

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Epsom Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Suncook Valley Highway Epsom, NH 03234	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to follow the seven rights of medication administration for 2 of 5 residents observed for medication administration. (Resident identifiers are #6 and #37).</p> <p>Findings include:</p> <p>Standards:</p> <p>[NAME], [NAME] A., and [NAME]. Fundamentals of Nursing. 10th ed. St. Louis, Missouri: Mosby Elsevier, 2021.</p> <p>Page 672</p> <p>.seven rights of medication administration include right medication, right dose, right patient, right route, right time, right documentation, and right indication .</p> <p>.Before administering medications, perform physical assessment, which will reveal physical findings for any indications or contraindications for medication therapy .</p> <p>Resident #6</p> <p>Observation on 2/3/25 at approximately 8:25 a.m. with Staff E (Medication Nursing Assistant) during medication administration revealed that Staff E administered 1/2 tablet of Calcium Extra Strength 750 milligram (antacid) (dose administered: 375 mg) for Resident #6.</p> <p>Review on 2/3/25 of Resident #6 active physician's orders revealed an order for chewable Calcium 200 mg 1 tablet by mouth twice a day with a start date of 12/20/24.</p> <p>Interview on 2/3/25 at approximately 8:25 a.m. with Staff E confirmed the above findings.</p> <p>Resident #37</p> <p>Observation on 2/3/25 at approximately 8:45 a.m. with Staff F (Licensed Practical Nurse) during medication administration observation revealed that Staff F placed a pulse oximeter on Resident #37's finger to take his/her pulse. Further observation revealed that Staff F did not utilized their stethoscope to take an apical pulse via the chest.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 2/3/25 of Resident #37's active physician's orders revealed an order for Metoprolol Succinate 100 mg extended release with instructions to hold the medication for an apical pulse less than 60.</p> <p>Interview on 2/3/25 at approximately 8:55 a.m. with Staff F confirmed that they did not check Resident #37's apical pulse.</p> <p>Review on 2/3/25 of the facility's policy titled Apical Pulse Monitoring, dated 9/1/22, revealed The purpose of this procedure is to determine the resident's heart rate and rhythm .Steps in the Procedure .5. Locate the apex of the resident's heart by placing the diaphragm of the stethoscope under the resident's left breast (at the fourth to fifth intercostal space). 6. Count the resident's pulse rate for one full minute (60 seconds) .</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and policy review, it was determined that the facility failed to develop and implement a water management program to prevent the growth of waterborne pathogens in their building with a census of 102 residents.</p> <p>Findings include:</p> <p>Review on 2/3/25 of the facility's water management program, not dated, revealed the following:</p> <ol style="list-style-type: none"> 1. There was no detailed description and/or diagram of the facility's water system; 2. There was no identification of areas in the water system where legionella and other opportunistic pathogens could grow and spread; 3. Legionella testing was to be done January 2024 and June 2024. Legionella testing was done on January 2024 and there was no second Legionella testing performed in 2024; 4. There was no control measures for areas identified in the facility's water system where legionella and other opportunistic pathogens could grow and spread besides Legionella testing; 5. There was no procedure of monitoring of control measures; and 6. There was no procedure to intervene when control limits are not met. <p>Interview on 2/3/25 at approximately 1:00 p.m. with Staff C (Director of Maintenance and Environmental Services) confirmed the above findings. Further interview with Staff C revealed that Staff C oversees the water management program at the facility. Staff C was unable to describe detailed description of the facility's water system and he/she was unable to identify areas in the facility's water system that could encourage growth and spread of legionella and other opportunistic pathogens. Staff C also stated Staff C did not know when the water management program had been updated.</p> <p>Interview on 2/3/25 at approximately 2:30 p.m. with Staff B (Director of Nursing) and Staff D (Infection Preventionist) revealed that they started working at the facility November 2024. Staff B and Staff D stated that they reviewed the water management program last December 2024. Staff B and Staff D was unable to explain the facility's water management program that included measures to minimize the risk of Legionella and other opportunistic pathogens as mentioned in the facility's legionella water management program.</p> <p>Interview on 2/3/25 at approximately 3:20 p.m. with Staff A (Administrator) revealed that they reviewed the facility's water management program last December 2024. Staff A was unable to explain the facility's water management program that included measures to minimize the risk of Legionella and other opportunistic pathogens as mentioned in the facility's legionella water management program.</p>