

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  30E062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2024
NAME OF PROVIDER OR SUPPLIER  Merriman House		STREET ADDRESS, CITY, STATE, ZIP CODE  3073 White Mountain Highway North Conway, NH 03860	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>40522</p> <p>Post nurse staffing information every day.</p> <p>Based on observation and interview, it was determined that the facility failed to maintain and post daily nursing staff data with information that included the facility name, resident census, and the total number and the actual hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift.</p> <p>Findings include:</p> <p>Observation on 4/8/24 at approximately 9:00 a.m. at the facility revealed no daily nursing staff postings with facility name, resident census, and the total number and the actual hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift.</p> <p>Observation on 4/9/24 at approximately 9:00 a.m. at the facility revealed no daily nursing staff postings with facility name, resident census, and the total number and the actual hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift.</p> <p>Interview on 4/9/24 at approximately 9:30 a.m. with Staff C (Director of Nursing) confirmed the above observations.</p> <p>Interview on 4/9/24 at approximately 3:00 p.m. with Staff D (Administrator) revealed that he/she was unable to provide records of posted daily nursing staff data with the total number and the actual hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift.</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