

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Merrimack County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 325 Daniel Webster Highway Boscawen, NH 03303	

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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Resident #27</p> <p>Review on 2/27/25 of Resident #27's Quarterly MDS, ARD of 12/11/24, revealed the following:</p> <p>Section O0110K1b (Special Treatments, Procedures and Programs) was coded for having Hospice while a resident; Section M1040 A. (Skin Conditions) was coded for having an infection of the foot; Section M1040 B was coded for having a diabetic ulcer.</p> <p>Review on 2/27/25 of Resident #27's medical record for December 2024 revealed no Hospice orders. Further review of Resident #27's medical record revealed no documentation of any Diabetic ulcers or foot infections.</p> <p>Interview on 2/28/25 at approximately 11:05 a.m. with Staff A confirmed that Resident #27 did not have Hospice services in place, did not have a foot infection, and did not have a diabetic ulcer during the look back period of the above MDS.</p> <p>Resident #103</p> <p>Review on 2/27/25 of Resident #103's Quarterly MDS, ARD of 12/17/24, revealed that section N0415 E (Anticoagulant Medications) was coded as taking an anticoagulant medications.</p> <p>Review on 2/27/25 of Resident #103's medical record for December 2024 revealed no anticoagulant medications were ordered or given.</p> <p>Interview on 2/28/25 at approximately 11:05 a.m. with Staff A confirmed the above information and that Resident #103's Quarterly MDS, ARD 12/17/24, was not coded correctly.</p> <p>Resident #157</p> <p>Review on 2/27/25 of Resident #157 most recent MDS, ARD 11/29/24, revealed section N0415 E (Anticoagulant Medications) was coded as taking an anticoagulant medication.</p> <p>Review on 2/27/25 of Resident #157 physician orders revealed no orders for an anticoagulant medication during the 7 day look back period. Further review revealed that Resident #157 was on Plavix (antiplatelet medication).</p> <p>Interview on 2/27/25 at approximately 1:50 p.m. with Staff A confirmed above findings.</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: 305056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Merrimack County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 325 Daniel Webster Highway Boscawen, NH 03303	
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Based on record review and interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessment accurately reflected the residents' status for 4 residents in a final sample of 35 residents (Resident Identifiers are #9, #27, #103 and #157).</p> <p>Findings include:</p> <p>Resident #9</p> <p>Review on 2/27/25 of Resident #9's quarterly MDS with an Assessment Reference Date (ARD) of 1/29/25 revealed under item N0300 Injections and item N0350 Insulin were both coded 7 indicating that Resident #9 had received insulin injections during the last 7 days.</p> <p>Review on 2/27/25 of Resident #9's January 2025 Medication Administration Record and physician's orders revealed that there were no physician orders noted for insulin and no injections were documented as being administered.</p> <p>Interview on 2/27/25 at 1:48 p.m. with Staff A (Reimbursement Coordinator) revealed that Resident #9 was not receiving insulin in January 2025 and confirmed that the MDS was coded incorrectly.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Merrimack County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 325 Daniel Webster Highway Boscawen, NH 03303	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on observation, interview, and record review, it was determined that the facility failed to ensure expired medications were removed from stock and multidose vials were labeled with an open/expiration date for 3 out of 4 medication rooms and 1 out of 7 medication carts observed (Resident identifiers are #31, #33, #36, #112, #126, and #152).</p> <p>Findings include:</p> <p>Observation on 2/26/25 at approximately 8:15 a.m. with Staff B (Registered Nurse) of Young Adult/Hospice medication room revealed a bottle of Omeprazole suspension for Resident #152 with an expiration date of 2/15/25 in the medication refrigerator.</p> <p>Interview on 2/26/25 at approximately 8:20 a.m. with Staff B confirmed the above findings.</p> <p>Review on 2/26/25 of Resident #152's medical record revealed an order for Omeprazole Oral Suspension 2mg (milligrams)/ML (milliliter) Give 10 ml via G-tube in the morning, with a start date of 1/26/24.</p> <p>Review on 2/26/25 of Resident #152's Medication Administration Record (MAR) revealed that Resident #152 received Omeprazole on 2/26/25.</p> <p>Observation on 2/26/25 at approximately 8:40 a.m. with Staff C (Registered Nurse) of the 3rd floor medication room revealed one bottle of Synthroid 25 mcg (microgram) tablets for Resident #126 with a pharmacy expiration date of 12/25/24.</p> <p>Review on 2/26/25 of Resident #126's medical record revealed and order for Synthroid 25 mcg give 0.5 tablet by mouth one time of day with a start date of 7/19/23.</p> <p>Interview on 2/26/25 at approximately 8:45 a.m. with Staff C revealed that the Resident #126 was not receiving medication from the above bottle but that it had not been removed from available stock in the medication room.</p> <p>Observation on 2/27/25 at approximately 9:00 a.m. with Staff F (Registered Nurse) of the 4 South medication room revealed 3 bottles of Lipitor for Resident #112 with use by dates of 6/28/24, 9/18/24, and 3/22/24. Observation further revealed two unopened bottles of house stock Geri Mox with expiration dates of 11/24.</p> <p>Interview on 2/27/25 at approximately 9:10 a.m. with Staff F confirmed that Resident #112 was no longer on the above medication however it had not been removed from available stock in the medication room.</p> <p>Observation on 2/26/25 of 3400 Medication Cart with Staff D (Licensed Practical Nurse) at approximately 9:30 a.m. revealed 3 open bottles of Refresh Tears for Resident #31, #33, and #36 with no open date or open expiration date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Merrimack County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 325 Daniel Webster Highway Boscawen, NH 03303	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 2/26/25 at approximately 9:35 a.m. with Staff D confirmed the above findings.</p> <p>Review on 2/26/25 of Resident #31's medical record revealed and order for Artificial Tears Ophthalmic Solution 1.4% instill one drop in both eyes three times per day with a start date of 12/21/24.</p> <p>Review on 2/26/27 of Resident #33's medical record revealed and order for Artificial Tears 1% drops solution instill one drop in both eyes two times per day with a start date of 8/17/22.</p> <p>Review on 2/26/25 of Resident #36's medical record revealed an order for Refresh Tears solution instill one drop in both eyes in the morning with a start date of 12/31/22.</p> <p>Review on 2/27/25 of manufacturers' instructions for Refresh Tears, Revised: 6/2022, revealed . Other Information Discard 90 days after opening .</p> <p>Review on 2/27/25 of facility policy titled, Medication Storage In the Facility, dated May 2018, revealed . Expiration Dating (Beyond-use dating) . G. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Merrimack County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 325 Daniel Webster Highway Boscawen, NH 03303	
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 record review, it was determined that the facility failed to follow policies and procedures for Enhanced Barrier Precautions (EBP) for 1 of 2 residents reviewed for indwelling catheters in a final sample of 35 residents (Resident Identifier is #225).</p> <p>Findings include:</p> <p>Review on 2/26/25 of Resident #225's physician orders revealed an order for suprapubic catheter, dated 5/28/24.</p> <p>Observation on 2/26/25 at approximately 10:10 a.m. of Resident #225's room revealed that Resident #225 that there was no signage at door for EBP or available Personal Protective Equipment (PPE) for use.</p> <p>Interview on 2/27/25 at approximately 2:30 p.m. with Staff G (Infection Preventionist) confirmed that Resident #225 was not on EBP.</p> <p>Interview on 2/28/25 at approximately 11:15 a.m. with Staff H (Licensed Nursing Assistant) revealed that Staff H had not followed EBP during care for Resident #225.</p> <p>Interview on 2/28/25 at approximately 11:17 a.m. with Staff I (Licensed Practical Nurse) confirmed that Resident #225 had a catheter.</p> <p>Review on 2/28/25 of Facility policy titled Enhanced Barrier Precautions, dated 7/2024, revealed .Policy Interpretation and Implementation .Requirements for EBP .1. Enhanced barrier precautions will be applied to facility residents with the following criteria: .c) Who have an indwelling medical device. (Devices include urinary catheters, .)</p>		