

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>305060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEDFORD HILLS CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>30 COLBY COURT BEDFORD, NH 03110</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 0760  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that residents are free from significant medication errors.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, it was determined that the facility failed to prevent significant medication errors for an anticoagulant and insulin for 1 out of 3 residents reviewed. (Resident identifier is Resident #2.) Findings include: Standards: 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 physician's orders [REDACTED]. 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 9/3/20 of Resident #2's medical record revealed an hospital discharge summary for an emergency department visit on 7/20/20 containing the following physicians order: Xarelto 15 mg (milligrams) take 1 tab by mouth twice a day for 21 days. Instructions: After 21 days (pronoun omitted) will need a new prescription for 20 mg daily until (pronoun omitted) provider has stopped treatment. Review on 9/3/20 of Resident #2's MAR (Medication Administration Record) for July and August 2020 MAR indicated [REDACTED]. Start date 7/21/20, end date 8/10/20. There was no order for the 20 mg of Xarelto daily documented on July or August 2020 until 8/27/20. Interview on 9/3/20 at approximately 9:30 a.m. with Staff G (Director of Nursing) revealed that Resident #2 did not receive any anticoagulation therapy for 16 days (8/11/20 to 8/26/20) due to a transcription error of the nurse entering the physicians order. Review on 9/3/20 of the manufacturer's instructions for Xarelto, Revised: 03/2020 revealed: . 5 Warnings and Precautions 5.1 Increased Risk of [MEDICAL CONDITION] Events after Premature Discontinuation Premature discontinuation of any oral anticoagulant, including XARELTO, in the absence of adequate alternative anticoagulation increases the risk of [MEDICAL CONDITION] events Review on 9/3/20 of Resident #2's MAR for July and August 2020 revealed the following physicians order: [MEDICATION NAME] Solution 100 UNIT/ML (milliliter) (Insulin [MEDICATION NAME]) Inject 4 unit subcutaneously before meals for DM (Diabetes Mellitus) HOLD for CBG (capillary blood glucose) if CBG <120, continue with sliding scale, dated 10/7/19. Further review of the MAR indicated [REDACTED]<120 on the following dates: July 4, 2020 at 11:30 a.m. Resident #2's CBG was 106 and the MAR indicated [REDACTED]. July 17, 2020 at 7:30 a.m. Resident #2's CBG was 108 and the MAR indicated [REDACTED]. August 21, 2020 at 7:30 a.m. Resident #2's CBG was 107 and the MAR indicated [REDACTED]. Interview on 9/3/20 at approximately 10:30 a.m. with Staff G confirmed the above findings.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b> Based on observation, interview, and policy and procedure review, it was determined that the facility failed to follow the Centers for Disease Control and Prevention (CDC) guidelines for universal masking during the COVID-19 pandemic in multiple areas throughout the building. Findings include: Observation on 9/3/20 at approximately 7:30 a.m. in the main hallway revealed Staff A (Registered Nurse) and Staff B (Unit Aide) approximately 1 ft (foot) from each other with their surgical masks not covering their noses. Interview on 9/3/20 at approximately 7:30 a.m. with Staff A and Staff B revealed that their surgical masks should be on at all times in the facility covering both their mouth and nose. Observation on 9/3/20 at approximately 7:32 a.m. in the main hallway Staff H (Licensed Nursing Assistant) with mask below chin. Interview on 9/3/20 at approximately 7:32 a.m. with Staff H stated that the surgical masks should be on at all times in the facility covering both their mouth and nose. Observation on 9/3/20 at approximately 7:35 a.m. on the (NAME) Unit revealed Staff C (Occupational Therapist Assistant) sitting in Resident #1's room, directly in front of Resident #1 (approximately 1 ft from Resident #1). Staff C's surgical mask was hanging off of one ear. Interview on 9/3/20 at approximately 7:35 a.m. with Staff C revealed that Staff C removed their mask, because Resident #1 could not hear Staff C. Observation on 9/3/20 at approximately 7:48 a.m. on the Solana Unit of Staff I (Licensed Nursing Assistant) with surgical mask below the nose. Interview on 9/3/20 at approximately 7:48 a.m. with Staff I revealed that Staff was aware that surgical masks should be covering their mouth and nose at all times in the facility. Review on 9/3/20 of the facility policy titled, Use of Goggles, Face Shields and N95 Respirators On and Off Units, dated August 31, 2020 revealed: . c. Units Without Outbreaks i. Universal use of a standard facemask is still required by all staff and personnel, in all parts of the facility at all times Review on 7/16/20 of the CDC website titled, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020 revealed the following (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> ): 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).		

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.