

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>305038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HACKETT HILL HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>191 HACKETT HILL ROAD MANCHESTER, NH 03102</b>	
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 0658  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure services provided by the nursing facility meet professional standards of quality.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, medical record review and policy review, the facility failed to ensure that professional standards were followed for physician orders [REDACTED].#3), for daily weights for 1 resident (Resident #4), and for parameters for blood pressure medications for 1 resident (Resident #1) out of a survey sample of 6 residents. (Resident identifiers are #1, #3 and #4.) Findings include: Professional reference: Potter, Patricia A., 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 . Resident #3 Review on 4/15/20 of Resident #3's physician orders [REDACTED].#3's care plan focus for fluid volume risk: (pronoun omitted) is at risk for fluid volume excess as evidence by cardiac and [MEDICAL CONDITION], non-compliant with fluid restriction Date Initiated: 7/10/2018 .Revision on 3/25/2019 Review on 4/15/20 of Resident #3's care plan focus for dehydration risk: (pronoun omitted) is at risk for dehydration as evidence by taking diuretics, fluid restriction Date Initiated: 6/9/2016, Revision on: 3/25/2019. Interventions: Monitor for signs/symptoms of dehydration .decrease output . Review on 4/15/20 of Resident #3's medical record revealed that there was no documented intake or output. Interview with Staff A (Director of Nurses) and Staff B (Administrator) confirmed that there was no documentation in Resident #3's medical record of intake or output. Review on 7/30/20 of facility's Fluid Restriction policy and procedure, revision date 11/1/19 revealed: .3. Calculate remaining amount of fluids to be provided by nursing. 3.1 Calculate amount allotted for each shift. 4. Monitor fluid intake. Monitor output as ordered .8. Document: 8.1 Intake; 8.2 Output, if ordered Interview on 7/30/20 at approximately 11:30 a.m. with Staff B confirmed above findings for Resident #3. Resident #4 Review on 7/30/20 of Resident #4's medical [DIAGNOSES REDACTED].#4's primary [DIAGNOSES REDACTED]. Review on 7/30/20 of Resident #4's EMAR (Electronic Medical Record) for July 2020 revealed that Resident #4's physician order [REDACTED].# 4's EMAR for July 2020 revealed that there was no weight recorded on 7/7/20. Further Review of Resident #4's EMAR for July 2020 revealed that Resident #4's weight on 7/14/20 was 113.8 pounds (lbs.) and on 7/15/20 Resident #4's weight was 117.8 lbs. which was a 4 lbs. increase from 7/14/20 weight. Review of Resident #4's EMAR for July 2020 also revealed that Resident #4's weight on 7/24/20 was 112.8 lbs. and on 7/25/20 Resident #4's weight was 115.8 lbs. which was 3 lbs. increase from 7/24/20 weight. Review on 7/30/20/ of Resident #4's weight records for July 2020 revealed no weight recorded on 7/7/20. There was no re-weigh records on 7/15/20 and re-weight on 7/25/20 was 115.4 lbs. which was 4.6 lbs. increase from 7/24/20. Review on 7/30/20 of Resident #4's nutrition care plan dated 7/29/20 revealed an intervention to weigh Resident #4 per policy/protocol and alert dietician and physician to any significant loss or gain. Further review of Resident #4's nutrition care plan revealed that there was no weight parameters for when to call the physician. Review on 7/30/20 of Resident #4's dehydration care plan dated 6/23/20 revealed an intervention to monitor Resident #4's weight per protocol and report as indicated. Further review of Resident #4's dehydration care plan revealed that there was no weight parameters for when to call the physician. Review on 7/30/20 of facility policy and procedure titled, NSG244 Weights and Heights, revision date 11/1/19 revealed: .2. Significant Weight Change Management .2.1.1 Significant weight change is defined as: 2.1.1.1 5% in one month. 2.1.1.2 10% in six months There was no indication in the policy and procedure identifying of what a significant weight change was when a resident has an order for [REDACTED]. Staff A was not able to state facility weight protocol or weight parameters on when to call the physician for any changes to daily weights. Resident #1 Review on 4/15/20 of Resident #1's March 2020 and April 2020 EMAR's revealed the following orders: [MEDICATION NAME] HCL ([MEDICATION NAME] Acid) (antihypertensive) Tablet 10 Milligrams (MG), Give 0.5 tablet by mouth every 8 hours for [MEDICAL CONDITION] HOLD SBP (systolic blood pressure) &lt; (less than)80 at 0000 (12:00 a.m.), 0800 (8:00 a.m.) and 1600 (4:00 p.m.) with start date of 3/21/20; [MEDICATION NAME] ([MEDICATION NAME]) Tablet 10 MG, Give 1 tablet by mouth 3 times a day [MEDICAL CONDITION](hypertension) hold for SBP &lt;80 at 0800, 1200, and 2000; start date of 3/21/20. Review on 7/30/20 of Resident #1's March 2020 and April EMAR's revealed that the physician ordered to take Resident #1's Blood Pressures 5 times a day before medications being administered. Review of Resident #1's Blood Pressure list revealed the following: Blood Pressures taken only once a day on 3/25/20, 3/28/20, and 3/29/20. Blood Pressures taken twice a day on 3/23/20, 3/24/20, 3/26/20, 3/27/20, and 3/30/20. Blood Pressures taken three times a day on 3/21/20, 4/1/20, 4/2/20, 4/3/20, 4/4/20, 4/5/20, 4/6/20, 4/7/20, 4/8/20, 4/10/20, and 4/11/20. Blood Pressures taken four times a day on 3/22/20, 3/31/20, and 4/9/20. Interview on 4/15/20 with Staff A revealed that there would be no other places in the medical record that the blood pressures would be documented. Interview on 7/30/20 at approximately 11:30 a.m. with Staff B confirmed above findings.</p> <p><b>Ensure that residents are free from significant medication errors.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review and policy review, the facility failed to ensure that residents were free of significant medication errors for diuretic medications for 1 resident out of a survey sample of 6 residents. (Resident identifier is #1.) Findings include: Professional reference: Potter, Patricia A., 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 . Resident #1 Review on 4/15/20 of Resident #1's EMAR (Electronic Medication Administration Record) revealed that Resident #1 had a physician order [REDACTED]. (pounds) or greater overnight. Further review of Resident #1's EMAR also revealed that Resident #1 had an physician ordered on [DATE] for Metalazone 2.5 mg. give 2.5 tablet by mouth one time a day every Tue (Tuesday), Fri (Friday) for afib ([MEDICAL CONDITION]). Review on 4/15/20 of Resident #1's EMAR revealed that Resident #1 had an order with a start date of 3/21/20 for daily weights in the morning for [MEDICAL CONDITIONS]. Review on 4/15/20 of Resident #1's weight record and EMAR revealed the following weight gains without the Metalazone being administered: 3/26/20 - 3/27/20 - 8.6 lbs. gain (no PRN (as needed) administered on 3/27/20) 4/6/20 - 4/7/20 - 5.1 lbs. gain (no PRN administered on 4/7/20) 4/9/20 - 4/10/20 - 7.3 lbs. gain (no PRN administered on 4/10/20) Interview on 4/15/20 at approximately 1:00 p.m. with Staff A (Director of Nursing) revealed that there was no documentation as to why the Metalazone was not administered on 3/27/20, 4/7/20, and 4/10/20. Review on 4/15/20 of Resident #1's physician orders [REDACTED].#1 to the hospital for fluid overload on 4/11/20 at 1:01 p.m.</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.