

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2026
NAME OF PROVIDER OR SUPPLIER  Golden View Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  19 NH Route 104 Meredith, NH 03253	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to implement infection control policies for 1 of 3 residents reviewed for Transmission Based Precautions (TBP) and failed to implement water management control measures, potentially exposing 72 residents to waterborne pathogens. (Resident identifier is #12.) Findings include:</p> <p>Water Management</p> <p>Interview on 1/13/2026 at approximately 10:00 a.m. with Staff A (Maintenance Director) confirmed the above findings. Staff A revealed that there were no time frames for when unoccupied areas should be flushed. Staff A was unable to provide documentation that unoccupied areas were flushed. Staff A confirmed there were empty rooms that would be flushed.</p> <p>Review on 1/13/26 of the facility's Risk management plan for Legionella Control, revised 3/2025, revealed the following: Unoccupied Areas: When units are unoccupied resulting in a decrease of water usage and potential stagnation, the Director of Property Management or designee implements counteractive measures including flushing of the sinks and fixtures with hot and cold water. Further review revealed no indication of how often unoccupied areas would be flushed.</p> <p>Resident #12</p> <p>Review on 1/14/26 of the facility's policy titled, Residents with COVID-19 Exposure Management, review Date 11/2025, revealed the following .Staff caring for residents with suspected or confirmed COVID-19 will wear full PPE [Personal Protective Equipment] when indicated: gown, gloves, eye protection and N95 respirator (or higher), CDC [Center for Disease Control and Prevention].</p> <p>Review on 1/13/26 of Resident #12's medical record revealed a progress note, dated 1/13/26, Resident #12 tested positive for COVID-19. Further review revealed a physician order for Transmission Based Precaution (TBP) for COVID-19, dated 1/13/26.</p> <p>Observation on 1/14/26 at approximately 8:40 a.m. revealed a Droplet Precaution (TBP) sign posted outside Resident #12's room. Further observation revealed Staff C (Licensed Nursing Assistant) a N95 mask and gloves, but did not wear a gown prior to entering Resident #12's room. Staff C entered the room carrying Resident #12's lunch tray, moved the resident's personal items on the bedside table, and then placed the lunch tray on the bedside table.</p> <p>Interview on 1/14/26 at approximately 11:00 a.m. with Staff E (Infection Preventionist) confirmed that Resident #12 was on droplet precaution for COVID-19. Staff E confirmed it is the facility's policy to wear a N95 mask, gown, gloves, and eye protection when entering a room with a COVID-19</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>positive resident.</p> <p>Review on 1/14/26 of the CDC's website titled, Infection Control Guidance: SARS-CoV-2 (COVID-19), dated 6/24/24, revealed .2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection .Personal Protective Equipment HCP [Healthcare Personnel] who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) .</p>