STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305050	A. Building B. Wing	10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lebanon Center, Genesis Healthcare	24 Old Etna Road Lebanon, NH 03766

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to adhere to its policies and procedures for infection control and Legionella prevention. The facility failed to follow the established water management plan by neglecting remediation or testing of the water system after a confirmed resident case of Legionella. Furthermore, the facility failed to document the results of control measures as required by the Water Management Plan. Additionally, the facility allowed the use of a humidifier in a resident's room, which creates a potential risk for the spread and growth of Legionella. Collectively, these failures in following policies, procedures, and the Water Management Plan expose the facility's census of 80 residents to the potential spread and growth of Legionella.Findings include:Review on 10/6/25 of Resident #1's medical record revealed that Resident #1 was admitted and resided at the facility since November 2024. Resident #1 was transferred to the hospital on 9/30/25 for acute respiratory failure with hypoxia (low levels of oxygen in your body tissues). Review on 10/6/25 of Resident #1's Nurse Practitioner Progress Note dated 9/30/25 revealed, .[name omitte/d] is fevering today with hypoxia and rigors, lips are purple and finger poorly perfused . is at high risk for decline and high risk of bacteremia given central line . Ultietmly [sic] given above, [name omitted] is unable to be managed in LTC [Long Term Care] setting and decision made to send to ED [Emergency Department] . This was signed by Staff E (Nurse Practitioner). Review on 10/6/25 of Resident #1's hospital Medical Intensive Care Unit Progress Note dated 10/1/25 revealed, . Date of admission: [DATE] . Significant Events Last 24 Hours/Interval History . Urine legionella Ag [Antigen] positive . Active Problems and Important Diagnoses .Legionella pneumonia . Further review revealed that the urine antigen test for Legionella had been obtained and resulted on 9/30/25. The diagnoses being managed were Multi-system organ failure, Acute hypoxemic respiratory failure, Septic Shock, Metabolic acidosis, and coagulopathy. Interview on 10/6/25 at 11:15 a.m. with Staff E confirmed that Resident #1 had been be sent to the hospital on 9/30/25 for hypoxia where they tested positive for Legionella and passed away. Interview on 10/6/25 at 2:15 p.m. with Staff B (Director of Nursing) revealed that the facility followed the Centers for Disease Control and Prevention (CDC) for guidance for Infection Control. Review on 10/7/25 of the CDC's Clinical Guidance for Legionella Infections retrieved from https://www.cdc.gov/legionella/hcp/clinical-guidance/index.html revealed, .Testing for healthcare-associated Legionnaires' disease is especially important if any of the following are identified in a healthcare facility . Healthcare-associated Legionnaires' disease diagnosis in the last year . Review on 10/6/25 of the facility's policy titled Outbreak Investigation/Management revealed . An (continued on next page)

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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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Legionella before units are put back in service. Further review revealed, 3. Hot Water. The domestic hot water supply is heated by 3 indirect boilers to approximately 160 degrees Fahrenheit and transferred into two 120 gallon hot water storage tanks. Water temperatures are monitored, recorded and documented in our Tels system [a system that tracks maintenance tasks] on a weekly basis .Areas Subject to Legionella. 1. Ice Machines 2. Dead Legs 3. Less frequently used areas including eyewash stations 4. Hot water holding tanks 5. HVAC-PTAC units [Heating, ventilation, and air conditioning - Packaged Terminal Air Conditioner] Further review revealed that humidifiers were not identified to be at risk for waterborne pathogens in the water management plan. Interview on 10/6/25 at 9:15 a.m. with Staff C (Maintenance Supervisor) confirmed the above water management and revealed that he/she does not test for Legionella routinely as part of the facility's water management plan. Interview on 10/6/25 at approximately 1:00 p.m. with Staff C revealed that he/she checks but does not log the water heater temperature of the hot water tanks. Staff C revealed that he/she would clean any portable air conditioners units twice monthly. Staff C could not provide documentation to show which portable air conditioners had been cleaned.