

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Pleasant Valley Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8 Peabody Road Derry, NH 03038	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and policy review, it was determined that the facility failed to follow the facility's infection control policies and procedure for hand hygiene, linen handling, and enhanced barrier precautions.</p> <p>Findings Include:</p> <p>Observation on 11/19/24 at 10:33 a.m. of the Skilled Medical Unit (SMU) revealed a pile of soiled bed linens on the floor beside the bed where two Licensed Nursing Assistants (LNAs) were providing care.</p> <p>Interview on 11/19/24 at 10:35 a.m. with Staff F (Director of Nursing) confirmed that the linens were soiled and revealed they should have been put in a plastic bag for transport and not put on the floor.</p> <p>Observation on 11/20/24 at 11:48 a.m. of the SMU meal service revealed Staff G (LNA) exited a resident's room carrying a full clear trash bag. Staff G was not wearing gloves. Staff G disposed of the trash bag in the soiled utility room. After leaving the utility room, Staff G went directly to the drink cart without washing his/her hands and proceeded to grab a cup to pour drinks.</p> <p>Interview on 11/20/24 at 11:50 a.m. with Staff G confirmed the above findings that they did not wash their hands after handling a resident's trash.</p> <p>Review on 11/20/24 of the facility policy titled, Standard Precautions, (not dated), revealed: .Standard Precautions Include the Following Practices: 1 .b. Hand hygiene is performed with ABHR (Alcohol Based Hand Rub) or soap and water .4. after contact with items in the resident's room .7. Linen: a. Linen soiled with blood, body fluids, secretions, excretions are handled and processed in a manner that prevents skin and mucous membrane exposures, contamination of clothing and avoids transfer of microorganisms to other residents and environments .</p> <p>Review on 11/21/24 of the Center for Disease Control and Prevention guideline titled, Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 4/12/24, retrieved from: <a href="https://www.cdc.gov/infection-control/hcp/core-practices/index.html">https://www.cdc.gov/infection-control/hcp/core-practices/index.html</a>, revealed: .Hand Hygiene .Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient .After touching a patient or the patient's immediate environment .Immediately after glove removal .Resident #49</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Pleasant Valley Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8 Peabody Road Derry, NH 03038	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 11/19/24 at approximately 9:20 a.m. of Resident #49 revealed he/she had a urinary catheter. Further observation revealed no personal protective equipment available in or near the resident room and no indications he/she was on Enhanced Barrier Precautions (EBP).</p> <p>Review on 11/19/24 of Resident #49's physician orders revealed a current order for indwelling urinary catheter, dated 9/25/24.</p> <p>Interview on 11/19/24 at approximately 9:20 a.m. with Staff C (Licensed Practical Nurse) confirmed that Resident #49 had an indwelling urinary catheter.</p> <p>Review on 11/21/24 of facility policy titled, Enhanced Barrier Precautions, dated March 2024, revealed: .5. EBPs are indicated .b urinary catheters .</p> <p>Interview on 11/21/24 at approximately 8:30 a.m. with Staff D (Infection Preventionist) confirmed residents with indwelling urinary catheters should be on EBP. Further interview revealed that the facility follows the Centers for Disease Control (CDC) guidelines for EBP.</p> <p>Review on 11/21/24 of the CDC guideline titled, Implementation of Personal Protective Equipment Use in Nursing Homes to Prevent Spread of Multidrug Resistant Organisms (MDRO's), updated July 2022, revealed: .Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing. MDRO's may be indirectly transferred from resident-to-resident during these high-contact activities. Nursing home resident with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDRO's. The use of gown and gloves for high-contact resident care activities is indicated, .Enhanced Barrier Precautions, Expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: .Device care or use: central line, urinary catheter .</p>		