STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305060	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Hills Center	30 Colby Court Bedford, NH 03110

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 49819 Based on interview and record review, it was determined that the facility failed to inform the resident and/or the resident's representative of the risks and benefits of antipsychotic medication for 1 of 5 residents reviewed for unnecessary medications in a final sample of 26 residents (Resident Identifier #60). Findings include: Review on 7/31/24 of Resident #60's physician orders revealed the following order: Zyprexa 2.5 milligrams (mg) by mouth every afternoon for delusions, dated 11/9/23 and Zyprexa 5 mg by mouth every evening for delusions, dated 11/9/23. Review on 7/31/24 of Resident #60's medical record revealed that there was no consent or evidence of discussion with Resident #60 or the resident representative about the risk and benefits of Zyprexa. Interview on 7/31/24 at approximately 2:20 p.m. with Staff A (Unit Manager) confirmed above findings. Review on 7/31/24 of Facility Policy 3.8 Psychotropic Medication Use with a revised date of 10/24/22, revealed: .16. Facility staff should inform the resident and/or resident representative of the initiation, reason for use, and risks associated with the use of psychotropic medications .

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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F 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 43002 Based on interview and record review, it was determined that the facility failed to ensure that the resident and/or resident representative was informed timely of the Skilled Nursing Facility (SNF) Notice of Medicare Non-Coverage (NOMNC) or Advance Beneficiary Notice (ABN) for 2 out of 3 residents reviewed for beneficiary notices (Resident Identifiers are #110 and #131). Findings include: Resident #110 Review on 7/30/24 of Beneficiary Notice - Residents discharged Within the Last Six Months form, completed by the facility, revealed that Resident #110 was discharged from Medicare Services on 6/10/24 and remained in the facility. Review on 7/30/24 of Resident #110's SNF Beneficiary Notification Review form, completed by the facility, revealed that Resident #110's last covered day of Medicare Part A Skilled Services was 6/10/24 and that the facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Further review revealed that the SNF ABN notice was not provided to the resident. Interview on 7/30/24 at 11:21 a.m. with Staff D (Minimum Data Set Coordinator) confirmed that the SNF ABN was not provided to Resident #110. Resident #131 Review on 7/30/24 of Beneficiary Notice - Residents discharged Within the Last Six Months form revealed that Resident #131 was discharged from Medicare Services on 6/10/24 and discharged home. Review on 7/30/24 of Resident #131's SNF Beneficiary Notification Review form revealed that Resident #131's last covered day of Medicare Part A Skilled Services was 6/10/24 and that NOMNC form was not provided to Resident #131. Interview on 7/30/24 at 11:21 a.m. with Staff D confirmed that the NOMNC was not provided to Resident #131. Interview on 7/30/24 at 11:23 a.m. with Staff E (Director of Social Services) revealed that Resident #131 had reached their baseline and no longer needed skilled Medicare services. Interview on 7/30/24 at 2:48 p.m. with Staff C (Administrator) confirmed that the facility initiated the discharge from Medicare Part A for Resident #131 and should have issued a NOMNC.

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47129 Based on record review and interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessment accurately reflected the residents' status for 3 of 26 residents in a final sample of 26 residents (Resident Identifiers are #1, #62, and #128). Resident #128 Review on 7/31/24 of Resident #128's Discharge - return not anticipated MDS, with an Assessment Reference Date (ARD) date of 5/1/24, revealed under section A0301G, Type of Discharge: Unplanned was coded. Review on 7/31/24 of Resident #128's discharge assessment dated [DATE] revealed that Resident #42 was a planned discharge to home. Interview on 7/31/24 at 8:46 a.m. with Staff B (MDS Coordinator) revealed that the MDS dated [DATE], was coded incorrectly. 48515 Resident #1 Review on 7/30/204 of Resident #1's Annual MDS assessment dated [DATE], revealed that Section O, Special Treatments, indicated that Resident #1 was receiving Hospice services. Review on 7/30/24 of Resident #1's medical record revealed no order or care plan for hospice services. Interview on 7/31/24 at approximately 12:20 p.m. with Staff B confirmed that Resident #1 was not receiving Hospice services and that the MDS assessment was coded incorrectly. 50163 Resident #62 Review on 7/31/2024 of Resident #62's Annual MDS assessment dated [DATE], revealed that Section O0110, Special Treatments, Procedures, and Programs, indicated that Resident #62 was receiving Hospice services. Interview on 7/31/2024 at approximately 12:45 p.m. with Staff B confirmed that Resident #62 was not receiving Hospice services and that the MDS assessment was coded incorrectly.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 48515 Based on observation, interview, and policy review, it was determined that the facility failed to ensure that expired medications were removed from stock in 1 of 2 medication rooms observed. Findings include: Observation on 7/29/24 at approximately 8:15 a.m. with Staff A (Unit Manager) of the [NAME] Unit medication room revealed two opened multi dose bottles of APLISOL (Tuberculin Purified Protein Derivative, diluted) in the refrigerator, in one box labeled with an open date of 6/20/24 and a do not use after date of 7/20/24. Interview on 7/29/24 at approximately 8:20 a.m. with Staff A confirmed the above findings. Review on 7/29/24 of manufacturers instructions for APLISOL revealed: .Storage .Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency . Review on 7/30/24 of facility policy titled, Disposal/Destruction of Expired or Discontinued Medication revealed: .4. Facility should place all discontinued or outdated medications in a designated, secure location which is solely for discontinued medications .