STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305018	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dover Center for Health & Rehabilitation	307 Plaza Drive Dover, NH 03820

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 38218 Based on interview and record review, it was determined that the facility failed to report an allegation of neglect to the State Survey Agency (SSA) for 1 out of 3 grievances reviewed for alleged neglect (Resident Identifier #4). Findings include: Review on 4/10/24 of the facility grievance form filed on 3/14/24 by Resident #4 revealed the following allegation: The resident reports [pronoun omitted] waited 30 minutes for [pronoun omitted] call light to be answered and ultimately self-ambulated to the bathroom and fell . [pronoun omitted] reports the nurse on overnight was not helpful and said it was the resident's fault that [pronoun omitted] fell . Interview on 4/10/24 at approximately 12:00 p.m. with Staff A (Administrator) revealed that the above allegation was not reported to the SSA. Review on 4/10/24 of the facility's policy titled Clinical Services, Abuse Policy and Procedure, Procedure for Abuse Investigation revised on 1/23 revealed: .Procedure Guidelines .5. The facility will notify Department of Public Health and Local Law Enforcement immediately but no later than two (2) hours after the allegation is made if the events that cause the allegation involve abuse .

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50163 Based on interview and record review, it was determined that the facility failed to follow physician orders for 1 of 2 newly admitted residents reviewed for medications in a final sample of 20 residents (Resident Identifier is #346). Findings include: Review on 4/9/24 of professional nursing standard: Fundamentals of Nursing, [NAME], [NAME] A., and [NAME]. 7th ed. St. Louis, Missouri: Mosby Elsevier, 2009 revealed: Page 336 - Physicians' Orders The physician is responsible for directing medical treatment. Nurses follow physician ' s 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 . Interview on 4/9/24 at approximately 10:45 a.m. with Resident #346 revealed that he/she was admitted to the facility in April 2024 in the afternoon and the facility did not administer his/her medications that evening. Review on 4/10/24 of Resident #346's April 2024 Medication Administration Record (MAR) revealed the following medications ordered for administration: 1. Atorvastatin Calcium (antilipemic) 40 milligram (mg) - 1 tablet at bedtime 2. Finasteride (5-alpha reductase inhibitors) 5 mg - 1 tablet at bedtime 3. Oxcarbazepine (anticonvulsant) 300 mg - 1 tablet twice a day 4. Tamsulosin HCL (alpha blocker) (Hydrochloride) 0.4 mg - 1 tablet twice a day 5. Apixaban (anticoagulant) 5 mg - 1 tablet twice a day. Upon further review, the above medications were not administered and documented as not available. Review on 4/10/24 of the Omnicell (automated dispensing machine) revealed that the following medications were available: 1. Atorvastatin Calcium 2. Oxcarbazepine 3. Tamsulosin 4. Apixaban (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 4/10/24 at approximately 10:30 a.m. with Staff C (Unit Manager) confirmed the above findings. Staff C stated that Resident #346 was admitted to the facility around 12:30 p.m. and that medications, as mentioned above, were available in the Omnicell for administration. Review on 4/10/24 of the facility's policy titled Unavailable Medication revision date 5/23 revealed: .Policy If a medication is unavailable, for any reason, the facility shall act promptly to notify the pharmacy and the appropriate practitioners to obtain a new medication supply/order .Procedure .2. The Nursing Supervisor and/or Charge Nurse will check all possible areas where medications are stored to check if medication is available (E-box [emergency box]), Automatic Dispensing Machine .3. If medication is not available, notify the Physician/NP [Nurse Practitioner] if there is a comparable medication available that can be given as an alternate .4. Obtain order for alternate or to hold medication and administer at time of delivery .

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 50163 Based on observation, interview, and record review, it was determined that the facility failed to ensure that residents' environment remained as free as possible of accident hazards to prevent injury in regards to the application of seizure pads on the bed for 1 of 3 residents reviewed for accidents in a final sample of 20 residents (Resident Identifier #67). Findings include: Observation on 4/9/24 at approximately 11:15 a.m. of Resident #67 lying in bed with seizure pads attached to the outside of the quarter rails, with no padding between the bed rails and the resident's body. Observation on 4/9/24 at approximately 2:10 p.m. of Resident #67 lying in bed with seizure pads attached to the outside of the quarter rails, with no padding between the bed rails and the resident's body. Review on 4/9/24 of Resident #67's medical record showed diagnosis of epilepsy present on admission. Further review revealed the following physician's order for seizure pads: Seizure pads, every shift, order date 1/31/24. Interview on 4/10/24 at approximately 10:30 a.m. with Staff C (Unit Manager) confirmed the above findings. Staff C stated that the seizure pads should be attached to the inside of the quarter rails towards the resident. Review on 4/9/24 of professional nursing standard: Lippincott Manual of Nursing Practice, Nettina, 11th Edition, Philadelphia, Wolters Kluwer, 2019 revealed: Page 419 Seizure Disorders .Nursing Interventions . Preventing injury 1. Provide a safe environment by padding side rails .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 37488 Based on observation, interview, and record review, it was determined that the facility failed to ensure that resident records were complete and accurate for 3 residents in a final sample of 20 residents (Resident Identifiers #24, #34, and #67). Findings include: Resident #34 Review on 4/10/24 of Resident #34's April 2024 Medication Administration Record (MAR) revealed an order for HumaLOG Solution (Insulin Lispro) 100 unit/milliliter (mL) inject as per sliding scale: 0 - 149 = 0 units if blood sugar (BS) less than 70 after initiating protocol call Doctor of Medicine (MD): 150 - 199 = 2 units 200 - 249 = 4 units 250 - 299 = 6 units 300 - 349 = 8 units 350 - 399 = 10 units 400 plus = notify MD for directions, subcutaneously before meals and at bedtime for Diabetes Mellitus (DM) with a start date of 12/12/23. Further review of the MAR revealed that on 4/7/24 at 6:30 a.m. there was no documentation that Resident #34's blood sugar was taken and no documentation that sliding scale insulin was administered. Review on 4/10/24 of Resident #34's nursing notes revealed that there was no documentation of why the insulin had not been given. Interview on 4/10/24 at approximately 1:30 p.m. with Staff C (Unit Manager) confirmed the above findings. 50163 Resident #24 Review on 4/9/24 of Resident #24's April 2024 MAR revealed the following physician order: 1. Insulin Glargine solution 100 UNIT/mL, inject 6 units subcutaneously one time a day with a start date of 1/23/24, scheduled for bedtime. (continued on next page)

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F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	2. Humalog solution (Insulin Lispro) 100 UNIT/mL, inject as per sliding scale: 0 - 59 = Notify MD and initiate hypoglycemic protocol; 60 - 150 = 0 units; 151- 200 = 4 units; 201 - 250 = 8 units; 251 - 300 = 12 units; 301 - 350 = 14 units; 351 - 400 = 16 units; 401 plus = 18 units call provider to verify dose prior to administration, subcutaneously before meals and at bedtime with a start date of 1/16/24. Review on 4/10/24 of Resident #24's MAR revealed no documentation of Resident #24's blood sugar value or administration of insulin on the following dates: Insulin Glargine 4/4/24 at bedtime Insulin Lispro 4/4/24 at 8:00 p.m. 4/7/24 at 6:30 a.m. 4/8/24 at 6:30 a.m. Interview on 4/10/24 at approximately 1:40 p.m. with Staff C confirmed the above findings. Resident #67 Review on 4/9/24 of Resident #67's April 2024 MAR revealed the following physician order : 1. Basaglar KwikPen (Insulin Glargine) subcutaneous solution pen - injector 100 UNIT/mL, inject 10 units subcutaneously one time a day with start date of 2/1/24, scheduled at 6:00 a.m. Review on 4/10/24 of Resident #67's MAR revealed no documentation of Resident #67's blood sugar value and administration of insulin on the following dates: Insulin Glargine (continued on next page)

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F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	4/7/24 at 6:00 a.m. 4/8/24 at 6:00 a.m. Interview on 4/10/24 at approximately 1:40 p.m. with Staff C confirmed the above findings. Review on 4/10/24 of facility's policy titled Diabetes Management Protocol revised 3/23, revealed: . Procedure: Insulin Dependent Diabetic with Routine Insulin Orders and Sliding Scale .3. Administers short acting insulin per sliding scale order .5. Documents result of finger stick dose of insulin administered and site .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 28881 Based on record review, observation, and interview, it was determined that the facility failed to maintain infection prevention related to catheter care for 1 of 3 residents reviewed for catheters (Resident Identifier #153). Findings include: Review on 4/9/24 of Resident #153's medical record revealed they had a Foley catheter since admission in April 2024. Further review of Resident #153's catheter care plan dated April 2024 revealed: .Keep urinary collection bag off the floor . Observation on 4/9/24 at approximately 12:30 p.m. revealed Resident #153 in a wheelchair with their Foley catheter drainage bag and catheter tubing resting on the floor. Interview on 4/9/24 at approximately 12:30 p.m. with Resident #153 revealed they did not place their Foley catheter drainage bag and catheter tubing on the floor. Observation on 4/10/24 at approximately 12:15 p.m. revealed Resident #153 in their wheelchair self-propelling with the bottom of their Foley catheter drainage bag dragging on the floor. Interview on 4/10/24 at approximately 12:35 p.m. with Staff B (Unit Manager) confirmed the above finding. Review on 4/15/24 of Catheter-Associated Urinary Tract Infections (CAUTI) guidelines on the Centers for Disease Control and Prevention (CDC) website, found at https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html revealed: .III. Proper Techniques for Urinary Catheter Maintenance .III.B.2 - Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor .