

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Belknap County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 30 County Drive Laconia, NH 03246	

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)
<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>43002</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the resident and/or resident representative was provided the Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN) form CMS-10055 (Centers form Medicare and Medicaid) for 3 out of 3 residents reviewed for beneficiary notices.(Resident Identifiers are #39, #41, and #57).</p> <p>Findings include:</p> <p>Resident #39</p> <p>Review on 9/18/24 of the Beneficiary Notice - Residents discharged Within the Last Six Months form, completed by the facility, revealed that Resident #39's last covered day of Medicare Part A Services was on 8/7/24 and he/she remained in the facility.</p> <p>Review on 9/18/24 of Resident #39's beneficiary forms revealed that Resident #39 was not provided the SNF ABN form CMS-10055.</p> <p>Resident #41</p> <p>Review on 9/18/24 of the Beneficiary Notice - Residents discharged Within the Last Six Months form, completed by the facility, revealed that Resident #41's last covered day of Medicare Part A Services was on 6/19/24 and he/she remained in the facility.</p> <p>Review on 9/18/24 of Resident #41's beneficiary forms revealed that Resident #41 was not provided the SNF ABN form CMS-10055.</p> <p>Resident #57</p> <p>Review on 9/18/24 of the Beneficiary Notice - Residents discharged Within the Last Six Months form, completed by the facility, revealed that Resident #57's last covered day of Medicare Part A Services was on 4/1/24 and discharged home.</p> <p>Review on 9/18/24 of Resident #57's census tab in the electronic record revealed that Resident #57's payer changed from Medicare Part A to Private Pay on 4/2/24. Resident #57 discharged home on 4/12/24.</p> <p>(continued on next page)</p>

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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<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review on 9/18/24 of Resident #57's beneficiary forms revealed that Resident #57 was not provided the SNF ABN form CMS-10055.</p> <p>Interview on 9/18/24 at 12:00 p.m. with Staff C (Director of Social Services) revealed that Resident #39, #41, and #57 were provided the wrong form, form CMS-R-131 not the form CMS-10055.</p> <p>Review on 9/19/24 of the facility's policy titled, Discharge Care Plan Facility Policy, revised on 6/9/23, revealed: .Social Services or designee will provide Advanced Beneficiary Notice [ABN] information as required .</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>47129</p> <p>Based on interview, observation, and record review, it was determined that the facility failed to follow manufacturer's instructions for care and cleaning of the Hydrocollator.</p> <p>Findings include:</p> <p>Review on 9/19/24 of the manufacturer's instructions for the Hydrocollator, undated revealed: .Care and cleaning: .Water is constantly lost during operation due to evaporation. Therefore, it is essential that water be added daily. The tank should also be drained and cleaned systematically, at a minimum interval of every two weeks .</p> <p>Observation on 9/19/24 at approximately 9:00 a.m. in the rehab department revealed that there was a hydrocollator.</p> <p>Interview on 9/19/24 at approximately 9:00 a.m. with Staff A (Director of Nursing) revealed that residents who were in the restorative program would utilize the heat pads from the hydrocollator and that Staff B (Assistant Director of Nursing (ADON)) oversees the program.</p> <p>Review on 4/13/23 of the facility form Hydrocollator Maintenance - Cleaning Log for July, August, and September 2024 revealed the following:</p> <p>July 2024: One cleaning on 7/23/24;</p> <p>August 2024: No cleaning was done;</p> <p>September 2024: One cleaning on 9/18/24.</p> <p>Review on 9/19/24 of the facility's report for hydrocollator use for September 2024 revealed that the heat pads from the hydrocollator were used on 8 residents on 9 out of 18 days.</p> <p>Interview on 9/19/24 at approximately 10:20 a.m. with Staff B confirmed the above findings.</p> <p>Review on 9/19/24 of the facility policy titled, Application of Hot Packs, dated 6/25/24 revealed: .Maintenance .Hydrocollators are cleaned bimonthly and prn [as needed], according to the manufacturer specifications in the manual .</p>