

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>305005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREENBRIAR HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>55 HARRIS ROAD NASHUA, NH 03062</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 0885  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Some</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, it was determined that facility failed to notify residents, their resident representatives and families of those residing in facilities of the occurrence of either a single confirmed infection of COVID-19 which includes information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered of 5 out of 5 residents that were interviewed and 3 out of 3 resident DPOAH (Durable Power of Attorney of Health) that were interviewed. (Resident identifiers are #2, #3, #4, #5, #6, and DPOAH of Resident's #1, #7, and #8.) Findings include: Review on 7/6/20 of COVID-19 Dashboard dated 7/2/20, which obtained through facility website, revealed that total in-house positive cases year to date is greater than 30, a blank entry in new confirmed infection COVID-19. Further review of the facility website COVID-19 Dashboard revealed no information on mitigating actions implemented to prevent or reduce the risk of transmission of COVID-19. Interview on 7/6/20 at 11:15 a.m. with Staff A (Administrator) revealed that residents, resident representatives, and families can access facility website for daily updates regarding COVID-19 in the facility and that resident representatives have been given a letter on how to access the website. Family and Resident representative can call facility and get updates. Facility will inform residents when they have questions. Review on 7/6/20 of Resident Council minutes dated, 5/27/20 and 6/17/20 revealed that on 6/17/20 the Director of Nursing (DON) reviewed the number of COVID cases at the facility with the resident council president. No other updates on new COVID-19 cases noted in 5/27/20 resident council minutes. Review on 7/7/20 of facility's COVID-19 line list revealed that on 6/25/20 facility tested 91 residents of COVID-19 and 23 residents had positive COVID-19 results. Further review of the facility's COVID-19 line list revealed that on 7/2/20 facility tested 27 residents and 2 residents had positive COVID-19 results. Resident #2 Interview on 7/6/20 at 12:15 p.m. with Resident #2 revealed that Resident #2 did not know of what COVID-19 was nor of any COVID-19 cases in the facility. Review on 7/6/20 of Resident #2's MDS (Minimum Data Set) dated 6/5/20 revealed that Resident #2 has a BIMS (Brief Interview for Mental Status) score was 12. Review on 7/8/20 of Resident #2's nurse's notes from 6/1/20 to 7/7/20 revealed that nurse note on 6/24/20 stated, call placed to (Resident #2's emergency contact) and updated that facility residents whom had previously tested negative for COVID-19 will be retested on [DATE] and every 7-12 days thereafter if they remain COVID negative. This is in accordance with CMS (Center of Medicare and Medicaid Services)/CDC (Centers for Disease Control) and DPH (Department of Public Health) guidelines. Patient and emergency contact are in agreement with plan of care. All questions and concerns answered at this time to include report by exception and patient, MD and emergency contact will be notified if their COVID results come back positive. All parties acknowledged an understanding of this reporting by exception. Further review of Resident #2's nurse notes revealed no documentation that Resident #2 and Resident #2's emergency contact were notified of any new COVID-19 cases in the facility and mitigating actions from the facility to reduce risk of transmission of COVID-19 prior and after 6/24/20 nurses notes. Resident #3 Interview on 7/6/20 at 12:25 p.m. with Resident #3 revealed that Resident #3 did not know of any COVID-19 cases in the facility. Review on 7/6/20 of Resident #3's MDS dated [DATE] revealed that Resident #3's BIMS score was 14. Interview on 7/6/20 at 12:30 p.m. with Staff C (Unit 1 Unit Manager) revealed that Staff C only notified residents and/or their representatives of the results of their COVID-19 testing, not the status of COVID-19 in the facility. Review on 7/8/20 of Resident #3's nurse's notes from 6/1/20 to 7/7/20 revealed no documentation of Resident #3's notification of new COVID-19 cases in the facility and mitigating actions from the facility to reduce risk of transmission of COVID-19. Resident #4 Interview on 7/6/20 at 12:45 p.m. with Resident #4 revealed that facility does not inform Resident #4 or other residents and families weekly regarding COVID-19 and that Resident #4 has to ask if there are any new COVID-19 cases in the facility. Resident #4 also stated that they attend family council meeting that happens twice a month and resident council meeting that happens once a month but still would need to ask for COVID-19 cases in the facility since this wasn't shared at these meetings. Review on 7/6/20 of Resident #4's MDS dated [DATE] revealed that Resident #4's BIMS score was 15. Review on 7/8/20 of Resident #4's nurse's notes from 6/1/20 to 7/7/20 revealed no documentation of Resident #4 notification of any new COVID-19 cases in the facility and mitigating actions from the facility to reduce risk of transmission of COVID-19. Interview on 7/6/20 at 12:50 p.m. with Staff D (Unit 2 Unit Manager) revealed that Staff D would notify residents and resident representative of residents that tested for COVID-19 of testing and results, and document encounter in the resident's Electronic Health Record (EHR). Staff D also stated that Staff D does not notify any other resident/resident representative of any new COVID-19 cases as resident/resident representatives already knows facility has an outbreak of COVID-19. Resident #5 Interview by telephone on 7/7/20 at 10:30 a.m. with Resident #5 revealed that Resident #5 had to ask for updates of new COVID-19 cases. Resident #5 stated that they knew about the facility website to access COVID-19 case updates. Resident #5 also stated that the website was hard to use and so they don't use it. Review on 7/7/20 of Resident #5's MDS dated [DATE] revealed a BIMS score of 15. Review on 7/8/20 of Resident #5's nurse notes from 6/1/20 to 7/7/20 revealed no documentation of Resident #5 notification of any new COVID-19 cases in the facility and mitigating actions from the facility to reduce risk of transmission of COVID-19. Resident #6 Interview by telephone on 7/7/20 at 11:20 a.m. with Resident #6 revealed that Resident #6 was notified initially on March 2020 when Resident #6's roommate was positive for COVID-19 and when Resident #6 had a positive COVID-19 test. Resident #6 stated that there has been no other weekly updates or any updates of new COVID-19 cases. Resident #6 also stated that they did not know about a website to access updates on COVID cases in the facility and that Resident #6 has no computer to access. Review on 7/7/20 of Resident #6's MDS dated [DATE] revealed a BIMS score of 15. Review on 7/8/20 of Resident #6's nurse's notes from 6/1/20 to 7/7/20 revealed no documentation of Resident #6 notification of any new COVID-19 cases in the facility and mitigating actions from the facility to reduce risk of transmission of COVID-19. Resident #7 Interview by telephone on 7/7/20 at 11:37 a.m. with Resident #7's DPOAH revealed that Resident #7's DPOAH was notified when Resident #7 was positive for COVID-19 and has not received any updates from facility with any other new COVID-cases in the facility. Resident #7's DPOAH stated that they received a letter from the facility about accessing the facility website but they do not have a computer at home. Review on 7/8/20 of Resident #7's nurse's notes from 6/1/20 to 7/7/20 revealed no documentation of Resident #7's DPOAH notification of any new COVID-19 cases in the facility and mitigating actions from the facility to reduce risk of transmission of COVID-19. Interview by telephone on 7/7/20 at 11:45 a.m. with Staff A revealed that the corporate website updates daily and that any new cases are posted on their corporate website. Staff A stated that new cases are posted for 24 hours and then it rolls over to the COVID cases year to date that would indicate greater than 30 as the facility COVID-19 cases were greater than 30. Resident #1 Review on 7/6/20 of Grievance log from April 2020 to June 2020 revealed that one grievance dated 6/22/20 was filed in regards to COVID-19 updates. DPOAH of Resident #1 filed the grievance. Grievance was about lack of communication related to number of COVID-19 cases in the facility. DON had spoken to Resident #1 DPOAH, discussed number of COVID-19 cases. Administrator stated to call the DON for any questions and accurate information. Interview by telephone on 7/7/20 at 12:00 p.m. with Resident #1's DPOAH revealed that Resident #1's DPOAH was not notified when facility had an outbreak and that they had to hear it from the news. Resident #1's DPOAH stated that Resident #1's representative was not informed by the facility on any new COVID-19 cases in the facility. Resident #1's</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.

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F 0885  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>DPOAH stated that facility only notified when Resident #1 was positive for COVID-19. Resident #1's DPOAH also stated that they checked the facility website daily and had not seen any new cases updated on the website and that cases reported noted to be greater than 30. Review on 7/8/20 of Resident #1's nurse's notes from 6/1/20 to 7/7/20 revealed no documentation of Resident #1's DPOAH notification of any new COVID-19 cases in the facility and mitigating actions from the facility to reduce risk of transmission of COVID-19. Resident #8 Interview by telephone on 7/7/20 at 12:30 p.m. with Resident #8's DPOAH revealed that Resident #8's DPOAH was not notified of initial outbreak (first positive resident was identified on 5/8/20) at the facility and that they heard it from a friend. Resident #8's DPOAH stated that they were notified when Resident #8 was tested for COVID-19 and updated of Resident #8's COVID-19 test results. Resident #8's DPOAH stated that they got a second call that Resident #8's second COVID-19 test was negative and that Resident #8's DPOAH was not aware that facility was doing scheduled testing in the facility. Resident #8's DPOAH also stated that they were not informed of any other updates on new COVID-19 cases in the facility. Resident #8's DPOAH also stated that they received a letter from the facility about where to obtain updates. Review on 7/8/20 of Resident #8's nurse's notes from 6/1/20 to 7/7/20 revealed no documentation of Resident #8's DPOAH notification of any new COVID-19 cases in the facility and mitigating actions from the facility to reduce risk of transmission of COVID-19. Review on 7/8/20 of facility's letter titled, All (corporate name omitted) Families and Friends dated 4/28/20, revealed, .limited visitation began on March 10, 2002 and we continue to seek alternative ways in which to communicate with or about your family member .sourcing information on COVID or dealing with pressures and uncertainty during this time can be overwhelming. In an effort to provide our employees, family and communities a resource we have created Coping During COVID webpage . (facility website link) .with the facility essential caregivers focused on providing care and putting the well being of residents at the forefront of all that we do, we understand it may be difficult to reach a facility caregiver or leader to discuss or obtain updates about your loved one. We have established a dedicated Family Member Liaison Line as an additional resource. This resource is an additional avenue if you are unable to have resolution when contacting facility. Should you leave a message for the Liaison, you will received a call back within 24 hours .Liaison Line is (781) [PHONE NUMBER]</p>		