STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305084	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mineral Springs	1251 White Mountain Highway North Conway, NH 03860

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 26364 Based on observation and interview, it was determined that the facility failed to ensure resident's needs were accommodated by keeping their call bell within reach for 1 of 1 reviewed for environment in a final sample of 16 residents (Resident Identifier #12). Findings include: Observation on 9/10/24 at approximately 11:44 a.m. revealed Resident #12's call bell hanging over their roommates light fixture over their roommates bed. Interview on 9/10/24 at approximately 11:44 a.m. with Resident #12 revealed that he/she would yell for help if needed because he/she is unable to reach the call bell. Observation on 9/11/24 at approximately 10:29 a.m. of Resident #12 revealed the call bell hanging over their roommates light fixture over their roommates bed in the same spot as the day prior. Resident #12 was sitting in their wheel chair on a hoyer pad by their window. Resident #12 was unable to reach the call bell on the opposite side of his/her bed. Observation on 9/11/24 at approximately 3:18 p.m. of Resident #12 revealed the call bell hanging over their roommates light fixture over their roommates bed. Resident #12 was napping in bed and unable to reach the call bell.

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38218 Based on observation and interview, it was determined that the facility failed to provide a clean and homelike environment on 1 of 2 units observed. Observation on 9/11/24 from approximately 7:00 a.m. until 7:20 a.m. of the [NAME] Unit revealed three large areas of smeared brown substance adhered to the carpet. One area (approximately 4 feet (ft.)) long and 1 ft. wide) was on the floor in the hallway and the two other areas (approximately 2 ft. long and 1 ft. wide) were on the floor in front of the nursing station. Further observation revealed two residents walking on the areas. Interview on 9/11/24 at approximately 7:15 a.m. with Staff H (Licensed Nursing Assistant) revealed that the areas on the floor were from a resident having loose stools on 9/10/24 in the evening.

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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 - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49819 Based on interview and record review, it was determined that the facility failed to follow physician orders or provide medications timely for 5 residents in a final sample of 19 residents (Resident Identifiers are #1, #17, #26, #34, #47). Findings include: Standards: [NAME], [NAME] A., and [NAME]. 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 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 . [NAME], [NAME]; [NAME], [NAME] A.; [NAME], Wendy; and [NAME], [NAME]. Clinical Nursing Skills & Techniques. 10th ed. [NAME], Pennsylvania: Elsevier, 2022. Page 597 - Safe Medication Preparation: Right Time With time-critical medications (e.g., antibiotics, anticoagulants, insulin, immunosuppressives), early or delayed administration of the maintenance doses of more than 30 minutes before or after the scheduled dose will most likely cause harm or result in subtherapuetic responses in a patient. 26364 Resident #47 Review on 9/12/24 of Resident #47's August 2024 and September 2024 Medication Administration Audit report revealed the following medication administrations were documented as given outside of the ordered timeframe's: -Ativan Oral Tablet 0.5 milligram (mg) (Antianxiety), Give 1 tablet via PEG-Tube [Percutaneous endoscopic gastrosomy] every morning [7 a.m. -10 a.m.] and at bedtime for anxiety: 8/15/24 morning dose administered at 3:56 p.m; 8/16/24 morning dose administered at 10:40 a.m.; 8/19/24 morning dose administered at 1:43 p.m ; (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8/20/24 bed time dose administered at 8:38 a.m.; 8/21/24 morning dose administered at 10:08 a.m. and bed time dose at 5:25 p.m.; 8/22/24 morning dose administered at 2:22 p.m.; 8/23/24 morning dose administered at 10:25 a.m.; 8/24/24 morning dose administered at 10:31 a.m.; 8/26/24 morning dose administered at 10:44 a.m.; 8/28/24 morning dose administered at 10:54 a.m.; 8/29/24 morning dose administered at 10:47 a.m.: 8/31/24 morning dose administered at 2:42 p.m.; 9/2/24 morning dose administered at 11:15 a.m.; 9/3/24 morning dose administered at 11:12 a.m. and bed time dose at 5:45 p.m.; 9/10/24 morning dose administered at 10:27 a.m.; 9/11/24 morning dose administered at 10:56 a.m. -Eliquis Oral Tablet 2.5 mg (Anticoagulant), Give 0.5 tablet via J-Tube [jejunostomy] two times a day for A-fib [Atrial fibrillation] scheduled for administration in AM and PM: 8/15/204 morning dose administered at 3:58 p.m. and the evening dose administered 5:45 p.m. (only 2 hours between doses); 8/19/24 morning dose administered at 1:42 p.m.; 8/31/24 morning dose administered at 2:46 p.m.; 9/2/24 administered at 11:15 a.m. and 4:40 p.m. Interview on 9/12/24 at approximately 1:00 p.m. with Staff D (Staff Development) confirmed that the above medications were administered outside of the ordered time frames. 38218 Resident #1 Review on 9/12/24 of Resident #1's July 2024's Treatment Administration Record revealed the following physician's order: (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Apply Aquacel AG Maxorb and cover with Coban. Change daily. One time a day for skin breakdown, wound. Start Date 7/17/24. Further review on 7/23, 7/24, 7/26, 7/28 and 7/30 revealed this was not documented as being performed. Interview on 9/12/24 at approximately 11:00 a.m. with Staff E (Director of Nursing) confirmed Resident #1's dressings were not documented as being changed. Resident #34 Review on 9/12/24 of Resident #34's September Medication Administration Audit Report revealed the following: -9/12/24 Lantus 40 Units was scheduled for 7:00 a.m. and was administered at 9:18 a.m.; -9/9/24 All by mouth (PO) and Lantus 40 Units were scheduled for 7:00 a.m. were administered at 12:30 p.m.; - 9/9/24 Hydralazine HCL (Hydrochloric Acid) 100 mg was scheduled at 7:00 a.m. and at 2:00 p.m. On this date, Resident #34 received Hydralazine HCL at 12:30 p.m. and again at 2:01 p.m.; -9/3/24 All PO medication that was scheduled for 7:00 a.m. was administered at 9:49 a.m.; -9/2/24 Metoprolol Succinate Extended Release (ER) 100 mg was scheduled for 7:00 a.m. and was administered at 10:44 a.m.; -9/1/24 All PO medication that was scheduled for 7:00 a.m. and was administered at 10:00 a.m Interview on 9/12/24 at approximately 1:30 p.m. with Staff K (Advance Practice Registered Nurse) revealed that he/she was not aware of Resident #34's late medication administration. Staff K also revealed that on 9/9/24 he/she would have expected Resident #34's 2:00 p.m. dose of Hydralazine to be held. Resident #17 Review on 9/12/24 of Resident #17's August and September 2024's Medication Administration Record (MAR) revealed the following physician's order: Weigh weekly, (dry weight 241) update Provider for 3 pound or more weight gain since previous weight, in the morning every Mon [Monday] for CHF [congestive heart failure] diuretic use, Start Date 8/26/24. Further review revealed Resident #17's weight was 253.2 on 8/26 there was no weight obtained on 9/2 and 9/9. Interview on 9/12/24 at approximately 1:30 p.m. with Staff K confirmed the weights were not obtained. Staff K revealed that he/she was unaware that Resident #17's weights were not obtained and that no one notified Staff K of Resident #17's weight gain on 8/26. 47129 (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #26 Review on 9/11/24 of Resident #26's medical record revealed a physicians order for Lotrisone Cream 1-0. 005, apply to both feet topically two times a day for foot [fungal] rash for 3 months, with a start date of 8/27/24. Review on 9/11/24 of Resident #26's August 2024 MAR revealed the Lotrisone Cream was not signed off as administered from 8/19/24 through 8/30/24. Review on 9/11/24 of Nurses Note 8/19/24 through 8/30/24 revealed med unavailable or waiting on delivery for Lotrisone. Interview on 9/12/24 at approximately 10:30 a.m. with Staff G (Registered Nurse) confirmed Lotrisone was not given the above dates. Interview on 9/10/24 at 1:36 p.m. with Resident #26 revealed that Resident #26 had cataract surgery on 6/12/24 and he was given 2 orders for eyes drops to be administered multiple times a day for so many days. Resident #26 stated that when he/she was out of the facility at an appointment, he/she missed receiving the eye drops and when he/she returned to the facility, the eye drops were never given, therefore, there were times he/she missed receiving the maximum amount he/she was supposed to receive them in a day. Review on 9/12/24 of Resident #26's June 2024 and July 2024 MAR revealed the following: -Moxifloxacin HCl Opthmalic Solution 0.5%, Instill drop in left eye four times a day for cataract surgery, start date 6/15/24, discharge date [DATE]. Resident #26 was not administered drops 11 out of 49 times during the period reviewed. -Moxifloxacin HCl Opthmalic Solution 0.5%, Instill drop in left eye four times a day for cataract surgery, discontinue once bottle empty, start date 6/27/24, discharge date [DATE]. Resident #26 was not administered drops 14 of 66 times during period reviewed. -Prednisolone Acetate Opthalmic Suspension, Instill 1 drop in left eye four times a day for cataract surgery, start date 6/15/23, discharge date [DATE]. Resident #26 was not administered drops 11 out of 49 times during period reviewed. -Prednisolone Acetate Opthalmic Suspension, Instill 1 drop in left eye three times a day for cataract surgery for 7 days, start date 6/27/24. Resident #26 was not administered drops 7 out of 21 times during period reviewed. Interview on 9/12/24 at 1:40 p.m. with Staff N (Registered Nurse) confirmed the above findings. Staff N stated that he/she would notify the provider if a dose was missed. Interview on 9/12/24 at 11:42 p.m. with Staff K revealed that Staff K was never notified that Resident #26 missed the eye drops. Interview further revealed that his/her expectation would be that the eye drops would have been administered either prior to Resident #26 leaving the facility or once Resident #26 returned to ensure that the eye drops were administered the maximum amount in a day.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. 38218 Based on observation, interview, and record review, it was determined that the facility failed to provide showers for 1 out of 3 residents reviewed for Activities of Daily Living (ADL's) in a final sample of 19 residents (Resident Identifier #42). Findings include: Review on 9/13/24 of the facilities policy titled, Resident Showers, not dated, revealed: Policy Explanation and Compliance Guidelines: 1. Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. Resident #42 Review on 9/11/24 of Resident #42's medical record, Care Plan Meeting Note, dated 7/5/24 revealed Resident #42's family was concerned about Resident #42 not getting his/her shower weekly. Review on 9/12/24 of Resident #42's bathing documentation for July, August and September 2024 revealed that Resident #42 did not receive any showers. There was no documentation of refusal of showers. Interview on 9/12/24 at approximately 1:35 p.m. with Staff J (Clinical Nursing Officer) confirmed that there was no documentation that Resident #42 received a shower in the above time period reviewed. Review on 9/12/24 of the facility policy titled, Resident Showers, Dated 2024 revealed: .1. Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety .

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 47129 Based on interview, and record review, it was determined that the facility failed to ensure that facility-sponsored groups and individualized activities were provided to support residents based on the resident's preferences, interests, and all needs for each resident for the weekend days in September 2024. Findings include: Interview on 9/10/24 at approximately 2:15 p.m. with the facility's Resident Council (8 residents) revealed that all the residents that attended complained that there were no weekend activities the past 2 weekends and that nothing was on the September activities calendar for the weekends. 1 resident stated that he/she watched television all day and 7 residents stated that there was nothing for them to do. Review on 9/11/24 of the September 2024 activity calendars revealed that there were no activities documented on Saturdays and Sundays (9/1/24, 9/7/24, 9/8/24, 9/14/24, 9/15/24, 9/21/24, 9/22/24, 9/28/24, and 9/29/24). Interview on 9/11/24 at 9:55 a.m. with Resident #37 and Resident #43 revealed that they would attend activities on the weekends. Interview on 9/11/24 at 10:00 a.m. with Staff C (Director of Activities) confirmed the above findings. Staff C stated that he/she works Monday through Friday. He/she stated that there was nothing planned for the residents to do on Saturday and Sundays in September when he/she wasn't working, and his/her office was locked and that was where the activity supplies were kept.

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F 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. 47129 Based on interview and record review, it was determined that the facility failed to ensure the activities program was directed by a qualified professional for a facility census of 78 residents. Findings include: Interview on 9/11/24 at 9:56 a.m. with Staff C (Director of Activities) revealed that he/she was promoted to Director of Activities in September 2024. He/she had been working as an activities aid at the facility since June 2024. Interview further revealed that Staff C had no prior certifications in activities, degrees in recreation, or any prior experience working in an activity program. Interview on 9/11/24 at 10:00 a.m. with Staff A (Administrator) confirmed the above findings and that Staff C was not qualified. Review on 9/11/24 of the facility's job description for Director of Recreation Services, revised 4/25/17, revealed: . Education/Vocational Requirements: 1. Certification in accordance with regulatory agencies governing the center, by the National Certification Council of Activity Professionals (ADC) or the National Council of Therapeutic Recreation Certification (CTRS), or 2. Bachelor degree in therapeutic recreation preferred or completion of the NAAP/NCCAP Basic and Advanced Management Course for Activity Professionals, or 3. Has 2 years' experience in a social or recreational program within the last 5 years, one of which was full time in a patient activity program in a health care setting .

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 38218 Based on interview and record review, it was determined that the facility failed to ensure that a resident with a pressure ulcer had necessary treatment and services, which included documentation of weekly assessments that contained measurements and descriptions of the pressure ulcer and treatment orders for pressure ulcers for 1 out of 1 residents reviewed for pressure ulcers (Resident Identifier #1). Findings include: Review on 9/11/24 of Resident #1's physician progress note dated 7/9/24 revealed the following note: Left leg had been placed in a cast. [Pronoun omitted] started to develop pain around [pronoun omitted] Achilles tendon. [Pronoun omitted] was seen for follow-up and found to have a pressure ulcer. Review on 9/12/24 of Resident #1's skin and wound evaluations revealed that on the following dates, wound measurements were taken: 7/13/24, 8/1/24, 8/8/24, 8/10/24, and 8/25/24. Interview on 9/12/24 at approximately 12:00 p.m. with Staff E (Director of Nursing) confirmed the above findings and that measurements were not taken weekly. Review on 9/12/24 of the facility policy titled, Pressure Injury Prevention and Management, dated 2023 revealed: .5. Monitoring, a. The RN [Registered Nurse], Unit Manager, or designee, will review all relevant documentation regarding skin assessments, pressure injury risks, progression towards healing, and compliance at least weekly, and document a summary of findings in the medical record .

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **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 provide sufficient nursing staff, as determined by their facility assessment, to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident in a census of 48 residents. Interview on 9/10/24 at approximately 1:40 p.m. with Resident #26 revealed that he/she was frequently told that staff were too busy and it caused delays in the care that he/she needed, and medications administered were frequently late. Interview on 9/10/24 at approximately 1:00 p.m. with Resident #45 revealed that the facility was short staffed, and it caused longer responses to call lights and getting the assistance he/she needed. Resident #45 stated: I waited on the toilet for 45 minutes the other day. Interview on 9/11/24 at approximately 8:00 a.m. with Staff H (Licensed Nursing Assistant (LNA)) and Staff L (Medication Nursing Assistant (MNA)) revealed that at times, it is just an MNA on a unit and the nurse from the other unit would need to come over for medication administration, causing late administatration of tube feeds and insulins. Staff H and Staff L stated that residents were not receiving the care needed for basic incontinence and showers were not being given because of low staffing. The residents have had an increase in incontinence because we don't have enough staff to answer the call lights and others who are incontinent have to sit and wait until we can get to them to be changed. Interview on 9/11/24 at approximately 9:00 a.m. with Resident #21 (Resident Council President) revealed that staffing was a real problem in the facility and worse on the 3-11 and 11-7 shifts. He/she said that sometimes there was only 1 nurse in the facility for 50 residents. Interview on 9/11/24 at approximately 10:00 a.m. with Staff R (LNA) revealed that when there was only 1 LNA to 25 residents, and it makes it very difficult for residents to get showers. Interview on 9/11/24 at approximately 3:00 p.m. with Staff P (LNA) revealed that he/she works 7-3 shift. He/she stated that when he/she knows that there was only 1 LNA scheduled for 3-11 shift, he/she would make sure that the residents who are 2 assists were put back in bed prior to him/her leaving to help the LNA who was scheduled for 3-11 p.m. shift. Interview on 9/11/24 at approximately 3:00 p.m. with Staff Q (LNA) revealed that he/she works 3-11 and 11-7. He/she stated that during many shifts, he/she was the only LNA on the Bretten Woods unit. Staff Q stated that when there was 1 LNA on a shift, it is difficult during meals, some residents will eat in bed and the residents who need assistance or supervision with meals, he/she would bring them out to the nursing station to watch them while he/she was feeding other residents. Staff Q said that residents would wait for incontinent care if he/she was the only LNA on shift. This happens more often than not stated Staff Q. Review on 9/12/24 of the facility assessment revealed: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	.Staffing break down with Census . based on 45 - 50 Residents . Days (7 a.m. -3 p.m.): [NAME] Woods: 1 Nurse/Medtech; 2 LNA's. [NAME]: 1 Nurse; 1 Medtech; 2 LNA's. Evenings (3 p.m. -11 p.m.) [NAME] Woods: 1 Nurse/Medtech; 2 LNA's. [NAME]: 1 Nurse; 2 LNA's. Nights (11 p.m. -7 a.m.) [NAME] Woods: 1 Nurse/Medtech; 1 LNA. [NAME]: 1 Nurse; 1 LNA. Review on 9/12/24 of the Facility Daily Staffing Sheets for 7/1/24 to 9/11/24 revealed: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	[NAME] Woods -On 7/1/24 3 p.m. - 11p.m., there was 1 LNA (there should have been 2) and 11 p.m. to 7 a.m., there was no nurse/med tech (should have been 1); -On 7/2/24 3 p.m. - 5 p.m., there was no nurse/med tech (there should have been 1), from 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2), and on 11 p.m. to 7 a.m., there was no nurse/med tech (should have been 1); -On 7/3/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2) and 11 p.m. to 7 a.m., there was no nurse/med tech (there should have been 1); -On 7/4/24 3 p.m. - 11 p.m. there was 1 LNA (there should have been 2); -On 7/5/24 3 p.m. - 7 p.m., there was no LNA (there should have been 2), 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2), and 11 p.m. to 7 a.m., there was no nurse/med tech (there should have been 1); -On 7/7/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/8/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 7/9/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); - On 7/10/24 11 p.m. - 7 a.m., there was no nurse/med tech (there should have been 1); -On 7/11/24 11 p.m. - 7 a.m., there was no nurse/med tech (there should have been 1); -On 7/12/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2) and 11 p.m. - 7 a.m., there was no nurse/med tech (there should have been 1); -On 7/13/24 7 a.m. - 3 p.m., there was 1 LNA (there should have been 2), 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/14/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/15/24 3 p.m. - 11 p.m. and 11 p.m. - 7 a.m., there was no nurse/medtech (there should have been 1); -On 7/16/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/17/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 7/18/24 3 p.m. - 7 p.m., there was no LNA (there should have been 2); -On 7/19/24 7 a.m. - 3 p.m., there was 1 LNA (there should have been 2), 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2), 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2), and 11 p.m. - 7 a.m., there was no nurse/medtech (there should have been 1); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305084	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mineral Springs	1251 White Mountain Highway North Conway, NH 03860

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-On 7/22/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 7/23/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/24/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2), 5 p.m. - 5 a.m., there was no nurse/medtech (there should have been 1); -On 7/25/24 11 p.m. - 7 a.m., there was no nurse/medtech (there should have been 1); -On 7/26/24 3 p.m. - 11 p.m. and 11 p.m - 7 a.m., there was no nurse/medtech (there should have been 1); -On 7/27/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/29/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2) and 11 p.m - 7 a.m., there was no nurse/medtech (there should have been 1); -On 7/30/24 7 p.m. - 11 p.m. there was 1 LNA (there should have been 2) and 11 p.m. - 3 a.m., there was no LNA (there should have been 1); -On 8/6/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 8/16/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 8/20/24 7 a.m. - 3 p.m., there was 1 LNA (there should have been 2); -On 8/23/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 8/24/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 8/25/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 8/30/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 9/1/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 9/2/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 9/4/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 9/9/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2). [NAME] -On 7/2/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/3/24 3 p.m. -7 p.m., there was 1 LNA (there should have been 2); (continued on next page)

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-On 7/4/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 7/5/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/7/24 11 p.m. to 7 a.m., there was no nurse/med tech (there should have been 1); -On 7/8/24 from 3p.m. - 11 p.m. there was 1 LNA (there should have been 2); -On 7/9/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/13/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2) and 3 p.m. - 11 p.m. there was no nurse (there should have been 1); -On 7/14/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/15/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2) and 3 p.m. - 11 p.m. there was no medtech (there should have been 1); -On 7/16/24 7 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/16/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 7/17/24 3 p.m. - 11 p.m. there was no medtech (there should have been 1); -On 7/18/24 3 p.m. -7 p.m., there was no nurse/medteach (there should have been 1) and 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/19/24 7 a.m. - 3 p.m., there was 1 LNA (there should have been 2) and 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/20/24 11 p.m. - 7 a.m., there was no nurse/medtech (there should have been 1); -On 7/21/24 11 p.m. - 7 a.m., there was no nurse/medtech (there should have been 1); -On 7/22/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2) and 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 7/23/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); -On 7/24/24 3 p.m. - 7 p.m., there was no nurse/medtech (there should have been 1) and 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 7/26/24 3 p.m. - 11 p.m., there was 1 LNA and no medtech (there should have been 2 LNA's and 1 medtech); -On 7/30/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/2/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2); (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-On 8/4/24 11 p.m. - 7 a.m., there was no LNA (there should have been 1); -On 8/8/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/9/24 3 p.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 8/11/24 11 p.m. - 7 a.m., there was no LNA (there should have been 1); -On 8/14/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/17/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/19/24 3 p.m. - 11 p.m., there was 1 LNA and no medtech (there should have been 2 LNA's and 1 medtech); -On 8/23/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/25/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/26/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/27/24 3 p.m. - 7 p.m., there was no nurse or medtech (there should have been 1); -On 8/29/24 3 p.m. - 7 p.m., there was no nurse (there should have been 1) and 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/30/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 8/31/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 9/1/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 9/2/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 9/3/24 7 a.m. - 3 p.m., there was no medtech (there should have been 1); -On 9/4/24 7 a.m. - 3 p.m. and 3 p.m. -11 p.m., there was no medtech (there should have been 1); -On 9/5/24 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 9/6/24 11 p.m. - 7 a.m., there was no nurse/medtech (there should have been 1); -On 9/8/24 7 a.m. - 3p.m., there was 1 LNA and no medtech (there should have been 2 LNA's and 1 medtech) and 3 p.m. - 11 p.m., there was no medtech (there should have been 1); -On 9/9/24 7 a.m. - 7 p.m., there was 1 LNA (there should have been 2); -On 9/10/24 5 p.m. - 8 p.m., there was 1 nurse/medtech (there should have been 2); (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-On 9/11/24 3 p.m. - 11 p.m., there was 1 LNA (there should have been 2). Interview on 9/12/24 at approximately 10:30 a.m. with Staff B (Scheduler) confirmed the above staffing. Review on 9/12/24 of the daily census for 7/1/24 to 9/11/24 revealed that the facility has maintained a census of 45 to 50 residents during the above noted shifts. Interview on 9/12/24 at approximately 1:20 p.m. with Staff K (Advanced Practice Registered Nurse) stated he/she had concerns with staffing and residents not getting care such as consistent wound care. Staff K stated that he/she was doing wound care for residents himself/herself once the orders were placed to ensure they getting done. 38218 49819

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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 49819 Based on record review and interview, it was determined that the facility failed to ensure that resident's diabetes regimen included timely medication administration and adequate monitoring for 1 of 3 residents reviewed for insulin in a final sample of 19 residents (Resident Identifier #30). Findings Include: Resident #30 Interview on 9/10/24 at approximately 10:45 a.m. with Resident #30 revealed he/she was a diabetic and concerned about his/her blood sugars being inconsistent and he/she questioned whether he/she was receiving the correct insulins. Review on 9/10/24 of Resident #30 medical record revealed physician orders for Fiasp FlexTouch Subcutaneous Solution Pen-injector 100 unit/milliliter (ML), Inject 10 units subcutaneously two times a day for Diabetes Mellitus with breakfast and lunch, scheduled at 8 a.m. and 12 p.m. Review on 9/10/24 of Resident #30 Medication Administration Record (MAR) revealed on 8/7/24 for the 8:00 a.m. Fiasp Insulin dose, it was administered at 10:32 a.m. (2.5 hours late). Review on 9/10/24 of Resident #30 MAR revealed on 8/19/24 for the 12:00 p.m. Fiasp Insulin dose, it was administered at 1:26 p.m. (1.5 hours late). Review on 9/10/24 of Resident #30 MAR revealed on 8/28/24 for the 8:00 a.m. Fiasp Insulin dose, it was administered at 10:11 a.m. (2.25 hours late). Review on 9/10/24 of Resident #30 medical record revealed physician orders for Fiasp FlexTouch Subcutaneous Solution Pen-injector 100 unit/ML, Inject as per sliding scale: if 121-250 = 16 units; 251-300 = 18 units; 301 - 350 = 24 units; 351 - 400 = 30; Call MD/NP if above 400; 400 - 450 = 36 subcutaneously before meals, scheduled at 7:30 a.m., 11:30 a.m., and 4:30 p.m. Review on 9/10/24 of Resident #30 MAR revealed the Fiasp Insulin to scale on 8/1/24, the 7:30 a.m. dose was administered at 10:42 a.m. (over 3 hours late - not before breakfast). On 8/1/24, the 11:30 a.m. dose was administered at 1:30 p.m. (2 hours late - not before lunch). On 8/1/24, the 4:40 p.m. dose was administered at 5:44 p.m. (1 hour late - not before dinner). Review on 9/10/24 of Resident #30 MAR revealed the Fiasp Insulin to scale on 8/9/24, the 4:30 p.m. dose was administered at 6:10 p.m. (1 hour and 40 minutes late - not before dinner). Review on 9/10/24 of Resident #30 MAR revealed the Fiasp Insulin to scale on 8/15/24, the 7:30 p.m. dose was administered at 10:21 a.m. (2 hours and 50 minutes late - not before breakfast) and on 8/15/24, the 11:30 a.m. dose was administered at 1:03 p.m. (1 hour and 30 minutes late - not before lunch). (continued on next page)

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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review on 9/10/24 of Resident #30 medical record revealed physician orders for Lantus Solostar Subcutaneous Solution Pen-injector 100 unit/ML, Inject 40 units subcutaneously in the morning, scheduled at 8:00 a.m. Review on 9/10/24 of Resident #30 MAR for 8:00 a.m. Lantus revealed on 8/1/24 the dose was administered at 10:43 a.m. (2 hours and 40 minutes late). Review on 9/10/24 of Resident #30 medical record revealed physician orders for Lantus Solostar Subcutaneous Solution Pen-injector 100 unit/ML, Inject 20 units subcutaneously at bedtime, scheduled for 8:00 p.m. Review on 9/10/24 of Resident #30 MAR for 8:00 p.m. Lantus revealed on 8/20/24, the dose was administered at 10:27 p.m. (2 1/2 hours late). Review on 9/12/24 of Facility Policy, Medication Administration, undated, revealed: Policy: Medications are administered .as ordered by the physician and in accordance with professional standards of practice .12.b. Administer within 60 mins [minutes] prior to or after scheduled time unless otherwise ordered by the physician . Interview on 9/12/24 at approximately 12:15 p.m. with Staff E (Director of Nursing) confirmed above insulin findings for Residents #30. Review on 9/10/24 of Resident #30 medical record revealed physician orders for Insta-Glucose Gel 77.4%, Give 1 dose by mouth as needed for blood glucose [BG] less than 70, Pt [patient] arousable conscious and able to swallow Hold all diabetic medications until provider authorizes resumption. Remain with pt. in bed/chair for safety. Repeat blood glucose in 15 mins [minutes]. Review on 9/10/24 of Resident #30 MAR for September 2024 revealed on 9/1/24 at 4:30 p.m. a capillary blood glucose (CBG) of 56. Sliding scale insulin was held, but Insta Glucose was not signed off as administered and no repeat CBG was documented. Review on 9/10/24 of Resident #30 MAR for September 2024 revealed on 9/10/24 at 7:30 a.m. a CBG of 68. Sliding scale insulin was held, but Insta Glucose was not signed off as administered and no repeat CBG was documented. Review on 9/10/24 of Resident #30 Nurses Notes dated 9/1/24 and 9/10/24 revealed no indication of treatment of low blood sugar or repeat CBGs, or provider notification. Interview on 9/12/24 at approximately 1:30 p.m. Staff K (Advanced Practice Registered Nurse) confirmed he/she was not notified of the above findings and confirmed if nothing was documented it was not done. 38218

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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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 38218 Based on observation, interview, and record review, it was determined that the facility failed to ensure a medication error rate was less than 5 percent (%) for medication administration for 2 of 36 medications observed (5.56 % error rate) (Resident Identifier #34). Findings include: Review on 9/12/24 of Resident #34's September 2024 Medication Administration Record (MAR) revealed the following physician's orders: 1. Olanzapine 2.5 milligram (mg) by mouth in the morning for Borderline personality 2. Metoprolol Succinate Extended Relief (ER) 24 hour 100 mg, give 1 tablet by mouth one time a day for hypertension. Observation on 9/12/24 at approximately 7:30 a.m. of Staff N (Registered Nurse) administering medications to Resident #34 revealed Staff N was going to administer an Olanzapine 5 mg (prescribed 2.5 mg) and was not going to administer Metoprolol Succinate ER 24 hour 100 mg. Interview on 9/12/24 at approximately 7:30 a.m. with Staff N confirmed the above findings. Review on 9/12/24 of the facility policy titled, Medication Administration, dated 2024 revealed: .10. Ensure that the six rights of medication administration are followed: .c. Right Dosage . There were 2 medication errors out of a total of 36 medication pass opportunities resulting in a 5.56% error rate.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49819 Based on observation, interview, and record review, it was determined the facility failed to maintain locked storage of medications, failed to ensure resident medications had accurate labeling of medications in 1 of 2 med carts, and medications were discarded after expiration in 1 of 1 medication rooms observed ([NAME] Medication Room and Brettonwoods Medication Cart). Findings include: [NAME] Medication Room Observation on [DATE] at approximately 9:15 a.m. of [NAME] Medication room medication refrigerator revealed one open vial of Tuberculin PPD-Aplisol without an open date or open expiration date and one open vial of Tuberculin PPD-Aplisol with an open date of [DATE] (expired on ,d+[DATE]). Review on [DATE] of Tuberculin PPD-Aplisol manufacturer instructions revealed: .Vials in use more than 30 days should be discarded due to possible oxidation and which may affect potency . Interview on [DATE] at approximately 9:15 a.m. with Staff M (Registered Nurse) confirmed above findings. Brettonwoods Medication Cart Observation on [DATE] at approximately 9:45 a.m. of Brettonwoods medication cart revealed a medication cup with prepoured pills without a resident identifier. Observation on [DATE] at approximately 9:45 a.m. of Brettonwoods medication cart revealed open in use Insulin Basaglar (Lantus) Qkwikpen with no open date or open expiration date. Review on [DATE] of Lantus Manufacturer instructions revealed .Do not use your pen .for more than 28 days after you first start using the pen . Interview on [DATE] at approximately 9:45 a.m. with Staff L (Medication Nursing Assistant) confirmed above findings. Resident #26 Observation on [DATE] at approximately 7:30 a.m. of Resident #26 room revealed 2 bottles of nasal spray on his/her side table. Interview on [DATE] at approximately 7:30 a.m. with Resident #26 revealed he/she self administers his/her nasal sprays and has no place to lock it in his/her room. 38218 (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on [DATE] from approximately 7:10 a.m. through 7:20 a.m. revealed an unlocked medication cart in the hallway of the [NAME] Woods Unit. There were no staff in the area of the medication cart. Three residents were in the hallway in the area of the medication cart. Review on [DATE] of the facility policy titled, Medication Storage, dated 2024 revealed: .1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refridgerators, medication rooms) . Observation on [DATE] at approximately 7:15 a.m. in the [NAME] Woods Medication Cart revealed: Resident #34's Lantus with an open date of [DATE]. Review on [DATE] of the manufacturer's instructions for Lantus revealed: .Throw away pen you are using after 28 days, even if it still has insulin left in it . Interview on [DATE] at approximately 7:20 a.m. with Staff N (Registered Nurse) confirmed the medication cart was left unlocked and the Lantus was expired. Observation on [DATE] at approximately 7:30 a.m. of medication administration with Resident #34 revealed Staff N waste an Olanzapine 2.5 milligram (mg) tablet in the uncovered trash receptacle attached to the medication cart. Interview on [DATE] at approximately 7:30 a.m. with Staff N revealed that this is where he/she wastes medications if they are not narcotics. Review on [DATE] of the facility policy titled, Hazardous Waste Pharmaceuticals (HWP), dated 2024 revealed: .5. HWP's will be discarded in containers approved for disposal of HWP's .

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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 0865 Level of Harm - Potential for minimal harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. 47129 Based on interview and record review, it was determined that the facility failed to develop, implement and maintain an effective comprehensive, data-driven Quality Assurance and Performance Improvement (QAPI) plan. Findings include: Interview on 9/12/23 at 2:20 p.m. with Staff A (Administrator) revealed that the facility was unable to provide documentation of a written QAPI plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305084	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mineral Springs	1251 White Mountain Highway North Conway, NH 03860

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 47129 Based on interview and record review, it was determined that the facility failed to follow established infection control guidelines for facility water management by not having a system to monitor control measures to minimize the risk of Legionella and other opportunistic pathogens that has the potential to effect the facility census of 48 residents who resided at the facility. Findings include: Interview on 9/11/24 at approximately 10:30 a.m. with Staff D (Infection Preventionist) revealed they did not know if the facility had a system to monitor control measures in place to prevent the introduction and spread of Legionella. Review on 9/12/24 of the facility's policy, Legionella Water Management, dated 2017, revealed: .These domestic unmixed water tanks have a high-volume use and high temperature that make it completely inhospitable for the Legionella bacteria to grow. These tanks are also purged at the base to remove any settled impurities monthly by the maintenance staff using the TELS Maintenance System. All basement boiler and water flow systems are monitored for flow, pressure, temperature, and function daily .In the event of the plumbing maintenance or repair that disturbs the integrity of piping in the domestic water supply system: all fixtures directly supplied by the plumbing that is maintained or repaired, must flush for ten minutes .Baseboard heating systems, facility air conditioners, stored emergency water, eyewash stations, nebulizers, oxygen concentrators, outside watering spigots . Review on 9/12/24 of the facility's boiler room daily inspection and maintenance logs, revealed the following: -In August 2024, 10 out of 31 days, the temperature and pressures were monitored; -In September 2024, 4 out of 14 days, the temperature and pressures were monitored. The facility was unable to provided evidence of additional documentation for the control measures in place to prevent the introduction and spread of Legionella. Interview on 9/12/24 at 11:14 a.m. with Staff I (Maintenance Director) confirmed the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305084	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mineral Springs	1251 White Mountain Highway North Conway, NH 03860

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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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 47129 Based on interview and record review, it was determined the facility failed to designate an Infection Preventionist that completed specialized training in infection prevention and control. Findings include: Record review on 9/11/24 revealed that the facility could not provide evidence of specialized training in infection control for Staff D (Infection Preventionist). Interview on 9/11/24 at 10:30 a.m. with Staff D revealed that Staff D was hired on 5/23/24 and was currently designated as the Infection Preventionist. Interview on 9/11/24 at 12:00 p.m. with Staff E (Director of Nursing) confirmed the above findings. Review on 9/11/24 of the facility's job description for Infection Preventionist, revised 8/3/20, revealed: . Specific Education/Vocational Requirements .2. Must complete specialized training in infection prevention within 90 days of hire . Review on 9/12/24 of the facility's policy, Infection Prevention and Control Program (IPCP), revised 7/1/24, revealed: .The Infection Preventionist develops, implements, monitors and maintains the IPCP and fulfills the basic requirements for the role .