

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Langdon Place of Dover		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Middle Road Dover, NH 03820	

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 - Few</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 and interview, it was determined that the facility failed to follow professional principles for the storage of medications for 1 of 2 medication carts observed.</p> <p>Findings include:</p> <p>Observation on 2/6/25 at 12:03 p.m. of the high side medication cart in a common area was left unlocked and unattended. Further observation revealed that there were two residents in the area of the medication cart.</p> <p>Interview on 2/6/25 at 12:08 p.m. with Staff C (Clinical Corporate Nurse) confirmed the above findings. Staff C stated it was the facility policy to lock the medication cart when not attended by nursing staff.</p> <p>Review on 2/10/25 of the facility's policy titled Medication Storage, not dated, revealed the following .Policy Explanation and Compliance Guidelines 1. General Guidelines: a. All drugs and biological's will be stored in locked compartments (i.e., Medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperatures controls. b. Only authorized personnel will have access to the keys to locked compartments. c. During medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart .</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:  305089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Langdon Place of Dover		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Middle Road Dover, NH 03820	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to label and store food in accordance with professional standards for food safety to prevent foodborne illness, to measure the parts per million (PPM) for the low temperature dishwasher to ensure proper sanitization, and to maintain a clean environment for 1 of 1 kitchens observed.</p> <p>Findings include:</p> <p>Interview on 2/5/25 at approximately 8:25 a.m. with Staff J (Food Services Manager) revealed that the facility utilized a low temperature chemical sanitizing dishwasher. Staff J stated they don't perform PPM testing as long as the temperatures were within range.</p> <p>Review on 2/5/25 of the Monthly Dish Machine Logs for January 2025 and February 2025 revealed that the PPM testing was not documented. The Machine Dish Log had spaced to record PPM testing 3 times a day. The Machine Dish Log contained the following statement: If temperatures or chemical concentration does not meet parameters, stop washing and alert a manager or designee.</p> <p>Review on 2/5/25 of the Product Specification Document copyright 2023 Ecolab USA Inc. revealed .Use a chlorine test kit and increase dosage, as necessary, to obtain the required level of available chlorine Set sanitizer concentrations at 50 parts per million. (Notice: Do not exceed 100 PPM's) .</p> <p>Interview on 2/6/25 at approximately 8:10 a.m. with Staff H (Regional Dietary Manager) confirmed the above findings.</p> <p>Observation on 2/5/25 at approximately 8:20 a.m. in the kitchen revealed the presence of dried cooked eggs, egg shells, pasta, and food debris on the floor in the food preparation area.</p> <p>Observation on 2/5/25 at approximately 8:25 a.m. in the walk-in refrigerator revealed a purple dried substance under the shelving. There were sdried onion skins and other miscellaneous unidentified debris.</p> <p>Interview on 2/5/25 at approximately 8:26 a.m. with Staff I (Cook) confirmed the above findings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Langdon Place of Dover		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Middle Road Dover, NH 03820	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and policy review, it was determined that the facility failed to implement a water management program for the prevention of waterborne pathogens for a facility with a census of 24 residents.</p> <p>Findings include:</p> <p>Review on 2/6/25 of the facility's policy, Legionella Water Management, dated 2016, revealed the following:</p> <p>.III. Areas Where Legionella Could Grow and Spread:</p> <p>Everywhere the water temp is between 77 and 108. Which is between the mixing valve and the end use.</p> <p>Unoccupied rooms and apartments, more than 7 days,</p> <p>Storage tanks .</p> <p>.IV. Control Measures and Monitoring:</p> <p>Assure re-circulator pumps are working each week.</p> <p>Know where the unoccupied room and apartments are located.</p> <p>Do not use the water downstream of a plumbing repair.</p> <p>Take the water storage tank temperatures weekly .</p> <p>.V. Ways to Intervene When Control Limits Are Not Met:</p> <p>If re-circulation pumps fail, fix within 24 hours.</p> <p>Run the hot water in rooms and apartments that are unoccupied for more than 7 days.</p> <p>If water storage tank temps fall below 120 degrees, make adjustments .</p> <p>Review on 2/6/24 of the facility's list of unoccupied rooms for more than 6 days from October 1, 2024 to February 6, 2025 revealed the following:</p> <p>room [ROOM NUMBER] was unoccupied on 11/1/2024 until 11/10/2024;</p> <p>room [ROOM NUMBER] was unoccupied on 12/1/2024 until 12/12/2024;</p> <p>room [ROOM NUMBER] was unoccupied on 12/11/2024 until 12/27/2024;</p> <p>room [ROOM NUMBER] was unoccupied on 10/5/2024 until 10/19/2024;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Langdon Place of Dover		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Middle Road Dover, NH 03820	

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 - Some</p>	<p>room [ROOM NUMBER] was unoccupied on 10/11/2024 until 1/6/2025.</p> <p>Interview on 2/6/25 at 11:39 a.m. with Staff K (Director of Maintenance) revealed the hot water was not run in room [ROOM NUMBER], 502, 508, 513, and 514 when the above rooms were unoccupied for more than 7 days. Interview further revealed that the facility was not taking weekly temperatures at the storage tank.</p>