

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Fairview Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Lowell Road Hudson, NH 03051	

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>Resident #84</p> <p>Interview on 11/13/24 at approximately 9:20 a.m. with Staff E (Nurse Manager) revealed that Resident #84 was on droplet precautions for COVID-19.</p> <p>Observation on 11/14/24 at approximately 8:20 a.m. revealed a droplet precautions sign and a PPE cart with eye protection, protective gowns, gloves, and N95 masks outside Resident #84's door. Further observation revealed that Staff H (LNA) had on N95 mask, donned gown and gloves, and entered Resident #84's room without donning protective eyewear or a face shield, then closed Resident #84's door.</p> <p>Interview on 11/14/24 at approximately 8:40 a.m. with Staff H confirmed that he/she did not don protective eye wear or a face shield before entering Resident #84's room.</p> <p>Review 11/14/24 of Resident #84's medical record revealed that on 11/6/24 Resident #84 tested positive for COVID-19. Further review revealed an active physician order with an order date of 11/6/24 for droplet precautions for COVID-19 through 11/16/24.</p> <p>Interview on 11/15/24 at approximately 9:15 a.m. with Staff D confirmed that staff expectation is to don a protective gown, gloves, N95 mask, including protective eyewear or face shield before entering a COVID-19 positive room.</p> <p>Review on 11/15/24 of the facility's policy titled, Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, revised May 2023, revealed: .Personal Protective Equipment 13. Staff who enter the room of a resident with suspected or confirmed [COVID-19] infection will adhere to standard precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) .</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow Centers for Disease Control and Prevention (CDC) guidelines for the use of appropriate Personal Protective Equipment (PPE) to prevent the spread of infection for 4 of 8 residents on Transmission Based Precautions (TBP) for COVID-19 infection (Resident identifiers are #2, #7, #73, and #84).</p> <p>Findings include:</p> <p>(continued on next page)</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: 305100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Fairview Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Lowell Road Hudson, NH 03051	
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>Review on 11/13/24 of the CDC guidance titled, Infection Control Guidance: SARS-CoV-2, dated June 24, 2004, revealed: .2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection .HCP [Healthcare Personal] who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) .</p> <p>Review on 11/13/24 of the CDC guidance titled, Isolation Precautions Guideline, dated 11/27/23, retrieved from: https://www.cdc.gov/infection-control/hcp/isolation-precautions/summary-recommendations.html, revealed: .IV.B. Personal protective equipment (PPE) .Before leaving the patient ' s room or cubicle, remove and discard PPE</p> <p>Review on 11/13/24 of the CDC guidance titled Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 6/3/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf, revealed: .Doffing (taking off the gear): .6. Remove and discard respirator .</p> <p>Resident #2</p> <p>Observation on 11/13/24 at approximately 12:00 p.m. revealed that Resident #2's room had a droplet precaution sign posted outside of their door and a PPE cart with eye protection, protective gowns, gloves and N95 masks. Staff A (Licensed Medication Nursing Assistant (LMNA)) was observed wearing a KN95 mask and doffing their gown. Further observation revealed that Staff A exited the room without doffing the KN95 mask and proceeded to the nurse's station.</p> <p>Interview on 11/13/24 at approximately 12:00 p.m. with Staff A confirmed the above finding. Staff A stated that Resident #2 was on droplet precautions for testing positive for COVID-19.</p> <p>Interview on 11/13/24 at approximately 12:30 p.m. with Staff B (Director of Nursing) confirmed that Resident #2 had tested positive for COVID-19 on 11/4/24 and was on droplet precautions through 11/14/24. Staff B stated that staff should be wearing an N95 mask and not a KN95 mask when going into a COVID-19 positive room and that staff should be changing their N95 mask when leaving the room as part of the doffing of PPE.</p> <p>Review on 11/13/24 of Resident #2's care plan with initiation date of 11/4/24 revealed that Resident #2 tested positive for COVID-19 infection and had an intervention to maintain droplet precautions from 11/4/24 through 11/14/24.</p> <p>Resident #73</p> <p>Interview on 11/13/24 at approximately 8:30 a.m. with Staff C (Unit Manager (UM)) revealed that Resident #73 was on droplet precautions for COVID-19.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Fairview Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Lowell Road Hudson, NH 03051	
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>Observation on 11/13/24 at approximately 12:10 p.m. revealed that Resident #73's room had a droplet precaution sign posted outside the door and a PPE cart with eye protection, protective gowns, gloves and N95 masks. Observation also revealed that Staff F (LMNA) was setting up Resident #73's meal tray while wearing a KN95 mask, gown, gloves and a face shield in Resident #73's room. Further observation revealed Staff F doffed their gown, face shield and gloves. Observation also revealed that Staff F exited the room without doffing the KN95 mask and then proceeded to the dining room area where COVID-19 negative residents were eating.</p> <p>Interview on 11/13/24 at approximately 12:10 p.m. with Staff F confirmed that he/she did not doff their KN95 mask when leaving Resident #73's room.</p> <p>Review on 11/13/24 of Resident #73's physician's orders revealed that on 11/6/24 Resident #73 was diagnosed with COVID-19 and was on droplet precautions until 11/16/24.</p> <p>Resident #7</p> <p>Interview on 11/13/24 at approximately 8:30 a.m. with Staff C revealed that Resident #7 was on droplet precautions for COVID-19.</p> <p>Observation on 11/13/24 at approximately 12:25 p.m. revealed that Resident #7's room had a droplet precaution sign posted outside the door and a PPE cart with eye protection, protective gowns, gloves and N95 masks. Further observation revealed that Staff I (Licensed Nursing Assistant (LNA)) was in Resident #7's room feeding Resident #7 while wearing a KN95 mask, gown, gloves and a face shield. Further observation revealed that Staff I exited the room without doffing the KN95 mask and then proceeded to the dining room area.</p> <p>Interview on 11/13/24 at 12:25 p.m. with Staff I confirmed that he/she was wearing the KN95 mask and did not doff their KN95 mask when exiting Resident #7's room.</p> <p>Review on 11/13/24 of Resident #7's physician's orders revealed on 11/6/24 that Resident #7 was diagnosed with COVID-19 and was on droplet precautions until 11/16/24.</p> <p>Interview on 11/13/24 at approximately 12:31 p.m. with Staff D (Infection Preventionist) revealed that a N95 mask and not a KN95 mask should be worn while in COVID-19 positive rooms and that the N95 mask should be discarded when exiting the room. Staff D stated that they follow the CDC as a national standard for the facility's infection control program.</p>		