; Resident #19's pharmacy recommendation dated, 8/31/25, was that Resident #19 had no clinical Atherosclerotic Cardiovascular Disease (ASCVD) medical diagnosis listed for taking Atorvastatin 40 mg daily;Resident #25's pharmacy recommendation, dated 8/31/25, was to specify the minimum time interval between doses for the Hydroxyz [NAME] 25 mg by mouth three times daily as needed for anxiety.Resident #58's pharmacy recommendation, dated 9/12/25, was to add an end date to the Seroquel 100 mg every 8 hours as needed (PRN). Antipsychotic PRN orders cannot exceed a duration of 14 days. Interview on 10/29/25 at approximately 11:00 a.m. with Staff A (Consulting Pharmacist) confirmed the above findings and that he/she did not provide the DRR reports to the facility until 10/29/25. Interview on 10/29/25 at approximately 1:30 p.m. with Staff B (Nurse Practitioner) revealed that he/she had not received or reviewed the August and September 2025 pharmacy recommendations. Review on 10/29/25 of facility's pharmacy contract, dated January 28, 2025 revealed .1.17 The Contractor must complete a Prospective/Concurrent Drug Utilization Review every 30 days of each resident's drug regimen.1.17.3 Submit copies of the completed review, including any irregularities to the Glencliff Home's attending physician, Medical Director, and Director of Nursing within fifteen (15) days from the date of review.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview and record review, it was determined that the facility failed to ensure that the facility assessment determined the amount of time required to fulfill the role of the designated Infection Preventionist (IP).Findings include:Review on 10/29/25 of the facility's Facility Assessment, last reviewed 7/2025, revealed that there was no determination of the time required to fulfill the role of the IP in order to meet the residents' needs.Interview on 10/29/2025 at 12:02 p.m. with Staff M (Deputy Administrator) confirmed the above findings.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on interview and record review it was determined that the facility failed to implement its Enhanced Barrier Protection (EBP) policy for 2 of 3 residents reviewed for EBP. (Resident identifiers are #1 and #56).Findings Include:Resident #1 Review on 10/29/25 of Resident #1's medical record revealed that Resident #1 required EBP for a history of Methicillin-Resistant Staphylococcus Aureus (MRSA), a Multidrug-Resistant Organism (MDRO). Observation on 10/28/25 at approximately 8:30 a.m. on the Gold floor revealed that there was no indication of EBP for Resident #1, such as EBP signage or Personal Protective Equipment (PPE) supplies in their room or outside of the resident's room. Interview on 10/29/25 between 9:05 a.m. to 1:15 p.m. with Staff D (Licensed Nursing Assistant (LNA)), and Staff F (LNA), revealed that there were no resident requiring EBP on the Gold floor. Interview on 10/30/25 at 8:50 a.m. with Staff H (LNA) revealed that when providing care for Resident #1, such as changing linens and resident transfer, Staff H would use gloves and no gown. Resident #56 Review on 10/28/25 of Resident #56's medical record revealed that he/she has a suprapubic catheter in place for a neurogenic bladder diagnosis. Observation on 10/29/25 at approximately 1:00 p.m. at the Gold floor revealed that Resident #56 had a urinary leg bag. Interview on 10/29/25 with Staff I (Director of Nursing) at approximately 11:30 a.m. revealed that a resident with a suprapubic catheter would be on EBP, indicated by EBP signage on the resident's chart, and staff would wear a gown and gloves when performing high contact care such as catheter care. Interview on 10/29/25 at approximately 12:10 p.m. with Staff E (Registered Nurse) revealed that Residents #1 and #56 were on EBP. Review on 10/30/25 of the facility's EBP list revealed that Resident #1 was on the list for an MDRO and Resident #56 was on the list for a superpubic catherter. Review on 10/29/25 of the facilities Infection Prevention Control Manual, reviewed on 7/2025, revealed .EBP's employ targeted gown and glove use in addition to standard precautions and will be used during high contact resident care activities including: dressing, bathing/showering, transferring (except for brief assist in common areas), providing hygiene, changing linens, changing briefs or assisting with toileting, device care/use or wound care . Further review revealed no procedures for who required EBP. Review on 10/30/25 of the CDC website titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated 4/2/24, revealed, .the MDROs for which the use of EBP applies are based on local epidemiology. At a (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	minimum, they should include resistant organisms targeted by CDC but can also include other epidemiologically important MDROs .Additional epidemiologically important MDROs may include, but are not limited to: Methicillin-resistant Staphylococcus aureus (MRSA) .Precautions .Enhanced Barrier Precautions .Applies to: .All residents with any of the following: .Infection or colonization with an MDRO when Contact Precautions do not apply Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status .PPE used for these situations: .During high-contact resident care activities .Required PPE: .Gloves and gown prior to the high-contact care activity .

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review, it was determined that the facility failed to provide staff with education regarding the benefits and potential risks associated with COVID-19 vaccine and failed to offer staff information on obtaining COVID-19 vaccine for 1 of 1 staff reviewed for COVID-19 immunization.Findings include:Review on 10/29/2025 of Staff N's (Medication Nursing Assistant (MNA)) COVID-19 vaccination history revealed 2 prior vaccinations in 2022. The facility was unable to provide evidence that Staff N was provided information on where to obtain COVID-19 vaccines or education regarding COVID-19 vaccines since 2022. Review on 10/29/25 of facility Infection Prevention and Control Manual last review date 7/2025 revealed on page 27 .VACCINATIONS .please see the Center for Disease Control's Adult Vaccination Schedule 2025: https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.htmlInterview on10/29/2025 at approximately 1:10 p.m. with Staff J (Infection Preventionist) confirmed the above policy. Staff J revealed that they do not offer COVID-19 vaccination and no education on the risk and benefits of Covid-19 vaccines to staff.Review on 10/30/25 at Center for Disease Control website https://www.cdc.gov/covid/vaccines/stay-up-to-date.html revealed CDC recommends a 2024-2025 COVID-19 vaccine for most adults ages 18 and older.