STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305040	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laconia Rehabilitation Center	175 Blueberry Lane Laconia, NH 03246

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, it was determined that the facility failed to report an injury of unknown source timely to the State Survey Agency (SSA) for 1 of 2 residents reviewed for accidents in a final sample of 24 residents (Resident identifier is #7). Findings include: Review on 5/30/25 of Resident #7's medical records revealed a nurses note, dated 5/25/25, that stated Resident #7 had been sent to the emergency room for evaluation due to complaints of right wrist pain. Further review of Resident #7's medical record revealed a nurses note, dated 5/26/25, .brace for right wrist fx (fracture) .can be worn as long as needed for comfort and support. No other acute findings . Interview on 5/30/25 at approximately 9:00 a.m. with Staff A (Administrator) revealed that they were told about Resident #7's injury on 5/26/25. Staff A revealed that the source of the injury is unknown. Staff A confirmed that it was not reported to the SSA. Review on 5/3/25 of facility policy titled Abuse Prohibition, dated 1/24/22, revealed: 6.4 Injuries of unknown origin will be investigated to determine if abuse or neglect is suspected . 7. Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment or neglect, the Administrator or designee will perform the following. 7.3 Report allegations the the appropriate stated and local authority(s) involving .exploitation or mistreatment (including injuries of unknown source) .

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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NAME OF PROVIDER OR SUPPLIER Laconia Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 175 Blueberry Lane Laconia, NH 03246	

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #6 Review on 5/30/25 of Resident #6's care plan meeting notes revealed that Resident #6 had care plan meetings on 11/29/24 and 1/10/25. There was no evidence of a quarterly care plan meeting documented after 1/10/25. Resident #22 Interview on 5/28/25 with Resident #22 at approximately 11:30 a.m. revealed that Resident #22 reported that he/she had was not invited or participated in a care plan meeting for about 6 months. Review on 5/30/25 of Resident #22's care plan meeting notes revealed that Resident #22 had a care plan meeting on 11/27/24. Interview on 5/30/25 at approximately 10:50 a.m. with Staff D (Regional Nurse) confirmed that there is no evidence of quarterly care plan meetings being completed after 11/27/24. Resident #23 Review on 5/30/25 of Resident 23's care plan meeting notes revealed that Resident #23 had a care plan meeting on 9/7/24 and 5/1/25. Further review revealed that there was no evidence of a quarterly care plan meeting documented in December of 2024 or March of 2024. Resident #29 Review on 5/30/25 of Resident #29's medical record revealed that Resident #29 was admitted to the facility on 9/22. Further review revealed that the last documented care plan meeting was on 3/15/24. Resident #57 Review on 5/30/25 of Resident #57's medical record revealed revealed that Resident #57 was admitted in date December of 2024. There was no evidence of care plan meetings being held. Resident #73 Review on 5/30/25 of Resident #73's medical record revealed that Resident #73 was admitted to the facility on [DATE]. Further review of Resident #73's medical record revealed that the last documented care plan meeting was 12/16/24. Resident #80 Review on 5/30/25 of Resident #80's care plan meeting notes revealed that Resident #80 had a care plan meeting on 11/8/24 and 5/8/25. Further review revealed that there is no evidence of a quarterly care plan meeting documented after 11/24 and before 5/25. Resident #86 (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laconia Rehabilitation Center	175 Blueberry Lane Laconia, NH 03246

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review on 5/30/25 of Resident #86's medical record revealed that Resident #86 was admitted to the facility on [DATE]. Further review of Resident #86's medical record revealed no documentation of a care plan meeting. Resident #94 Review on 5/30/25 of Resident #94's medical record revealed Resident #94 was admitted to the facility in January 2024. There was a care plan meeting note dated 4/23/25. Further review revealed that there was no documentation of a care plan meeting for Resident #94 between January 2024 and 4/23/25. Interview on 5/30/25 at approximately 1:00 p.m. with Staff H (Unit Manager) confirmed the above findings and that there was no documentation of a care plan meeting for Resident #94 prior to 4/23/25. Resident #105 Review on 5/30/25 of Resident #105's was admitted on [DATE] and has not had a care plan meeting. Interview on 5/30/25 at approximately 1:30 p.m. with Staff A (Administrator) confirmed that there was no evidence documented of care plan meetings being held after a comprehensive assessment for Resident #6, #22, #23, #29, #57, #73, #80, #85, #86, #94, and #105. Review on 5/30/25 of the facility's Policy OPS416: Person- Centered Care Plan revealed the following . The care plan will be reviewed and revised by the interdisciplinary team after each assessment 10. Care plan meetings will be documented by use of the Care Plan Meeting note. Based on record review and interview, it was determined that the facility failed to hold routine interdisciplinary care plan meetings and revised care plans for 11 of 24 residents reviewed for care planning in a final sample of 24 residents. (Resident identifiers are #6, #22, #23, #29, #57, #73, #80, #85, #86, #94, and #105.) Findings include: Resident #85 Interview on 5/30/25 at approximately 11:30 a.m. with Staff G (Registered Nurse) revealed Resident #85 eats everything given to him/her, will eat clothing and they are unable to give him/her anything or Resident #85 will put it in his/her mouth. In the past they tried foam blocks and Resident #85 tore at them and tried to eat those. Interview further revealed Resident #85 had past surgery to remove a bottle cap he/she had eaten prior to admission. He/she gets one on one throughout the day by all staff and has a private room due to his pica (Pica is a mental health condition where a person compulsively swallows non-food items.) Review on 5/30/25 of Resident #85's care plans revealed no interventions to address Resident #85's pica. Review on 5/30/25 of Resident #85's care plan meetings revealed evidence of only one care plan meeting held on 12/23/24, since admission.