

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2025
NAME OF PROVIDER OR SUPPLIER  Rockingham County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  117 North Road Brentwood, NH 03833	

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 - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>Based on interview and record review, it was determined that the facility failed to inform residents or residents' representative of the risk and benefits of psychotropic medication use for 1 out of 5 residents reviewed for unnecessary medications in final sample of 27 residents. (Resident identifier is #4) Findings include: Resident #4 Review on 8/28/25 of Resident #4's medical record revealed a physician's order for Escitalopram Oxalate 5 milligrams (MG), give 15MG by mouth one time a day for mood, dated 9/30/2024. Further record review revealed there was no documentation that the risks and benefits of psychotropic medication use were communicated to Resident #4 or their representative. Interview on 8/28/25 at approximately 8:28 a.m. with Staff G (Director of Nursing) confirmed the above findings. Review on 8/28/25 of the facilities policy Use of Psychotropic Medication(s) Revision Date, 2025 revealed .9. Prior to initiating or increasing a psychotropic medication, the resident, the family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, it was determined that the facility failed follow currently accepted professional principles for labeling and/or storing drugs and biologicals in 2 of 2 medication rooms, 1 of 3 medication carts observed. (Resident identifiers are #98, #14, #43, #134, #96, and #10.) Findings include: Observation on 8/26/25 at approximately 8:25 a.m. in [NAME] 1 Medication Room of a cabinet of medications revealed: Resident #98's medication card of Furosemide 20 mg (milligrams), expiration date 7/12/25; and Resident #14's medication card of Ariprazole 15 mg, expiration date 7/15/25. Interview on 8/26/25 at approximately 8:25 a.m. with Staff A (Registered Nurse) confirmed the above findings. Observation on 8/26/25 at approximately 8:35 a.m. of the [NAME] 2 Medication Room of a cabinet of medications revealed: Resident #43's medication card of Vitamin D3 50,000 units, expiration date 8/20/25; and Resident #134 medication card of Ondansetron 4 mg tablets, expiration date 8/18/25. Interview on 8/26/25 at approximately 8:35 a.m. with Staff B (Licensed Practical Nurse (LPN)) confirmed the above findings. Observation on 8/26/25 of [NAME] Medication Cart revealed: Resident #96's Stiolto Respimat Inhaler was opened and without a date of opening or open expiration date; and Resident #10's Trelegly Ellipta Inhaler was opened and without a date of opening or open expiration date. Interview on 8/26/25 at approximately 8:35 a.m. with Staff C (LPN) confirmed the above findings. Review on 8/26/25 of the manufacturer's instructions for Stiolto Respimat Inhaler, Revision Date 1/2025, revealed: . Three months after insertion of cartridge , throw away the Stiolto Respimat even if it has not been used, or when the inhaler locked, or when it expires, whichever comes first. Review on 8/26/25 of the manufacturer's instructions for Trelegly Ellipta, Dated 2023, revealed: . Discard Trelegly Ellipta 6 weeks after opening the foil tray or when counter reads 0 (after all blisters have been used), whichever comes first. Review on 8/26/25 of the facility policy titled, Medication Biological labeling, Revision Date 2025, revealed: . 4. Labels for individual drug containers must include: . h. The expiration date when applicable. Review on 8/27/25 of the facility policy titled, Acquisition &amp; Disposition of Medication, Dated 3/2024, revealed: . 7. Non-Controlled medications awaiting disposal will be removed from the current medication supply within 7 days of discontinuation. Medications awaiting disposal will be stored in a locked secure medication room separate from active medications in that room. Review on 8/28/25 of the facility policy titled, Medication Storage, undated, revealed: . 1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and policy review, it was determined that the facility failed to store and serve food in accordance with professional standards for food safety to prevent foodborne illness in 2 of 4 kitchenettes observed. Findings include:</p> <p>Review on 8/29/25 of the U.S. Food and Drug Administration Food Code, dated 2017, retrieved from <a href="https://www.fda.gov/food/FDA-food-code/food-code-2017">https://www.fda.gov/food/FDA-food-code/food-code-2017</a> revealed the following: .Annex 3, Public Health Reasons/Administrative Guidelines . Chapter 3 Food .3-305.11 Food Storage .FOOD shall be protected from contamination by storing the FOOD: . On-premises preparation .(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunchmeat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (2) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded .(3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded .; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods .</p> <p>Observation on 8/26/25 at approximately 8:25 a.m. of the [NAME] second floor kitchenette refrigerator revealed six (6) Vital Cuisine Mighty Shakes with no thaw date or use by date.</p> <p>Interview on 8/26/25 at approximately 8:30 a.m. with Staff D (Unit Manager) confirmed that the thickened shakes had thaw date or use by date.</p> <p>Review on 8/26/25 of the manufacturer's instructions for Vital Cuisine Mighty Shakes under storage and handling revealed .Store frozen. Use thawed product within 14 days. Keep Refrigerated .</p> <p>Review on 8/12/25 of the facility's policy titled Unit Pantry Policy, with no date, revealed .Health shakes are required to be labeled with a discard date 12 days following date of thaw.'</p> <p>Observation on 8/26/25 at approximately 11:45 a.m of the [NAME] first floor kitchenette refrigerator with Staff I (Unit manager) revealed 5 Mighty Shakes that had no thaw date or use by date.</p> <p>Interview on 8/26/25 at approximately 11:50 a.m. with Staff I confirmed the above findings.</p> <p>Interview on 8/26/25 at approximately 11:50 a.m. with Staff H (General Dietary Manager) revealed that the Mighty Shakes come in frozen and then are thawed for distribution. Staff H confirmed that the above shakes were not labeled when they had been thawed but should have been labeled.</p>		

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<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 record review, it was determined that the facility failed to ensure that staff wore PPE (Personal Protective Equipment) appropriately for 1 of 1 residents reviewed for Transmission Based Precautions in a final sample of 27 residents. (Resident identifier is #144.) Findings include:</p> <p>Observation on 8/28/25 from approximately 8:05 to 8:10 a.m. outside of Resident #144's room revealed signage to see nurse prior to entering the room. Further observation revealed Staff E (Registered Nurse) at Resident #144's bedside with a gown covering their arms but not covering their shoulders. The top half of their torso was showing and the gown was not tied. Staff E administered medications to Resident #144 and assisted with positioning his/her feet in bed.</p> <p>Interview on 8/28/25 at approximately 8:10 a.m. with Staff E revealed that Resident #144 was on contact precautions and confirmed that Staff E was not wearing their PPE properly.</p> <p>Review on 8/28/25 of the facility Donning and Doffing Personal Protective Equipment (PPE) Competency, Revision Date 8/2025 revealed the following: . Step 1 Donning - Gown: Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist.</p> <p>Review on 8/28/25 of the facility policy titled, Precautions, Revision Date 3/22/24, revealed the following: . 4. Contact Precautions: In addition to Standard Precautions, use Contact Precautions for residents known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact, . and other highly transmissible infections such as . and herpes (simplex or zoster), or other transmissible conditions . and conditions such as a rash of unknown origin, . 4. Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes of blood, body fluids, secretions or excretions.</p>		