STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305085	A. BUILDING _____ B. WING _____	**03/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LANGDON PLACE OF KEENE	**136 A ARCH STREET KEENE, NH 03431**

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 0553 **Level of harm -** Potential for minimal harm **Residents Affected -** Some	**Allow resident to participate in the development and implementation of his or her person-centered plan of care.** Based on interview, facility policy, and record review, it was determined that the facility failed to notify the representative of care plan meetings for 1 resident in a final sample of 13 residents. (Resident identifier is #3.) Findings include: Resident #3 Interview on 3/4/20 at approximately 2:26 p.m. with Resident #3's DPOA (Durable Power of Attorney), revealed that Resident #3's DPOA did not get invited to the care plan meetings. The DPOA revealed that the DPOA did not know what a care plan meeting was or when then had been scheduled. The DPOA would be unable to attend due to the DPOA's own medical issues but would want to attend via phone conference. The DPOA would like to be in attendance to share thoughts about the care of Resident #3 Review on 3/4/20 at 3:00 p.m. of Resident #3's Electronic Medical Record (EMR) revealed no documentation of care plan meeting notifications to Resident #3. Resident #3 has a Brief Interview for Mental Status Score (BIMS) of 7 (Score range of 0-15 with 15 being the highest score for cognitive status) and Resident #3's DPOA is activated. and would be the recipient for care plan meeting notifications. Review on 3/5/20 at 9:00 a.m. of the facility's policy titled Person-Centered Care Plan, with a revision date of 7/1/19 revealed 9. The Center has the responsibility to assist patients to participate by: 9.1 Extending invitations to patients and HCDM (health care decision maker) sent in advance; .10. Care plan meetings will be documented by use of the Care Plan Meeting note. Interview on 3/5/20 at 10:15 a.m. with Staff B (Social Worker) confirmed there was no documentation in the EMR that Resident #3's DPOA was notified of care plan meetings, the care issues discussed, or discussion of any revisions to the care plan. Staff B indicated that the DPOA had medical issues and therefore Staff B had not notified the DPOA of the last three care plan meetings.
F 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure services provided by the nursing facility meet professional standards of quality.** Based on observation, interview, policy and procedure review it was determined that the facility failed to dispose of sharps properly in Findings include: Review of an FDA (Food and Drug Administration) alert located at: https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/Sharps/ucm0.htm: revealed the following: Dispose of used sharps disposal containers according to your community guidelines. and Place all needles and other sharps in a sharps disposal container immediately .Overfilling a sharps disposal container increases the risk of accidental needle-stick injury This alert was accessed on 3/17/2020 Review on 3/5/20 of the facility's policy and procedure titled, SH305 Needle Handling and Sharps Injury Prevention, revision date: 10/15/19 revealed: Purpose Sharps disposal 7.1 Contaminated sharps will be discarded immediately or as soon as feasible in appropriate disposable containers .8. The container used for sharps disposal will be: 8.1 Closable 8.2 Puncture resistant .12.1 Sharps containers must be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Observation on 3/4/20 and 3/5/20 in the conference/training room revealed an opened sharps container that was 1/4 of the way full with sharps. The top of the sharp's container had a missing safety lid and had an opening approximately 6 x 3. The sharps container was not secured. Interview on 3/5/20 with Staff D (Registered Nurse) at approximately 1:00 p.m. revealed, Sometimes the door to this room is left unlocked, sometimes it is locked. That sharps in that container were from a training for the syringes that we are going to be using. That training was a few months ago. I do not know how many sharps we went though during that training. Maintenance and other repair companies have access to this room without nursing present.

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.