

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 305051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER KEENE CENTER, GENESIS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 677 COURT STREET KEENE, NH 03431	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to have evidence that all alleged violations were thoroughly investigated and results of investigations were reported to officials, including to the State Survey Agency, and failed to ensure that if the alleged violation was verified appropriate corrective action was taken for 4 residents out of 4 residents with alleged abuse reviewed. (Resident identifiers are #1, #2, #3 and #4.) Findings include: Resident #1 Review on 8/4/20 of the facility reported incident dated 7/31/20 revealed Resident #1 was videotaped and the video was posted on social media by Staff C (Nurse). The facility found the allegation substantiated and the Staff C was terminated from the facility. Interview on 8/4/20 at approximately 10:30 a.m. with Staff B (Director of Nurses) confirmed above findings. Staff B stated that the incident was not reported by the facility to the local police department or the Board of Nursing (BON). Staff B also stated, We told the agency and the agency stated that they would notify the BON. Resident #3 Review on 8/4/20 of facility's 2020 grievance log revealed that on 1/7/20 Resident #3 overheard derogatory remarks made by a Staff I, Licensed Nursing Assistant (LNA) regarding other residents. Review on 8/4/20 of Resident #3's grievance report dated 1/7/20 revealed that Resident #3 overheard Staff I (LNA) yelling It is my turn to talk to another resident and saying I hate that (omitted derogatory word) man. Further review also revealed no documentation that Resident #3's allegation of abuse was reported to the State Survey Agency and no documentation of corrective action. Interview on 8/4/20 at approximately 11:45 a.m. with Staff B confirmed above findings regarding Resident #3 grievance dated 1/7/20. Staff B also stated that Staff I no longer works in the facility. Resident #4 Review on 8/4/20 of facility's 2020 grievance log revealed that on 2/10/20 Resident #4's family member reported to the facility that Resident #4 told them that Staff H (LPN) was horrible to Resident #4 and their roommate. Review on 8/4/20 of Resident #4's grievance report dated 2/10/20 revealed that Resident #4 wanted to go to bed and was told by Staff H I am not doing that. Resident #4 was afraid to call for Staff H when they are on duty. Review of Resident #4's grievance dated 2/10/20 revealed no documentation that the grievance was reported to the State Survey Agency. Review on 8/4/20 of Staff H's employee file revealed Staff H had no disciplinary action filed for 2020. Interview on 8/4/20 at approximately 11:45 a.m. with Staff B confirmed above findings regarding Resident #4's grievance report dated 2/10/20. Resident #2 Review on 8/4/20 of facility's 2020 grievance log revealed that on 4/8/20 Resident #2 reported to the facility that Resident #2 does not want Staff J (LNA) in Resident #2's room. Review on 8/4/20 of Staff L's (LPN) written statement dated 4/8/20 revealed that Resident #2 reported to Staff L that Staff J was yelling at Resident #2 during care. Further review revealed that Resident #2 heard Staff J also yelling at Resident #4's roommate. Further review of Resident #2's grievance dated 4/8/20 revealed that there were no documentation that the State Survey Agency was notified about Resident #2's alleged verbal abuse. Review on 8/4/20 of Staff J's employee file revealed no disciplinary actions filed. Interview on 8/4/20 at approximately 11:45 a.m. with Staff B confirmed above findings regarding Resident #2's grievance report dated 4/8/20.</p>		
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.