

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>305084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MINERAL SPRINGS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1251 WHITE MOUNTAIN HIGHWAY NORTH CONWAY, NH 03860</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0658  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure services provided by the nursing facility meet professional standards of quality.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review and policy review, it was determined that the facility failed to follow physician orders [REDACTED] #1 and #2.) Findings include: Patricia A. Potter and Anne Griffin Perry, Fundamentals of Nursing, 7th ed. St. Louis, Missouri: Mosby Elsevier, 2009. Page 336-Physicians' Orders The physician is responsible for directing medical treatment. Nurses follow physicians' orders unless they believe the orders are in error or harm clients. Therefore you need to assess all orders, and if you find one to be erroneous or harmful, further clarification from the physician is necessary. Review on 8/19/20 of facility's policy titled, Wound Dressing: Aseptic, revision date 11/01/19, revealed that .gather supplies: .2.6 prepared label with date and initials .23. apply and secure dressing .25. apply prepared label .Document: .30.3 Treatment on Treatment Administration Record (TAR) . Resident #1 Observation on 8/19/20 at approximately 9:30 a.m. with Staff D (Director of Nursing) of Resident #1's left ankle revealed an undated dressing. Further observation revealed that Resident #1 had no compromised area on their right ankle. Interview on 8/19/20 at approximately 9:30 a.m. with Resident #1 revealed that Resident #1 stated that the dressing on their left ankle was put on a couple of days ago. Review on 8/19/20 of Resident #1's physician orders [REDACTED].#1's left ankle. Review on 8/19/20 of Resident #1's Skin Integrity Report (SIR) dated 8/4/20 revealed that Resident #1 had a pressure injury on the left outer ankle. Review on 8/19/20 of Resident #1's MDS (Minimum Data Set) dated 8/18/20 revealed that Resident #1's BIMS (Brief Interview Mental Status) score was 15. A 13-15 BIMS score means intact cognitive response. Interview on 8/19/20 at approximately 9:40 a.m. with Staff D revealed that wound dressings should be initiated and dated. Staff D confirmed that Resident #1 is cognitively intact. Review on 8/19/20 of Resident #1's July 2020 Electronic Treatment Administration Record (ETAR) revealed a physician order [REDACTED].right lateral heel ulcer: cleanse with wound cleanser, pat dry, apply skin prep (allow to dry), apply foam heel cup and wrap with kling ., scheduled for 7a-3p (7:00 a.m.-3:00 p.m.). Further review of Resident #1's July 2020 ETAR for the right lateral heel wound treatment on 7/3/20, 7/5/20, 7/7/20, 7/9/20, 7/12/20, 7/13/20, 7/14/20, 7/20/20, 7/21/20, 7/26/20, 7/27/20, and 7/28/20 had no documentation that wound treatments were done. Review on 8/19/20 of Resident #1's August 2020 ETAR revealed a physician order [REDACTED]. Further review of the August 2020 ETAR for the left ankle wound treatment for 8/5/20, 8/9/20, 8/10/20, 8/11/20, 8/12/20, 8/16/20 and 8/17/20 had no documentation that wound treatments were done. Review on 8/19/20 of Resident #1's nurse's notes revealed no documentation that wound dressings were done on above dates for July 2020 and August 2020. Interview on 8/19/20 at approximately 10:10 a.m. with Staff D confirmed the above findings on Resident #1's ETAR's. Staff D stated that wound treatments would be documented either in the ETAR, physician progress notes [REDACTED].#1's left ankle. Staff E stated that Resident #1 did not need the dressing on the left ankle only skin prep. Resident #2 Review on 8/19/20 of Resident #2's August 2020 ETAR revealed a physician order [REDACTED].buttock ulcer: cleanse with wound cleanser, pat dry, cover with adhesive foam Q2D (every other day) and PRN (as needed) . Further review of Resident #2's August 2020 ETAR revealed that there were scheduled wound dressing for the buttock ulcer on 8/9/20 and 8/11/20 with blank entries. Review on 8/19/20 of Resident #2's nurse's notes revealed that there was no documentation of wound dressing to buttock ulcer having been performed on 8/9/20 and 8/11/20. Interview on 8/19/20 at 9:20 a.m. with Staff G (Licensed Practical Nurse) revealed that Staff F (Licensed Practical Nurse) worked on 8/9/20 and 8/11/20 in the AQU (Admission Quarantine Unit) where Resident #2 resided. Interview on 8/19/20 at 10:00 a.m. with Staff D confirmed the above findings. Staff D stated that if the wound dressing was not documented then the wound dressing was not done. Interview on 8/20/20 at 9:00 a.m. with Staff F revealed that Staff F was unaware that Resident #2 had a wound on their buttock. Staff F was also unaware that Resident #1's had a wound on their left outer ankle.		
F 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review and policy review, it was determined that the facility failed to assess a pressure ulcer weekly for 1 out of 2 residents with pressure ulcers reviewed. (Resident identifier is #1.) Findings include: Review on [DATE] of facility's policy titled, Wound Dressings: Aseptic, dated [DATE], revealed that .Document: .30.2 wound evaluation on Skin Integrity Report (Forms on Demand #GHC-692R); with unanticipated wound decline and or if weekly assessment is due . Review on [DATE] of Resident #1's Skin Integrity Report (SIR) for the right lateral heel pressure injury revealed documentation of wound assessments on [DATE] and [DATE]. Further review of Resident #1's SIR for the right lateral heel pressure injury revealed that the next wound assessment documented after [DATE] date was on [DATE], which is 35 days later from the previous wound assessment. Interview on [DATE] at approximately 9:00 a.m. with Staff D (Director of Nursing) revealed that Staff D stated that wound assessments for pressure ulcers would be documented weekly and under nurse practitioner's notes or the SIR (Skin Integrity Report). Staff D failed to provide Resident #1's weekly wound assessments documentation for the month of [DATE]. Review on [DATE] of Resident #1's SIR dated [DATE] revealed that Resident #1 has a pressure injury at the left outer ankle. Further review of Resident #1's SIR revealed that the left outer ankle pressure injury had wound assessments documented on [DATE] and no wound assessment documentation after [DATE]. Review on [DATE] of Resident #1's nurse practitioner's notes revealed wound assessment documented on [DATE] for the left outer ankle pressure injury. Further review revealed no wound assessment documentation after [DATE]. Interview on [DATE] at approximately 10:10 a.m. with Staff D confirmed the above findings. Review on [DATE] of AHCPR (Agency for Health Care Policy and Research), treatment of [REDACTED].To determine the adequacy of the treatment plan, it is essential to monitor pressure ulcers at consistent intervals. Assessment and documentation should be carried out at least weekly, unless there is evidence of deterioration, in which case both the pressure ulcer and the patient's over all management must be reassessed immediately .		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> Based on observation, interview, and policy review it was determined that the facility failed to follow the Centers for Disease Control and Prevention (CDC) guidelines for universal masking for 1 unit out of 3 units in the facility and at the facility entrance. Findings include: Staff A Observation on 8/19/20 at approximately 8:15 a.m. at the facility entrance screening station revealed Staff A (Dietary Manager) without a face mask. Staff A proceeded through the doors within the facility without a face mask. Interview on 8/19/20 at approximately 8:15 a.m. with Staff B (Administrator) revealed that Staff A should have been wearing a face mask prior to entering the building. Interview on 8/19/20 at approximately 9:30 a.m. with Staff A confirmed that Staff A should have been wearing a face mask prior to entering the building. Staff C Observation on 8/19/20 at approximately 10:25 a.m. on the quarantine unit revealed Staff C (Licensed Nursing Assistant) in the hallway without a mask on. Staff C, was waving their mask in the air in front of their face in a back and forth motion. Interview on 8/19/20 at approximately 10:25 a.m. with Staff C confirmed the above finding and revealed that Staff C had their mask off because it was hot. Review on 8/19/20 of the CDC website titled, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020 (retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> ) revealed the		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p>(continued... from page 1)</p> <p>following: .Core Practices, Implement Source Control Measures, HCP (Health Care Personnel) should wear a facemask at all times while they are in the facility. Further review of the website revealed that the CDC defines HCP as the following: HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, feeding assistants, students, and trainees, contractual HCP not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel.) . Review on 8/21/20 of facility's policy titled, Infection Control Policies and Procedures, with review date 7/8/20 revealed that .3. Implement universal use of facemasks/respirator and eye protection while in the Center .</p>		