

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 305005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER GREENBRIAR HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 55 HARRIS ROAD NASHUA, NH 03062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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. Based on observation and interview, it was determined that the facility failed to ensure that the environment on the dementia unit remained free from possible accidents/hazards by not identifying a water system with a hot water spout that could potentially lead to burns. Findings include: Observation on 8/13/20 at approximately 8:30 a.m. on the dementia unit revealed a hot/cold water system located in the corner in the kitchenette area that is accessible to the residents. Hot water came out of the spout when the button was pushed. Interview on 8/13/20 at approximately 10:30 a.m. with Staff A (Director of Nurses) and Staff B (Administrator) revealed that they did not have any knowledge that the above hot/cold water system was located on the unit. Observation on 8/13/20 at approximately 11:30 a.m. of the hot/cold water system on the dementia unit with Staff B, revealed the temperature of the hot water dispensed from the above water system was taken and recorded as 173 degrees Fahrenheit.		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on Interview, Observation, and Record Review the facility failed to store or prepare food in a sanitary condition in relation to monitoring unit and kitchen refrigerator/freezer temperatures and failing to prohibit pests in the kitchen food preparation area. This affected the main kitchen as well as 2 of 2 unit refrigerators surveyed. Findings include: Observation on 8/13/2020 during the facility tour at around 12:00 pm revealed that there were both fruit and black flies in the facility kitchen storage area, the hallway leading from the kitchen to the facility dumpster, and in the food preparation areas including flying above the steam tables during the distribution of lunch. Observation on 8/13/2020 during the facility tour at around 11:45 am revealed that there were fruit flies and black flies in the kitchen as well as in the hallway that leads from the kitchen area to one of the facility dumpster areas. Further observation revealed that the facility dumpster area had used gloves, used surgical masks, used single use coffee pods, raw vegetables, and food wrappers on the floor surrounding the dumpster. Additionally, there were about 15 milk crates stacked around the dumpster area, and the dumpster had an opening on the side of the dumpster equipped with a sliding door, which was in the open position and not covering the dumpster. These conditions can provide harborage areas for pests such as flies, rodents, and roaches. Record Review of the 2013 FDA Food Code section 6-501.111 Controlling Pests. states The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A) Routinely inspecting incoming shipments of FOOD and supplies; (B) Routinely inspecting the PREMISES for evidence of pests; (C) Using methods, if pests are found, such as trapping devices or other means of pest control as specified under 7-202.12, 7-206.12, and 7-206.13; Pf and (D) Eliminating harborage conditions. Section 6-501.114 Maintaining Premises states the premises shall be free of (B) Litter. Observation on 08/13/2020 during the facility environmental tour revealed that the facility unit refrigerator/freezers have a document entitled Refrigerator/Freezer Temperature Log in a binder next to it. Record Review of the document entitled Refrigerator/Freezer Temperature Log for Building 1 August 2020, revealed that temperatures were not documented on the log for the internal temperature of the refrigerator or freezer for dates August 1, 2, 6-9, 2020 and were not documented for the refrigerator for PM on August 10-11, 2020. Record Review of the document entitled Refrigerator/Freezer Temperature Log for Unit 5-3 August 2020, revealed that temperatures were not documented on the log for the internal temperature of the refrigerator or freezer for dates August 5, 7-11, 13, 14, 2020. Interview with the Director of Nursing revealed that the facility identified that this is an issue and that they are working on who will be responsible for monitoring the temperatures of the unit refrigerators and freezers. Observation on 8/13/2020 during the facility tour at around 12:00 pm revealed that the facility did not provide a sign or poster that notifies FOOD EMPLOYEES to wash their hands at a newly installed hand washing sink near the dishwasher in the Kitchen. Observation on 8/13/2020 during the facility tour at around 12:00 pm revealed that the facility was storing open boxes of food on the floor of the facility freezers. Further observation revealed that the freezer did not have any employees present in the freezer during the above observation. Interview with the Food Service Manager at the time of the observation revealed that a staff member was reorganizing the freezer and had placed the boxes on the floor in order to make room for a delivery coming that week. Record Review of the 2013 FDA Food Code section 3-305.11 states Food . shall be protected from contamination by storing the FOOD: (3) At least 15 cm (6 inches) above the floor. Observation on 8/13/2020 during the facility tour at around 12:00 pm revealed that the facility has a stand-alone ice cream freezer where ice cream was being stored. The freezer had two plastic sliding doors on the top of the freezer that had holes on each side to allow for someone to stick their finger into to slide the doors open. Additionally, there was about a 1/4 gap where these sliding doors met in the middle of the top of the freezer. Both of these features could allow cold air to escape the freezer. One of the boxes of ice cream in the freezer directly under the gap described above had about 10 cups of ice cream that were soft and defrosted. Three boxes in the freezer contained ice cream cups and had instructions on the side of the box to store the cups at 0F or below. There was no thermometer in the freezer to check the internal temperature of the freezer and the digital thermometer on the outside of the freezer read 6F. Interview with Dietary Aid #1 during the time of the observation confirmed that he/she does not check the temperature of the freezer with a thermometer in the freezer but used the digital temperature reader on the outside of the freezer. Interview with the Food Service Manager at the time of the observation confirmed that the ice cream should be stored at or below 0F and was not.		
F 0814 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on Observation and Interview the facility failed to dispose of garbage properly. This affected one dumpster area and one of four units surveyed. Findings include: Observation on 8/13/2020 during the facility tour at around 7:45 am revealed that there were 4 meal trays that had uncovered leftover food placed on a cart and left in the unit dining room (which is open to the hallway and not being used due to COVID-19). On the trays, there were meal tickets that stated that the food was from dinner the night before. There were also about 4-5 fruit flies present around the trays. Interview with Staff O (Night RN Supervisor) at the time of observation confirmed that these trays were from the dinner service the night before and that the trays should have been disposed of the night before. Interview with the facility Staff A (Director of Nursing (DON)) confirmed that trays from dinner the previous night should not have been on the unit at 7:45 am the following day.		

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.

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F 0814 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>Observation on 8/13/2020 during the facility tour at around 11:45 am revealed that there were fruit flies and black flies in the kitchen as well as in the hallway that leads from the kitchen area to one of the facility dumpster areas. Further observation revealed that the facility dumpster area had used gloves, used surgical masks, used single use coffee pods, raw vegetables, and food wrappers on the floor surrounding the dumpster. Additionally, there were about 15 milk crates stacked around the dumpster area, and the dumpster had an opening on the side of the dumpster equipped with a sliding door, which was in the open position and not covering the dumpster. These conditions can provide harborage areas for pests such as flies, rodents, and roaches. Interview with the Director of Food Services at the time of the observation confirmed that the area around the dumpster had garbage on the floor and that they probably need to sweep up. Therefore, the facility failed to dispose of garbage and refuse properly.</p> <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and policy and record review, the facility failed to implement an adequate process for screening employees and visitors for signs and symptoms of COVID-19, failed to have readily available disinfectant for disinfecting portable vital sign machines used for multiple residents, failed to properly dispose of used PPE (Personal Protective Equipment), and failed to maintain infection control systems to prevent the spread of COVID-19 within the facility. These deficient practices could affect all residents and staff in the facility. Findings include: Observation on 08/13/20 between approximately 7:00 a.m. thru 7:20 a.m. revealed upon entering the building the survey team was asked to fill out a screening form and their temperatures were taken by Staff C (Staffing Coordinator). Staff C did not review the questionnaire or ask the survey team if they had signs or symptoms of or risk factors associated with the transmission of COVID-19 including travel history and/or contact with someone that had COVID-19. Interview with Staff C at approximately 7:00 a.m. thru 7:20 a.m. revealed that they were responsible for reviewing the COVID-19 screening forms and confirmed that Staff C did not review the screening form prior to allowing the surveyors to enter the building. Observation on 08/13/20 between approximately 7:00 a.m. thru 7:20 a.m. revealed, that Staff D (Nurse), Staff E (Nurse) and Staff F (Respiratory Department) had their temperatures taken by Staff C prior to entering the building, but did not complete a screening form nor were they asked if they had signs/symptoms of or risk factors associated with the transmission of COVID-19 including travel history and/or contact with someone that had COVID-19. Interview with Staff C at approximately 7:20 a.m. revealed that they were responsible for screening employees that enter the building and that employees only have their temperature taken prior to entering the building. Staff C further stated, employees are not screened for signs or symptoms of COVID-19 prior to entering unless they are sick. Observation on 08/13/2020 later in the morning during the facility tour revealed that Staff Y (Corporate Employee) entered the facility for the first time that day, had his/her temperature taken, completed the facility screening form, however it was not reviewed prior to him/her entering the facility and he/she was not asked about if they had signs/symptoms of or risk factors associated with the transmission of COVID-19 including travel history and/or contact with someone that had COVID-19. Interview with Staff Z (Facility Receptionist) revealed that he/she was responsible for screening visitors and staff at that time and that he/she did not review Staff Y's form. He/she further stated that he/she does not review the screening form prior to allowing visitors to enter the facility and that he/she only checks the forms to make sure they are completed. Record Review, on 08/13/2020 during entrance to the facility, of the facility document entitled Next Step Healthcare - COVID-19 Screening Questionnaire states facilities are required to actively screen all visitors. The document then instructs the visitor to please answer all of the following questions which includes the question 3. Have you exhibited any signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat in the past 14 days? The form does not ask about any other signs or symptoms specific to COVID-19 including muscle aches, new loss of taste or smell, or Gastrointestinal symptoms. The document also does not ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. Interview with Staff A (Director of Nursing) at approximately 9:30 a.m. on 08/13/2020 confirmed that staff were not screened at the beginning of their shifts for signs and symptoms consistent with COVID-19 and that staff were only screened if staff have been out sick from the facility, if they call-off work, or have been exposed to someone with COVID-19 and that staff are trained to report if they are experiencing symptoms of COVID-19 to the facility. Record Review on 08/14/2020 of the United States Centers for Disease Control and Prevention's (CDC) document entitled Preparing for COVID-19 in Nursing Homes updated on June 25, 2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html revealed Screen visitors for fever (temperature greater than or equal to 100.0F), symptoms consistent with COVID-19 (including Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea), or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. Record Review on 08/13/2020 of the facility policy COVID-19 Prevention and Control, last revised 5/2020, revealed the following The Infection Preventionist is responsible for establishing and overseeing the active surveillance and monitoring efforts, including: Daily monitoring of developing infection by screening for signs of respiratory infection, temperature screening, and self-reporting of symptoms. Record Review on 08/13/2020 during entrance to the facility of the facility document, entitled Next Step Healthcare - COVID-19 Screening Questionnaire, revealed If I am working in the facility I will be required to complete this screening if I have been out sick from the facility for any reason, call-off for any reason, or if any of my answers to the above questionnaire change due to travel or contact with anyone with a confirmed diagnosis. Therefore, the facility was not screening visitors and staff for COVID-19 in accordance with CDC guidance or the facility policy, Masking Observation on 08/13/20 between approximately 7:00 a.m. thru 7:20 a.m. revealed Staff H (Licensed Nursing Assistant (LNA)), Staff G (LNA), Staff J (Therapy), Staff K (LNA), Staff M (Business Office Manager) and Staff I (Housekeeping Supervisor) all entered the building without a mask or face covering and were less than 6 feet apart while getting their temperatures taken. Observation on 08/13/20 between approximately 7:00 a.m. thru 7:20 a.m. revealed Staff L (LNA) entered the building without a mask or face covering and went into the changing room, came out of the changing room without a mask or face covering then proceeded to the time clock without a face covering. Observation on 08/13/20 from approximately 7:53 a.m. - 8:07 a.m. revealed Staff S (LNA), passing breakfast trays to rooms 318 thru 320, was wearing his/her mask below his/her nose. Observation on 08/13/20 at approximately 8:15am revealed Staff S open the door and attempt to enter a room that was on droplet precautions with mask located below nose, the surveyor stopped Staff S before he/she entered the room. When asked why Staff S was entering the room without his/her mask covering their nose, Staff S said that it (their mask) must have slipped down. Observation on 08/13/20 at approximately 8:27 a.m. on Building 1 revealed Staff U (Unit Manager) sitting at the nursing station on a cell phone with mask below nose. Record Review on 08/14/20 of the CDC (Centers for Disease Control) titled, Preparing for COVID-19 in Nursing Homes, updated June 25,2020 revealed: . Implement source Control Measures. HCP (Health Care Personnel) should wear a facemask at all times while they are in the facility. Record Review on 08/14/20 of the facility document, entitled Next Step Healthcare - PPE Conservation Usage Flow Chart states Standard PPE for facility everyone wears masks Therefore, the facility did not ensure that HCP wear masks at all times while they are in the facility in accordance with CDC guidance or the facility policy. Quarantine Unit Observation on 08/13/20 at approximately 7:23 a.m. on the Quarantine unit revealed a portable multi-person use vital sign equipment stand in the hallway. There was no disinfectant noted to be in the area. Interview on 08/13/20 at approximately 7:23 a.m. with Staff O (Nursing Supervisor) revealed that Staff O was not sure where the disinfectant would be and referred the question to Staff P (LNA). Interview on 08/13/20 at approximately 7:23 a.m. with Staff P revealed that the disinfectant was not readily available and was locked in the nurses cart. If the nurse was not available Staff P would go to another unit to get disinfectant to clean the portable multi-person use vital sign equipment stand. Observation on 08/13/20 at approximately 7:30 a.m. on the Quarantine Unit dining area were 4 dinner trays with partially eaten food (uncovered) on a cart from the dinner on 08/12/20. Meal tickets on the dinner trays indicated two of the trays belonged to Resident #1 and Resident #2 who were both on droplet precautions. Interview on 08/13/20 at approximately 7:30 a.m. with Staff O revealed that the trays should not have been left there overnight and should have been brought to the kitchen. Social Distancing Observation on 08/13/20 twice during the facility tour revealed in Building 1 (which is a unit where most residents have dementia or other memory care concerns) that residents who were in wheel chairs were placed at the same table in the facility dining room, were not six feet apart, and were not wearing face coverings. During the first observation, two residents were eating at the same table. Additionally, observations later in the day revealed that residents were in wheelchairs and placed across from each other in the dining room, and that chairs</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 2)</p> <p>and couches were set-up less than 6 feet apart from each other. Record Review on 08/14/20 of the United States Centers for Disease Control and Prevention's (CDC) document entitled Considerations for Memory Care Units in Long-term Care Facilities updated May 12, 2020 states Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. Interview with Staff A (Director of Nursing) on 08/13/2020 at approximately 10:00 a.m. revealed that residents in Building 1 (which is a unit where most residents have dementia or other memory care concerns) should not be placed within 6 feet of each other if they are in wheelchairs during dining. Actively Screening Residents Interview with Staff A on 08/13/2020 at approximately 10:00 a.m. revealed that the facility is taking vital signs of all residents, which includes pulse oximetry every 4 hours, however the facility only monitors and asks about signs/symptoms of COVID-19 in residents who are new admissions to the facility. Staff A confirmed during the interview that long-term care residents of the facility are not asked about signs/symptoms of COVID-19 at least once daily and monitoring for signs and symptoms of COVID-19 is not documented in the patients medical record. Staff A stated We take their vital signs everyday and the residents know what the signs and symptoms are to report. Record Review on 08/14/2020 of the United States Centers for Disease Control and Prevention's (CDC) document entitled Preparing for COVID-19 in Nursing Homes updated on June 25, 2020 states Actively monitor all residents upon admission and at least daily for fever (temperature greater than or equal to 100.0 degrees Fahrenheit) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. Review on 08/14/20 of the facility policy and procedure titled, Coronavirus Disease (COVID-19) Prevention and Control, last revised 5/2020 revealed: .Policy Interpretation and Implementation. 1. The response to the current outbreak of coronavirus disease is based on the most current recommendations from health policy officials, state agencies and the federal government. 6. The Infection Preventionist or designee is responsible for establishing and overseeing active surveillance and monitoring efforts, including: e. Daily monitoring of developing infection in residents by screening for signs of respiratory infection, temperature screening, and self-reporting of symptoms. Precautions/PPE Observation on 08/13/20 from approximately 7:40 - 7:50 a.m. on Building 5-3 revealed that an open door that had signage posted that the resident was on droplet precautions and the door should remain closed. Observation on 08/13/20 at approximately 8:15am revealed Staff S open the door and attempt to enter a room that was on droplet precautions with mask located below nose, the surveyor stopped Staff S before he/she entered the room. When asked why Staff S was entering the room without his/her mask covering their nose, Staff S said that it (their mask) must have slipped down. Observation on 08/13/20 at approximately 7:59 a.m. of the droplet precaution room on Building 5-3 revealed Staff T (maintenance) coming out of the precaution room with only a surgical mask and gloves on. Staff T then picked up the phone outside of the precaution room without washing hands or changing masks. Interview on 08/13/20 at approximately 7:59 a.m. with Staff T revealed that Staff T was told by nursing all Staff T needed for PPE in the droplet precaution room was gloves and mask. Interview on 08/13/20 at approximately 7:45 a.m. with Staff R (Nurse) revealed that the door should be closed at all times when someone is on droplet precautions and that the resident in that room was COVID-19 recovered but was on droplet precautions because he/she developed respiratory symptoms and the facility was being careful. Observation on 08/13/20 at approximately 9:20 a.m. on the droplet precaution unit revealed Staff X LPN (Licensed Practical Nurse) had a face shield on his/her head but it was not lowered in a position that protected his/her eyes. Signs on the door to this unit state that eye protection is to be worn on the unit at all times. Observation 08/13/20 at approximately 11:40 a.m. between Building 1 and the droplet precaution unit revealed that several staff members were utilizing a door located between the 2 units with signage posted on the door that the door should not be used. Staff were doffing PPE within the conference room of the unit on droplet precautions and walking within the unit without gowns or eye protection on to get to this door which exits into Building 1 a unit that mostly contains residents with memory care concerns or dementia. Two staff members were observed exiting the droplet precaution unit without washing or sanitizing their hands prior to entering Building 1. Interview on 08/13/20 at approximately 11:40 a.m. with Staff A during this observation revealed that these staff members should not be coming into Building 1 from that entrance. Observation on 08/13/20 at approximately 7:35 a.m., revealed that the facility has a donning and doffing station that is used to don and doff PPE after staff exit a unit that is on droplet precautions located in the same area, potentially cross-contaminating clean PPE stored in this area. Further observation revealed that the donning/doffing area had three portable hand sanitizing solution dispensers within the area. Observation on 08/13/20 at approximately 9:00 a.m. of the donning and doffing station revealed multiple plastic bags and open paper bags with used gowns and goggles in them. Some bags had staff names visible on them, for example, Staff V (LNA). Some bags had used gowns co-mingled with goggles touching each other. Interview on 08/13/20 at approximately 9:05 a.m. with Staff R revealed that the paper bags are for staffs clean goggles to be reused and are indicated by specific names on the bags and the plastic bags are for staff members to put the single use gowns to be reused while on break. The gown should be discarded at the end of the employees shift. Staff R confirmed that Staff V was not working at this time and that the gown should have been discarded. Observation on 08/13/20 at approximately 9:05 a.m. revealed Staff W (Housekeeping) leaving the droplet precaution unit and doffing a gown and placing it into a plastic bag at the doffing station without washing or sanitizing his/her hands. Staff W also did not clean/sanitizer his/her goggles after leaving the droplet precaution unit. Interview attempted on 08/13/20 at approximately 9:05 a.m. when Staff W stated, I no speak English. and walked away down the hall continuing to work. Observation on 08/13/20 at approximately 9:06 a.m. of the conference room on the unit on droplet precautions revealed 4 sets of used gowns, eye protection placed either on a table or chair with used gloves that were placed on top of goggles and 7 unlabeled bags of used PPE. Interview on 08/13/20 at approximately 9:06 a.m. with Staff R revealed, Maybe this is housekeeping or laundry's'. Staff R confirmed that the PPE had been used and should not have been there. Record Review on 08/14/20 of the CDC (Centers for Disease Control) titled Using Personal Protective Equipment (PPE), updated July 14,2020 revealed: How to take Off (Doff) PPE Gear .2. Remove gown. . Dispose in trash receptacle Record Review on 08/14/20 of the CDC titled, Strategies for Optimizing the Supply of Isolation Gowns, updated March 17, 2020 revealed: .Crisis Capacity: strategies that are not commensurate with standard U.S. (United States) standards of care. These measures, or a combination of these measures, may need to be considered during periods of isolation gown shortages Re-use of cloth isolation gowns. Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. Record Review on 08/14/20 of the facility policy and procedure titled, PPE Procurement & Conservation, last revised date: 05/2020 revealed: .Guidelines. The use of PPE will be in accordance with the guidance of the Department of Public Health (DPH) and the Centers for Medicare and Medicaid Services (CMS) to the extent PPE is available. In situations whereby the State and or nationally there exists a profound shortage or access to PPE, including but not limited to gowns, PPE shall be conserved for use with staff interacting with residents who require droplet precautions, with known or suspected COVID-19 positive or under investigation. Interview on 08/13/20 at approximately 10:00 a.m. with Staff A revealed that the facility has enough PPE including gowns, and is not at a crisis capacity for PPE. Record Review on 08/14/20 of the facility policy and procedure titled, Interim Infection Prevention for COVID-19, last revision date 5/2020 revealed: .1. The facility will follow transmission-based policies and procedures and Centers for Medicare & Medicaid Services (CMS) guidance for residents suspected or confirmed Coronavirus Disease (COVID-19) in Healthcare Settings. .8. The facility will utilize Personal Protective Equipment (PPE) per CMS current guidance. Observation on 08/13/20 at approximately 11:35 a.m. on Building 1 in the dining area revealed an uncovered mouth suctioning machine with the drawer opened and the [MEDICATION NAME] (oral suctioning tube) mouth piece tube open to air. Interview on 08/13/20 at approximately 11:35 a.m. with Staff A revealed that the suctioning machine should have been covered and the [MEDICATION NAME] mouth piece tube should have been in a plastic sheath.</p> <p>Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview and Record Review the facility failed to adequately document and follow their own policy to monitor antibiotic use. This could affect all residents prescribed antibiotics. Findings include: Record Review on 08/13/2020 of the facility policy entitled Antibiotic Stewardship - Review of Surveillance of Antibiotic Use and Outcomes dated 11/2017 states d) All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include: Name of antibiotic, Start Date of Antibiotic, pathogen identified, site of infection, date of culture, stop date, total days of therapy, outcome, and adverse events. Record Review on 08/13/2020 of the facility document entitled Infection Control Log the start date of the antibiotic, stop date, total days of therapy, and outcome are not documented and there is no place on the log to document this information. Record Review on 08/13/2020 of the facility document entitled Infection Control Log revealed: May 2020 Building 1 indicated: Site: UTI, Culture: (None</p>		
F 0881 Level of harm - Potential for minimal harm Residents Affected - Many	<p>Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview and Record Review the facility failed to adequately document and follow their own policy to monitor antibiotic use. This could affect all residents prescribed antibiotics. Findings include: Record Review on 08/13/2020 of the facility policy entitled Antibiotic Stewardship - Review of Surveillance of Antibiotic Use and Outcomes dated 11/2017 states d) All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include: Name of antibiotic, Start Date of Antibiotic, pathogen identified, site of infection, date of culture, stop date, total days of therapy, outcome, and adverse events. Record Review on 08/13/2020 of the facility document entitled Infection Control Log the start date of the antibiotic, stop date, total days of therapy, and outcome are not documented and there is no place on the log to document this information. Record Review on 08/13/2020 of the facility document entitled Infection Control Log revealed: May 2020 Building 1 indicated: Site: UTI, Culture: (None</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0881</p> <p>Level of harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> <p>F 0925</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 3)</p> <p>noted), [MEDICATION NAME] May 2020 Building 2 indicated: Site: UTI, Culture: (None noted), [MEDICATION NAME] prescribed June 2020 Building 5-3 indicated: Site: UTI, Culture: (None noted), [MEDICATION NAME] prescribed May 2020 Building 5-3 indicated: Meets McGreer's Criteria: No Site: UTI, Culture: 5/24 (no organism noted), [MEDICATION NAME] and [MEDICATION NAME]</p> <p>prescribed Meets McGreer's Criteria: No Site: UTI, Culture: 5/10 (no organism noted), [MEDICATION NAME] prescribed The log is also missing the resolved date for a few entries in the log. Interview with Staff A (DON) confirmed that medical staff do sometimes prescribe antibiotics without obtaining a culture first and that the log should contain the start date of the antibiotic, stop date, total days of therapy, and outcome for antibiotic's prescribed in the facility.</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on Interview, Observation, and Record Review the facility failed to maintain an effective pest management program that prevented the introduction and spread of pests throughout the facility. Pests were observed in 4 of 7 areas observed during the survey. Findings include: Observation on 8/13/2020 during the facility tour at around 7:45 am revealed that there were 4 meal trays that had uncovered leftover food placed on a cart and left in the unit dining room (which is open to the hallway and not being used due to COVID-19). On the trays, there were meal tickets that stated that the food was from dinner the night before. There were also about 4-5 fruit flies present around the trays. Observation on 8/13/2020 during the facility tour at around 12:45 pm revealed that there were 3 meal trays that had uncovered leftover food placed on a table and left in the unit dining room kitchen on the Memory Care Unit East. There were 2-3 fruit flies present around the trays. Observation on 8/13/2020 during the facility tour at around 12:30 pm revealed that there were fruit flies in the facility elevator. Observation on 8/13/2020 during the facility tour at around 12:00 pm revealed that there were both fruit and black flies in the facility kitchen storage area, the hallway leading from the kitchen to the facility dumpster, and in the food preparation areas including flying above the steam tables during the distribution of lunch. Record Review on 8/14/2020 of a document from JP Pest Services entitled Integrated Pest Management Service Report dated 8/13/2020 I do recommend cleaning around the baseboards in the main kitchen cooking area and cleaning the drains out to help prevent breeding areas for flies. Additionally, the report notes no pests entries were noted in the Quality Assurance Manual The Pest Summary also states none noted, however, fruit flies were observed in the kitchen by the survey team throughout the day on 08/13/2020. Record Review on 8/14/2020 of a document from JP Pest Services entitled Integrated Pest Management Service Report dated 7/16/2020 states Drains need cleaning - drains show significant residue and debris accumulation, contributing to fly activity. Record Review on 8/14/2020 of a document from JP Pest Services entitled Integrated Pest Management Service Report dated 5/15/2020 notes rodent activity in the building and states Screen: Hole in Screen - allowing rodents to enter the building. The same finding was noted on a report dated 06/03/2020. Interview with the facility Administrator confirmed that the facility has fruit flies in the building and that they are working on it and had pest control come to the facility on [DATE].</p>		