

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2025
NAME OF PROVIDER OR SUPPLIER  Cedar Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  188 Jones Avenue Portsmouth, NH 03801	

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 0756  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the facility acted upon provider approved recommendations that were identified by the pharmacist during the monthly Pharmacy Medication Regimen Review for 1 of 5 residents reviewed for unnecessary medications in a final sample of 18 residents. (Resident Identifier is #61).</p> <p>Findings include:</p> <p>Review on 6/25/25 of Resident #61's Pharmacy Review dated 3/13/25 revealed a recommendation to the physician/prescriber to Please consider ordering a serum Vitamin D 25-OH level (25-hydroxyvitamin D). Further review revealed that Yes, order a serum Vitamin D 25-OH level was checked in the affirmative and signed/dated by Staff A (Advanced Practice Registered Nurse) on 3/19/25.</p> <p>Review on 6/25/25 of Resident #61's medical record revealed there was no documentation that the above test had been completed.</p> <p>Interview on 6/25/25 at 2:20 p.m. with Staff B (Unit Manager) confirmed the above test was not completed.</p> <p>Interview on 6/25/25 at 2:58 p.m. with Staff A revealed that he/she had agreed to the above pharmacy recommendation and was not aware that it had not been done.</p> <p>Review on 6/25/25 of the facility's policy titled Medication Regimen Review revised on 4/10/25 revealed, . 1. Medication Regimen Review (MRR), or Drug Regimen Review, is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication . 7 .f. Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 305082	If continuation sheet Page 1 of 1