

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 04/10/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>38218</p> <p>Based on record review, policy review, and interview, it was determined that the facility failed to document that the resident and/or the resident's representative was fully informed of the risk and benefits of psychotropic medications for 5 of 5 residents reviewed for unnecessary medications in a final sample of 12 residents. (Resident identifiers are #23, #13, #28, #29, and #27.)</p> <p>Findings include:</p> <p>Resident #23</p> <p>Review on 4/9/25 of Resident #23's current physician's orders revealed the following orders: Citalopram Hydrobromide Tablet 10 mg. (milligrams), Give 1 tablet by mouth one time a day related to depression, unspecified, order dated 4/11/23, Lorazepam Tablet 0.5 mg. Give 0.5 mg. by mouth every 4 hours as needed for anxiety/EOL (end of life), for 12 months, dated 3/28/25.</p> <p>Review 4/9/25 of Resident #23's medical record revealed no documentation that the resident and/or the resident's representative had been informed of the risks and benefits of the above medications.</p> <p>Resident #13</p> <p>Review on 4/9/25 of Resident #13's current physician's orders revealed the following orders: Lexapro 5mg PO (by mouth) QD (Daily) (Anxiety), dated 4/19/24. Lorazepam Tablet 0.5 mg. Give 1 tablet by mouth every 4 hours as needed for anxiety for 12 months, and give 1 tablet by mouth three times a day related to anxiety disorder, dated 12/12/24.</p> <p>Review 4/9/25 of Resident #13's medical record revealed no documentation that the resident and/or the resident's representative had been informed of the risks and benefits of the above medications.</p> <p>Resident #29</p> <p>Review on 4/9/25 of Resident #29's current physician's orders revealed the following orders: Mirtazapine Tablet 15 mg (milligrams), Give 1 tablet by mouth at bedtime related to insomnia, unspecified, order dated 4/2/2025. Sertraline HCl Oral Tablet (Sertraline HCl) Give 25 mg by mouth one time a day related to generalized anxiety disorder, order dated 4/2/25. Sertraline HCl Oral Tablet (Sertraline HCl) Give 50 mg by mouth one time a day related to generalized anxiety disorder, order dated 4/2/25.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review 4/9/25 of Resident #29's medical record revealed no documentation that the resident and/or the resident's representative had been informed of the risks and benefits of the above medications.</p> <p>Resident #28</p> <p>Review on 4/9/25 of Resident #28's current physician's orders revealed the following orders: Sertraline HCl Oral Capsule 200 mg (Sertraline HCl) Give 1 capsule orally one time a day related to major depressive disorder, recurrent, unspecified, order dated 12/5/24.</p> <p>Review 4/9/25 of Resident #28's medical record revealed no documentation that the resident and/or the resident's representative had been informed of the risks and benefits of the above medications.</p> <p>Resident #27</p> <p>Review on 4/9/25 of Resident #27's current physician's orders revealed the following order: Citalopram Hydrobromide Oral Tablet (Citalopram Hydrobromide) Give 20 mg by mouth one time a day related to depression, unspecified, order dated 1/16/25.</p> <p>Review 4/9/25 of Resident #27's medical record revealed no documentation that the resident and/or the resident's representative had been informed of the risks and benefits of the above medications.</p> <p>Interview on 4/9/25 at approximately 2:00 p.m. with Staff D (Registered Nurse) confirmed there was no documentation that the above residents and/or the resident's representatives were fully informed of the risk and benefits of psychotropic medications prior to starting treatment.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38218</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that physician's orders were followed for 1 of 2 residents reviewed for choices in a final sample of 12 residents. (Resident identifier is #4.)</p> <p>Findings include:</p> <p>[NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 10th edition St. Louis, Missouri: Elsevier, 2021. Page 614 .It is essential to verify the accuracy of every medication you give to your patients with the patient's order. If the medication order is incomplete, incorrect, or inappropriate, or if there is a discrepancy between the original order and the information on the MAR [Medication Administration Record], consult with the health care provider. Do not give a medication until you are certain that you can follow the seven rights of medication administration . Page 672 .seven rights of medication administration include right medication, right dose, right patient, right route, right time, right documentation and right indication .</p> <p>Review on 4/8/25 of Resident #4's nursing note dated 4/3/25 revealed Per [provider name omitted], beginning GDR [Gradual Dose Reduction] of Lyrica. See MAR for GDR schedule. As [pronoun omitted] now is on 200 mg [milligrams] TID [three times a day], the taper will reduce [pronoun omitted] by 100 mg per day, to be completed in 25 days.</p> <p>Review on 4/8/25 of Resident #4's nursing note dated 4/7/25 revealed Upon attempting to give the noon dose of Lyrica (100 mg ordered), nurse realized we did not have any 100 mg capsules in-house. Further investigation revealed [Resident #4's name omitted] has been continually receiving [pronoun omitted] previous dose of 200 mg TID instead of starting the GDR [100 mg dose] as scheduled on 4/4/25 .</p> <p>Review on 4/9/25 of Resident #4's April 2025's MAR revealed an order for Lyrica (Pregabalin) Oral Capsule 100 mg by mouth one time a day for 5 days with a start date of 4/4/25 and scheduled for noon time. Further review revealed that the MAR indicated that the Lyrica 100 mg was administered from 4/4/25 through 4/6/25.</p> <p>Review on 4/8/25 of Resident #4's narcotic administration record revealed that Lyrica 200 mg was administered on 4/4/25 at 12:40 p.m., 4/5/25 at 1:00 p.m., and 4/6/25 at 11:08 a.m. There was no documentation of Lyrica 100 mg being administered on 4/4/25 through 4/6/25.</p> <p>Interview on 4/9/25 at approximately 12:00 p.m. with Staff C (Registered Nurse) confirmed that Resident #4 received the wrong dose of Lyrica, which was scheduled for noon, from 4/4/25 through 4/6/25.</p>		