

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Woodlawn Healthcare Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  84 Pine Street Newport, NH 03773	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the resident and/or resident representative was informed of the Skilled Nursing Facility (SNF) Advance Beneficiary Notice (ABN) for 1 of 3 residents reviewed for beneficiary notices (Resident identifier is #148.)</p> <p>Findings include:</p> <p>Review on 1/14/25 of the Beneficiary Notice - Residents discharged Within the Last Six Months form, completed by the facility, revealed that Resident #148 was discharged from Medicare Services on 9/2/24 to home or lesser care.</p> <p>Review on 1/14/25 of Resident #148's SNF Beneficiary Notification Review form revealed that Resident #148 was not provided a Notice of Medicare Non - Coverage (NOMNC) Form CMS - 10123 notice prior to discharge from Medicare Part A services.</p> <p>Interview on 1/14/25 at approximately 11:10 a.m. with Staff A (Business Office Manager) confirmed the above findings.</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:  305097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Woodlawn Healthcare Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  84 Pine Street Newport, NH 03773	
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 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the activities program was directed by a qualified professional for a facility census of 44 residents.</p> <p>Findings include:</p> <p>Interview on 1/13/24 at approximately 8:30 a.m. with Staff C (Activities Director) revealed that he/she started working at the facility as the Activities Director in April 2024.</p> <p>Interview on 1/14/24 at approximately 2:40 p.m. with Staff B (Administrator) confirmed Staff C had not completed a certification as a therapeutic recreation specialist and did not have 2 years of experience in a social or recreational program.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Woodlawn Healthcare Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  84 Pine Street Newport, NH 03773	
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 - Few</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 properly sanitize dishes according to manufacturer's instructions for a facility census of 44 residents.</p> <p>Findings include:</p> <p>Observation on 1/13/25 at approximately 8:30 a.m. of Staff C (Dietary Manager) run a load of dishes through the dishwasher. Staff C dipped a test strip for the sanitizer into a bucket that was attached to the outside of the dishwasher. Staff C reported a result of 0 PPM (parts per million). Staff C then ran the dishwasher for a second time and tested the fluid in the bucket two more times. Staff C reported results of 0 PPM on both testing strips.</p> <p>Interview on 1/13/25 at approximately 8:30 a.m. with Staff C revealed the manufacturer requires the sanitizer to register on the test strips in a range of 50- 100 PPM's.</p> <p>Observation on 1/13/25 at approximately 8:35 a.m. revealed a sign posted on the wall near the dishwasher. The sign posted was titled, Sanitizer Test Strips. Further review of the sign revealed: .Please notify the Dietary Manager if the results of the Test Strip are not in the 50-100 PPM range .</p> <p>Review on 1/14/25 of the January 2025 Sanitizer PPM Daily Logs, revealed that there were no recorded sanitizer testing on 1/4/25 and 1/11/25 at breakfast.</p> <p>Interview on 1/15/25 at approximately 2:30 p.m. with Staff E (Dietary Aide) confirmed the above findings. Further interview with Staff E revealed that he/she does the PPM testing frequently and follows the same process for testing as Staff C was observed doing on 1/13/25.</p> <p>Review on 1/14/25 of the manufacturers instructions for the Chlorine Sanitizer Test Procedures for Low-Temperature Dishmachines, Dated 2015, revealed: .For conveyor dishmachines: When the rack activates rinse, use proper PPE (Personal Protective Equipment) to collect a rinse sample directly from the rinse nozzle .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Woodlawn Healthcare Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  84 Pine Street Newport, NH 03773	

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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the required committee members attended meetings at least quarterly for 4 of the 4 quarterly meetings reviewed.</p> <p>Findings include:</p> <p>Review on 1/14/25 of the Quality Assurance Improvement QAPI meeting attendance sheets from 2024 revealed the following required members were not in attendance:</p> <p>Quarter 1 - Infection Preventionist</p> <p>Quarter 2 - Infection Preventionist</p> <p>Quarter 3 - Infection Preventionist</p> <p>Quarter 4 - Administrator</p> <p>Interview on 1/14/25 at approximately 1:30 p.m. with Staff B (Administrator) confirmed the above findings.</p> <p>Review on 1/14/25 of the facility's police titled Quality Performance and Performance Improvement (QAPI) Program - Governance and Leadership, revised 10/14/24, revealed .The following individuals serve on the committee: Administrator, or a designee who is in a leadership role, Director of nursing services, Medical director, Infection preventionist .</p>