| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 305092 | A. Building<br>B. Wing | 08/06/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hillsboro House Nursing Home | Po Box 400 67 School Street<br>Hillsboro, NH 03244 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>Based on observation, interview, and record review, it was determined that the facility failed follow currently accepted professional principles for labeling and/or storing drugs and biologicals in 1 of 1 medication rooms and 1 of 1 medication carts observed. (Resident identifiers are #7 and #2.)Findings include:Observation on 8/5/25 at approximately 8:15 a.m. of the facility medication cart revealed two unlabeled medication cups in the top draw. One medication cup had medications crushed in pudding and the other medication cup had whole pills in it. Interview on 8/5/25 at approximately 8:15 a.m. with Staff A (Licensed Practical Nurse) revealed the medication cup with whole pills in it was Resident #7's morning medications and the medication cup with crushed pills in it was Resident #2's morning medications. Further interview confirmed that neither medication cup was labeled with a resident identifier or what it contained.Observation on 8/5/25 at approximately 8:30 a.m. of the facility medication room refrigerator revealed an opened and undated vial of Tuberculin solution. Interview on 8/5/25 at approximately 8:30 a.m. with Staff A confirmed the above findings.Review on 8/6/25 of the facility policy titled, Labeling and Dating of Multi-Dose Vials in Long-Term Care, Undated revealed: . 1. Labeling Upon First Use, Upon first access (puncture) of a multi-dose vial, staff must immediately label the vial with: Date opened, Discard date . Review on 8/6/25 of the manufacturer's' instructions for Tuberculin Purified Protein Derivative, Tubersol, undated, revealed . A vial of Tubersol which has been entered and in use for 30 days should be discarded . Review on 8/6/25 of the facility policy titled, Preparation of Medications in Long-Term Care, Revision Date 2008 revealed: . 4. One Resident at a Time Rule, Only prepare medications for one resident at a time to prevent cross-contamination and medication errors. |

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 |
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| | 305092 | A. Building<br>B. Wing | 08/06/2025 |

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| Hillsboro House Nursing Home | Po Box 400 67 School Street<br>Hillsboro, NH 03244 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation, interview, and record review, it was determined that the facility failed to implement policies and procedures for infection control during medication administration. (Resident identifiers are #12, #20, #25 and #4.)Findings include:Observation on 8/5/25 at from approximately 8:45 a.m. until 9:05 a.m. with Staff A (Licensed Practical Nurse) during medication administration revealed the following: At approximately 8:45 a.m., Staff A prepared and administered medications to Resident #12. Staff A did not perform hand hygiene before or after Resident #12's medication administration. At approximately 8:50 a.m., Staff A prepared and administered medications to Resident #20. Staff A did not perform hand hygiene before or after Resident #20's medication administration. Immediately following, Staff A assisted Resident #25 with positioning in his/her wheelchair. Staff A did not perform hand hygiene before or after assisting Resident #25 with positioning in his/her wheelchair. At approximately 8:55 a.m., Staff A took Resident #4's breakfast tray from the kitchen to his/her room and assisted Resident #4 with their meal set up and bed positioning. Staff A did not perform hand hygiene before or after setting up Resident #4's breakfast tray and bed positioning. At approximately 8:55 a.m., Staff A prepared and administered medications to Resident #25. Staff A did not perform hand hygiene before or after Resident #25's medication administration. Interview on 8/5/25 at approximately 9:10 a.m. with Staff A confirmed the above findings. Review on 8/6/25 of the facility policy titled, Infection Control During Medication Administration, Revision Date 2020, revealed . 1. A. When to Perform Hand Hygiene: Before preparing or administering any medication . Before accessing a medication cart or entering a resident's room, After direct contact with the resident, their immediate environment, . Between residents . |