STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to ensure that resident's advance directives were accurately reflected for 3 residents in a final sample of 32 residents. (Resident identifiers are #18, #70 and #92.)Findings include:Interview on [DATE] with Staff E (Regional Clinical Nurse) revealed that the facility places a green dot on the spine of paper charts to indicate a Full Code status (meaning perform CPR (Cardiopulmonary resuscitation)). Resident #70 Review on [DATE] of Resident #70's electronic medical record revealed a resident demographic banner that indicated a code status of Full Code. Further review revealed a physician's order dated [DATE] for a Full Code. Review on [DATE] of Resident #70's paper chart revealed there was a green dot on the outside spine of the book. Further review revealed a green Full Code sheet and a Portable Do Not Attempt Resuscitation (P-DNR) Order form that was signed and dated by the provider on [DATE]. Review on [DATE] of Resident #70's care plan revealed that the Resident had a code status of Full Code dated [DATE]. Further review revealed this care plan had a goal with a target date of [DATE] that the resident and/or representative will make healthcare decisions known and will be updated in any change of status. Interview on [DATE] at 12:51 p.m. with Staff A (Registered Nurse) confirmed the above and revealed that based on the electronic record he/she would perform CPR on the resident. Interview on [DATE] at 2:28 p.m. with Staff F (Unit Manager) confirmed that Resident #70's code status was DNR and that the physician's order wasn't updated. Resident #18 Review on [DATE] of Resident #18's electronic medical record revealed a physician's order, dated [DATE], for a DNR. Further review revealed a resident demographic banner, at the top of the screen, that indicated a code status of DNR. Review on [DATE] of Resident #18's care plan revealed that the Resident had a code status of Full Code dated [DATE]. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on [DATE] at 12:00 p.m. with Staff I (Licensed Practical Nurse) confirmed the above findings for Resident #18. Resident #92 Review on [DATE] of Resident #92's electronic medical record revealed a physician's order, dated [DATE], for a DNR. Further review revealed a resident banner, at the top of the screen, that indicated a code status of DNR. Review on [DATE] of Resident #92's care plan revealed that Resident #92 had a code status of Full Code dated [DATE]. Interview on [DATE] at 12:00 p.m. with Staff I confirmed the above findings for Resident #92. Review on [DATE] of the facility's policy titled Resident's Rights Regarding Treatment and Advance Directives revised on [DATE] revealed, .It is the policy of the facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate and advance directive . 9. Any decision making regarding the resident's choices will be documented in the resident's medical record and communicated to the interdisciplinary team and staff responsible for the resident's care .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on interview and record review, it was determined that the facility failed to complete a Preadmission Screening and Resident Review (PASARR) for individuals who required greater than 30 days of facilities services for 2 of 3 residents reviewed for PASARR in a final survey sample of 24. (Resident identifiers are #20 and #48.)Findings include:Resident #48 Review on 12/15/25 of Resident #48's medical record revealed an admission date of 1/10/25 and a diagnosis of Traumatic Brain Injury. Review on 12/15/25 of Resident #48's PASARR Level 1 screen form, dated 1/8/25, revealed Section 6. Exemption/Exclusion, Hospital Discharge Exemption was signed by a provider on 1/24/25. Further review of this section revealed .If the NF [Nursing Facility] stay is 30 days or longer, a new PASARR screen and resident review must be performed with in 40 calendar days of admission . Interview on 12/17/25 at approximately 8:23 a.m. with Staff J (Social Services) confirmed that Resident #48 had remained at the nursing facility past 30 days and a PASARR Level 1 screen had not been done within 40 calendar days of admission. Resident #20 Review on 12/17/25 of Resident #20's was admitted to the facility 1/24/25 with a diagnosis of unspecific psychosis not due to a substance or known physiological condition. A new diagnosis of Mild Dementia, with mood disturbance was added to Resident #20's diagnosis list on 4/16/25. Review on 12/17/25 of Resident #20's PASARR Level I screen form dated 1/24/25 revealed under Section 2A: Suspected Diagnosis of Mental Illness was checked no, Section 3A: Screening for Intellectual Disability/Developmental Disability (ID/DD) was checked no, Section 4A: Screening for related Condition (RC) was checked no, and Section 5 Undiagnosed Condition was checked no. Further review of this form revealed hospital discharge was not checked and signed by a physician on 1/24/25 certifying that Resident #20 would require less than 30 days of nursing facility services. Further review revealed a note .Note: If the [nursing facility name omitted] stay is 30 days or longer, a new [PASARR] screen and resident review must be performed within 40 calendar days of admission. Interview on 12/17/25 at 2:00 p.m. with Staff D (Administrator) confirmed that Resident #20 did not have a Level I PASARR completed within 40 days of admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to follow physician's orders for 1 of 3 closed records reviewed. (Resident identifier is #119.)Findings include:Standard: [NAME], [NAME] A., and [NAME]. Fundamentals of Nursing. 10th edition St. Louis, Missouri: Elsevier, 2021. Page 614 .It is essential to verify the accuracy of every medication you give to your patients with the patient's order. If the medication order is incomplete, incorrect, or inappropriate, or if there is a discrepancy between the original order and the information on the MAR [Medication Administration Record]. consult with the health care provider. Do not give a medication until you are certain that you can follow the seven rights of medication administration . Page 672 .seven rights of medication administration include right medication, right dose, right patient, right route, right time, right documentation and right indication .Review on 12/16/25 of Resident #119's physician orders, revealed the following insulin orders:Insulin Lispro to inject per sliding scale: if 71-150=0 units; 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-999=10 units Notify Provider if CBG [capillary blood glucose] over 351 with an order date of 11/18/25;Insulin Lispro to inject 15 units at 4:30 p.m. with an order date of 11/26/25.Review on 12/16/25 of Resident #119's November 2025 Medication Administration Record (MAR) revealed the following insulin administrations on 11/30/25:Insulin Lispro (sliding scale) 10 units were given at 11:30 a.m. for a CBG of 363 by Staff L (Licensed Practical Nurse (LPN)), Insulin Lispro 15 units scheduled for 4:30 p.m. was documented held (not administered) by Staff L;Insulin Lispro (sliding scale) 0 unit was given at 4:30 p.m. for a BS (blood sugar) of 121 by Staff L, and Insulin Lispro (sliding scale) 10 units were given at 9:00 p.m. for BS of 469 by Staff B (LPN). Review on 12/16/25 of Resident #119's progress notes revealed the following:On 11/30/25, at 5:31 p.m., written by Staff L, Insulin Lispro 15 units held per nursing judgement for CBG of 80 and none of meal consumed. On 11/30/25, at 7:46 p.m. written by Staff L, pt [patient] drowsy this shift and spends majority of day resting in bed, refused any lunch or substitute offered. CBG's vary from hi [high] end of normal to 60 when most recently checked. pt alert and verbal and willing to drink a cup of milk but again refuses any food. oncoming sure aware wand [sic] will monitor CBG's closely. provider book updated with request to assess. Further review of Resident #119's progress notes revealed no other documentation regarding physician notification of Resident #119's CBG over 351 per Insulin Lispro (sliding scale) order, not administering the Insulin Lispro 15 units at 4:30 p.m., and monitoring of Resident #119's CBG. Interview on 12/16/25 at approximately 10:30 a.m. with Staff B confirmed that they gave Resident #119 10 units of Insulin Lispro (sliding scale) on 11/30/25 at 9:00 p.m. and did not notify a provider. Review on 12/17/25 of the provider communication book with Staff F (Unit Manager) revealed no entries for Resident #119's CBGs on 11/30/25.Interview on 12/17/25 at approximately 8:52 a.m. with Staff F confirmed the above mentioned progress note for holding the 4:30 p.m. scheduled Insulin Lispro 15 units on 11/30/25, there were no notes for the provider of Resident #119's CBGs on 11/30/25 in the provider communication book, and the Insulin Lispro (sliding scale) order indicated to notify the provider for a CBG above 351. Staff F stated that the provider communication book was for issues that do not require immediate attention. Review on 12/17/25 of facility's policy titled Medication Administration, revised on 4/9/25, revealed .17. Administer medications as ordered .22. Report and document any adverse side effects, refusals or holding of medications .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to provide Cardiopulmonary Resuscitation (CPR) in accordance with the American Heart Association (AHA) guidelines and/or the facility's policy for 1 of 3 closed records reviewed. (Resident identifier is #119.)Findings include:Review on [DATE] of Resident #119's progress notes revealed the following nurse's note dated [DATE] at 6:43 a.m., written by Staff A (Registered Nurse), This writer told by 11-7 nurse [Staff B, Licensed Practical Nurse] that resident had passed away and needed to be pronounced. This writer found no bp [blood pressure], no apical [apical pulse], no respirations present, pupils fixed. Pronounced by this writer at 0640 [6:40 a.m.]. A nurse's note dated, [DATE] at 7:08 a.m., written by Staff A, revealed Immediately after pronouncing this writer learned resident full code CPR initiated,911 called. Further review of nursing progress notes revealed no notes from Staff B about Resident #119 passing away. Review on [DATE] of Resident #119's physician orders revealed an order, dated [DATE], for a full code, indicating Cardiopulmonary Resuscitation (CPR) is to be initiated in the event their heart or breathing stops.Interview on [DATE] at approximately 11:50 a.m. with Staff A revealed that on the morning of [DATE] they arrived at work around 6:30 a.m. Staff A was informed by Staff B that Resident #119 had passed away and needed to be pronounced. Staff A stated that while writing the pronouncement note in Resident #119's medical record they realized they were a full code. During a second interview on [DATE] at approximately 10:50 a.m., Staff A revealed that when they went to pronounce Resident #119, they found them with no vital signs and fixed pupils. Staff A stated Resident #119 did not have rigidity noted on their assessment.Interview on [DATE] at approximately 10:30 a.m. with Staff B revealed that on [DATE] they entered Resident #119's room to administer their morning medication between 5:00 a.m. and 5:30 a.m. Staff B observed that Resident #119 was not responsive, had no vital signs and was cold to touch and stiff. Staff B stated they went to the chart to check Resident #119's code status and noted they were a full code. Staff B proceeded to do an internet search to see when not to start CPR on someone. Staff B stated that after the internet search they called the on-call nurse, Staff C (Assistant Director of Nursing), to inform them that Resident #119 had passed away and needed to be pronounced. Interview on [DATE] at approximately 10:40 a.m. with Staff C revealed that they were the registered nurse on call for [DATE]. Staff C stated that on [DATE] they received a call from Staff B early in the morning informing them that Resident #119 had passed away and needed to be pronounced. Staff C stated they were not aware that Resident #119 was a full code at the time of the call.Review on [DATE] of facility policy titled Cardiopulmonary Resuscitation (CPR), revised on [DATE], revealed .1. The facility will follow current American Heart Association (AHA) guidelines regarding CPR. 2. If a resident experiences a cardiac arrest, facility staff will provide basic life support, including CPR, prior to the arrival of emergency medical services, and: a. In accordance with the resident's advanced directive. B. In the absence of advanced directives or a Do Not Resuscitate order; and c. If the resident does not show obvious signs of clinical death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition).Review on [DATE] of the American Heart Association Journals: Circulation, [DATE], Volume 122. Number 18 supply 3, retrieved from https://doi.org/10.1161/CIRCULATIONAHA.110.970905 Part 3: Ethics: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, Withholding and Withdrawing CPR (Termination of Resuscitative Efforts) Related to Out-of Hospital Cardiac Arrest (OHCA), Criteria for Not Starting CPR in All OHCA revealed the following: .Basic life support (BLS) training urges all potential rescuers to immediately begin (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	CPR without seeking consent, because any delay in care dramatically decreases the chances of survival. While the general rule is to provide emergency treatment to a victim of cardiac arrest, there are a few exceptions where withholding CPR might be appropriate, as follows: Situations where attempts to perform CPR would place the rescuer at risk of serious injury or mortal peril; Obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition); A valid, signed, and dated advance directive indicating that resuscitation is not desired, or a valid, signed, and dated DNR order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and record review, it was determined that the facility failed to store medications securely in accordance with professional standards for 1 of 2 units observed.Findings include:Observation on 12/15/25 at approximately 8:00 a.m. of the first floor nurses' station revealed the following medication cards laying on the counter for Resident #119:Diltiazem HCl Coated Beads 240 Milligrams (MG) with 6 capsules remaining.Eliquis Oral Tablet 5 MG with 14 tablets remaining.Lasix Oral Tablet 40 MG with 8 tablets remaining.Lasix Oral Tablet 40 MG with 1 tablet remaining.Lasix Oral Tablet 20 MG with 12 tablets remaining.Letrozole Oral tablets 2.5 MG with 6 tablets remaining.Pantoprazole Sodium Oral Tablet Delayed Release 40 MG with 6 capsules remaining.Potassium Chloride Extended Release Tablet 20 Milliequivalent (MEQ) with 13 tablets remaining.Potassium Chloride Extended Release Tablet 20 Milliequivalent (MEQ) with 12 tablets remaining.Sotalol HCl Oral Tablet 120 MG with 18 tablets remaining.Further observation revealed the following the nurses' station entrance did not have a door and was open to the adjacent common area where residents were sitting. There were no staff in or near the nurses' station. Review on 12/15/25 of the facility's policy titled Medication Storage, revised 4/9/23 revealed, .1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, drawers, refrigerators, medication rooms) under proper temperature controls. b. Only authorized personnel will have access to the keys to locked compartments.Interview on 12/15/25 at approximately 8:10 a.m. with Staff I (Licensed Practical Nurse) confirmed the above findings and that all medications should be locked in a medication cart or in the medication room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, it was determined that the facility failed to implement infection control policies and standards for 1 of 1 resident reviewed for Transmission Based Precautions (TBP) and 1 of 1 resident reviewed for catheters. (Resident identifier are #2 and #114.)Findings include:Resident #114Observation on 12/15/25 at 9:57 a.m. at the 300's hallway revealed that Resident #114 had a contact precaution sign posted outside of the door.Interview on 12/15/25 at 9:57 a.m. with Staff H (Registered Nurse (RN)) revealed that Resident #114 was on contact precaution for a Clostridium Difficile (C-diff) infection. Review on 12/15/25 of Resident #114's care plan revealed a contact precautions for C-diff infection care plan, dated 12/15/25, with the following interventions: Place resident in a private room with contact precautions. Care equipment should be appropriately cleaned, disinfected or sterilized according to facility protocol. Further review revealed a C-diff infection care plan, dated 12/15/25, with an intervention to disinfect all equipment used before it leaves the room. Observation on 12/16/25 at approximately 8:30 a.m. in Resident #114's room revealed that Staff G (RN) was wearing personal protective equipment (PPE), including a protective gown and gloves, while performing a fingerstick blood glucose (FSBG) test on Resident #114 using a glucometer. Staff G exited the room wearing the protective gown and gloves while carrying a tray containing the glucometer and Resident #114's inhaler. Further observation revealed that Staff G disinfected the glucometer at the medication cart in the 300's hallway using a Super Sani-Cloth Germicidal Wipe and stored it in the medication cart. Resident #114's inhaler was stored in the medication cart without being disinfected.Interview on 12/16/25 at approximately 8:38 a.m. with Staff G confirmed the above observation. Staff G stated that he/she was in Resident #114's room to perform an FSBG test and administer Resident #114's inhaler.Review on 12/16/25 at approximately 1:45 p.m. with Staff C (Infection Preventionist) of the manufacturer's instructions for the Super Sani-Cloth Germicidal Wipe revealed that the product did not indicate efficacy against C-diff (meaning it does not disinfect against C-diff). Review on 12/16/25 of the facility's policy titled, Transmission-Based (Isolation) Precautions, review date of 6/4/24, revealed .Initiation of Transmission-Based Precautions (Isolation Precautions) .use disposable or dedicated noncritical resident-care equipment (e.g., blood pressure cuff, bedside commode). If sharing noncritical equipment between residents, the equipment will be cleaned and disinfected following manufacturer's instructions with an EPA [Environmental Protection Agency]-registered disinfectant after use.Review on 12/16/25 of the CDC website titled, Guidelines for Environmental Infection Control in Health-Care Facilities, update date of 7/2019, revealed .Environmental Services .Cleaning of Medical Equipment Manufacturers of medical equipment should provide care and maintenance instructions specific to their equipment. These instructions should include information about a. the equipments' compatibility with chemical germicides, b. whether the equipment is water-resistant or can be safely immersed for cleaning, and c. how the equipment should be decontaminated if servicing is required. In the absence of manufacturers' instructions, non-critical medical equipment (e.g., stethoscopes, blood pressure cuffs, dialysis machines, and equipment knobs and controls) usually only require cleansing followed by low- to intermediate-level disinfection, depending on the nature and degree of contamination .Special Pathogen Concerns .b. Clostridium difficile .The recommended approach to environmental infection control with respect to C. difficile is meticulous cleaning followed by disinfection using EPA-registered products specific for inactivating C. difficile spores as appropirate [sic]. Thus, combined use of appropriate hand hygiene, barrier precautions, and meticulous environmental cleaning, and use of an EPA-registered product that is appropriate for the level of risk, should effectively prevent spread of the organism .Review on 12/16/25 of the CDC website titled, Guideline (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305086	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Nursing & Rehabilitation Center	480 Donald Street Bedford, NH 03110

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 - Minimal harm or potential for actual harm Residents Affected - Few	for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007), update date of 9/2024, revealed .Contact Precautions .Patient-care equipment and instruments/devices .In acute care hospitals and long-term care and other residential settings, use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean, and disinfect such equipment before use on another patient .Resident #2Observation on 12/15/25 at 9:29 a.m., 10:04 a.m., and 2:50 p.m. in Resident #2's room revealed that Resident #2's urinary drainage bag, filled with yellow, urine-like fluid, was resting on the floor. Review on 12/15/25 of Resident #2's medical record revealed that Resident #2 has an indwelling urinary catheter for a medical diagnosis of obstructive and reflux uropathy. Observation on 12/16/25 at 9:21 a.m. with Staff G revealed that Resident #2's urinary drainage bag was resting on the floor.Interview on 12/16/25 at approximately 9:21 a.m. with Staff G confirmed the above observation on 12/16/25. Interview on 12/17/25 at approximately 10:30 a.m. with Staff C revealed that urinary drainage bag should not be on the floor. Review on 12/17/25 of the facility's policy titled, Indwelling Catheter Use and Removal, review date of 11/27/23, revealed .If an indwelling catheter is in use, the facility will provide appropriate care in accordance with current professional standards of practice and resident care policies.References:.Healthcare Infection Control Practices Advisory Committee. Guideline for Prevention of Catheter-Associated Urinary Tract Infections (2009) .Review on 12/17/25 of the CDC website titled, Guideline for Prevention of Catheter-Associated Urinary Tract Infections (2009), dated 3/25/24, retrieved from: https://www.cdc.gov/infection-control/hcp/cauti/summary-of-recommendations.html, revealed .III. Proper Techniques for Urinary Catheter Maintenance.Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor.