Printed: 11/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305081	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2022
NAME OF PROVIDER OR SUPPLIE Birch Healthcare Center	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 62 Rochester Hill Road Rochester, NH 03867	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	her rights.  37488  Based on interview and record reviright to leave the nursing home for (Resident identifier is #2.)  Findings include:  Review on 9/15/22 of Resident #2's LOA [Leave of Absence] allowed for Review on 9/15/22 of Resident #2's guardian over Resident #2.  Interview on 9/15/22 at approximat (Medical Director) had written an ostated that there was no communic go on LOA with the guardian or far Interview on 9/15/22 at approximat she/he was very involved with famil Resident #2 stated that she/he mis Interview on 9/19/22 at approximat informed the family that Staff E wroto safety concerns. Resident #2's greater Resident #2's guardian confirmed the Interview on 9/16/22 at approximat informed the family that Staff E wroto safety concerns. Resident #2's greater Resident #2's guardian confirmed the Interview on 9/16/22 at approximat	s medical record revealed that Resider rely 1:50 p.m. with Staff C (Director of Norder that stated Resident #2 could not cation with Resident #2's guardian abounily.  The stelly 4:20 p.m. with Resident #2 revealed and was very appreciative that they see going out with family and started of the state of	failed to ensure that a resident's dents reviewed for resident rights.  Order dated 8/29/22 that stated No on t #2's daughter was the appointed on LOA from the facility. Staff C out Resident #2 not being allowed to to d that Resident #2 verbalized that took Resident #2 out for visits. Erying.  It ian revealed that Resident #2 as not allowed to go on LOA related vironment when Resident #2 visits. Er by the facility or by Staff E.  The above mentioned physician

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 305081

If continuation sheet Page 1 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305081	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2022
NAME OF PROVIDER OR SUPPLIE  Birch Healthcare Center	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 62 Rochester Hill Road Rochester, NH 03867	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, ne authorities.  43408  Based on interview and record reviviolations of abuse were reported to for abuse. (Resident identifiers are Findings include:  Resident #1  Review on 9/15/22 at approximatel  On 8/18/22 at 1:21 a.m. Resident Indown on the bathroom floor without Resident comfortable.  On 8/18/22 at 4:30 a.m. Post unwitt discomfort over 3 hours, progressive omitted] unwitnessed fall. Resident Resident and this nurse agree. EM [facility name omitted] with no furth Interview on 9/15/22 at approximate 8/8/22 as well as 8/18/22. Staff A sonothing abnormal was noted with a with getting Resident #1 off the floot time of the fall. Staff A also stated the administered Acetaminophen and with still in pain and that is when they can family. Interview with Staff A also rebed unresponsive and what appears Resident #1 sent to the hospital. Staff and the fall of the fall o	ew, it was determined that the facility factor the State Survey Agency within 24 how #1, and #2.)  y 10:00 a.m. of Resident #1's nursing researd yelling from room for help, unwith thinjury. Transferred from floor to WC [varies worsening, also c/o testicular pain and discussed going to hospital for evaluar S [Emergency Medical Services] dispater incident.  ely 12:00 p.m. with Staff A (nurse) revetated that on 8/18/22 Resident #1 was visual assessment for injury and processor and back to bed. Staff A did not recall that they had gone back into check on I when they went back to check effective alled to have Resident #1 transported to evealed that the on 8/8/22, Staff A founted to be foam coming out of their moutaff A stated they did not notify the provent of the proving the prov	the investigation to proper sailed to ensure that alleged burs for 2 of 3 residents reviewed shours for 2 of 3 residents reviewed shours for 2 of 3 residents reviewed should be sessed fall, Resident was found wheelchair] to bed without incident.  The esident c/o [complained of] that had also started after [pronoun tion and possible treatment. The tendent and resident transported to should be saided that Resident #1 had fallen on found in the bathroom on the floor, seeded to get other staff to assist all if the provider was notified at the Resident #1 noted the pain, ness they noted Resident #1 was to the hospital and notified the did Resident #1 on the floor by the th. Staff A called 911 and had rider as they were not aware they seessment summary documented and fall morning of 8/18/22 and was cospital due to LE [lower extremity]
	Resident #2 (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305081	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2022
NAME OF BROWER OF CURRUE	'D	CTREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLIE	:R	STREET ADDRESS, CITY, STATE, ZI	PCODE
Birch Healthcare Center		62 Rochester Hill Road Rochester, NH 03867	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	mild edema (swelling), erythema (respecially along distal tip of toe, no of the podiatry note revealed a recognition [Anteroposterior], Lateral, Oblique (X-Ray report.	s podiatry note dated 8/18/22 revealed edness) along distal half of digit, positive open lesions, positive calor was noted ommendation to X-Ray right foot in the of right foot and Up-close of Right greaters and include the second control of the c	ve tenderness with palpation I on right great toe. Further review following views: AP t toe in AP and Lateral view; Obtain
		s medical record revealed a radiology r g the right 5th proximal phalanx with m	
	Interview on 9/15/22 at approximately 1:50 p.m. with Staff C (Director of Nursing) confirmed the above findings. Staff C stated that the above mentioned fracture was an injury of unknown origin. Staff C also stated that this injury of unknown origin was not reported to the LTC (Long Term Care) Ombudsman and Survey State Agency.		unknown origin. Staff C also
	Abuse/Neglect/Exploitation, revised occurrences, patterns and trends the service providers to provide goods pain, mental anguish, or emotional circumstances when both the follow any person or could not be explaint injury, location of injury, the number injuries over time. 8. Reporting/Resincidents to the state agency and to depending on the results of the invectanges are needed, if any, to polic Nursing Services, Administrator, or possible, but no later than 24 hours later than 2 hours after the discovers.	titled Compliance with Reporting Alleg of on 8/1/22, revealed .4. Identification: nat may constitute: a. Neglect: Failure of and services to a resident that are need distress. B. Abuse: .d. injuries of unknowing conditions are met; i. The source of ed by the resident. ii. The injury is suspice of the property of the property and the property and the estigation. The facility will report all allege of all other agencies as required, and the estigation. The facility will analyze the objects and procedures to prevent further designee will: a. Notify the appropriate of after discovery of the incident. In the object of the property of the suspicion of the property was required by state agencies.	The facility will identify events, of the facility, its employees or essary to avoid physical harm, own source: includes of the injury was not observed by ocious because of the extent of the point in time, or the incidence of d violations and all substantiated ke all necessary corrective actions occurrences to determine what occurrences .2. The Director of e agencies immediately: as soon as case of serious bodily injury, no ninistrator should follow up with

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NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS SITV STATE 71	D CODE
	ER .	STREET ADDRESS, CITY, STATE, ZI 62 Rochester Hill Road	PCODE
Birch Healthcare Center		Rochester, NH 03867	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0610	Respond appropriately to all allege	d violations.	
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 46510
Residents Affected - Few	Based on interview and record review, it was determined that the facility failed to ensure that alleged violations of abuse were thoroughly investigated to prevent further potential abuse and neglect for 3 of 3 residents reviewed for abuse. (Resident identifiers are #1, #2, and #3.)		
	Findings include:		
	Resident #1		
	Review on 9/15/22 at approximately 10:00 a.m. of Resident #1's nursing notes revealed the following:		
	On 8/18/22 at 1:21 a.m.Resident heard yelling from room for help, unwitnessed fall, Resident was found down on the bathroom floor without injury. Transferred from floor to WC [wheelchair] to bed without incident. Resident comfortable.		
	On 8/18/22 at 4:30 a.m. Post unwitnessed fall earlier this am [morning], Resident c/o [complained of] discomfort over 3 hours, progressively worsening, also c/o testicular pain that had also started after [pronoun omitted] unwitnessed fall. Resident discussed going to hospital for evaluation and possible treatment. Resident and this nurse agree. EMS [Emergency Medical Services] dispatched and resident transported to [facility name omitted] with no further incident.		
	8/8/22 as well as 8/18/22. Staff A s nothing abnormal was noted with a with getting Resident #1 off the flootime of the fall. Staff A also stated the administered Acetaminophen and still in pain and that is when they can	ely 12:00 p.m. with Staff A (nurse) revetated that on 8/18/22 Resident #1 was visual assessment for injury and proce or and back to bed. Staff A did not recal that they had gone back into check on when they went back to check effective alled to have Resident #1 transported to A revealed that on 8/8/22, Staff A foundat appeared to be foam coming out of al. Staff A stated they did not notify the	found in the bathroom on the floor, seeded to get other staff to assist all if the provider was notified at the Resident #1 noted the pain, ness they noted Resident #1 was to the hospital and notified the did Resident #1 on the floor by the their mouth. Staff A called 911 and
		ely 11:30 a.m. with Staff C (Director of ident #1's fall on 8/8/22 and 8/18/22.	Nursing) confirmed that there was
	(continued on next page)		
	1		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 305081

If continuation sheet Page 4 of 13

W on 9/16/22 of facility policy (Neglect/Exploitation, revise ences, patterns and trends to providers to provide goods mental anguish, or emotional astances when both the followerson or could not be explain location of injury, the numbers over time .6. Investigation: in accordance to facility pro-	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI 62 Rochester Hill Road Rochester, NH 03867  Antact the nursing home or the state survey.  CIENCIES  If titled Compliance with Reporting Allegated on 8/1/22, revealed .4. Identification: and services to a resident that are necessal distress. B. Abuse: .d. injuries of unknowing conditions are met; i. The source of the desired of the resident. Iii. The injury is susper of injuries observed at one particular. The facility will investigate all allegation cedure for reporting/response .2. The D	agency.  ations of The facility will identify events, of the facility, its employees or essary to avoid physical harm, own source: includes of the injury was not observed by icious because of the extent of the point in time, or the incidence of as and types of incidents as listed
W on 9/16/22 of facility policy (Neglect/Exploitation, revise ences, patterns and trends to providers to provide goods mental anguish, or emotional astances when both the followerson or could not be explain location of injury, the numbers over time .6. Investigation: in accordance to facility pro-	62 Rochester Hill Road Rochester, NH 03867  That the nursing home or the state survey of the state survey	agency.  ations of The facility will identify events, of the facility, its employees or essary to avoid physical harm, own source: includes of the injury was not observed by icious because of the extent of the point in time, or the incidence of as and types of incidents as listed
W on 9/16/22 of facility policy (Neglect/Exploitation, revise ences, patterns and trends to providers to provide goods mental anguish, or emotional astances when both the followerson or could not be explain location of injury, the numbers over time .6. Investigation: in accordance to facility pro-	citiled Compliance with Reporting Allegated on 8/1/22, revealed .4. Identification: that may constitute: a. Neglect: Failure of and services to a resident that are need I distress. B. Abuse: .d. injuries of unknowing conditions are met; i. The source of the distress of the services are distributed by the resident. ii. The injury is susper of injuries observed at one particular. The facility will investigate all allegations.	ations of The facility will identify events, of the facility, its employees or essary to avoid physical harm, own source: includes of the injury was not observed by icious because of the extent of the point in time, or the incidence of as and types of incidents as listed
w on 9/16/22 of facility policy (Neglect/Exploitation, revise rences, patterns and trends te providers to provide goods mental anguish, or emotional astances when both the followerson or could not be explain location of injury, the numbes over time .6. Investigation: in accordance to facility pro-	w full regulatory or LSC identifying information of titled Compliance with Reporting Allegard on 8/1/22, revealed .4. Identification: that may constitute: a. Neglect: Failure of and services to a resident that are need I distress. B. Abuse: .d. injuries of unknowing conditions are met; i. The source of the depth of the resident. ii. The injury is susper of injuries observed at one particular. The facility will investigate all allegation	ations of The facility will identify events, of the facility, its employees or essary to avoid physical harm, own source: includes of the injury was not observed by icious because of the extent of the point in time, or the incidence of as and types of incidents as listed
e/Neglect/Exploitation, revise rences, patterns and trends to provide goods mental anguish, or emotional astances when both the followerson or could not be explain location of injury, the numbers over time .6. Investigation: in accordance to facility pro-	d on 8/1/22, revealed .4. Identification: that may constitute: a. Neglect: Failure of and services to a resident that are nect I distress. B. Abuse: .d. injuries of unknowing conditions are met; i. The source of the by the resident. ii. The injury is susper of injuries observed at one particular. The facility will investigate all allegation.	The facility will identify events, of the facility, its employees or essary to avoid physical harm, own source: includes of the injury was not observed by icious because of the extent of the point in time, or the incidence of as and types of incidents as listed
w on 9/15/22 of Resident #2' dema (swelling), erythema (rially along distal tip of toe, no podiatry note revealed a recoposterior], Lateral, Oblique report.  w on 9/15/22 of Resident #2' ed an acute fracture involving ew on 9/15/22 at approximates. Staff C stated that the about that they did not conduct an ent #3  w on 9/15/22 of Resident #3  w on 9/15/22 of Resident #3  2/22 at 7:01 p.m. At 1800 [prodict of the writer of this note to a plane to California. The writer patient said [pronoun omitter of the world of the world of the writer of this note to a plane to California. The writer of this note to a plane to California. The writer of this note to a plane to California. The writer of this note to a plane to California. The writer of this note to a plane to California. The writer of this note to a plane to California. The writer of this note to a plane to California. The writer of this note to a plane to California. The writer of this note to a plane to California. The writer of	Obtain statements from direct care staff  I's podiatry note dated 8/18/22 revealed redness) along distal half of digit, positive open lesions, positive calor was noted commendation to X-Ray right foot in the of right foot and Up-close of Right greating the right 5th proximal phalanx with mixing the right 5th proximal phalanx	that Resident #2's right hallux had re tenderness with palpation on right great toe. Further review following views: AP t toe in AP and Lateral view; Obtain esults report dated 8/19/22 that nimal displacement.  dursing) confirmed the above unknown origin. Staff C also e fracture.  g nursing notes:  pist] came to report that [pronoun by [facility name omitted] .  nnce door at 1200 [12:00 p.m.]. see a plane to [NAME] NH and from the a walk back to his familiar wing tient a snack which calmed patient  lursing) confirmed that the facility
wdiapon we est tel www.p/d	on 9/15/22 of Resident #2 ema (swelling), erythema ( ally along distal tip of toe, nodiatry note revealed a reciposterior], Lateral, Oblique report.  on 9/15/22 of Resident #2 dian acute fracture involviries with one of the state of the st	on 9/15/22 of Resident #2's podiatry note dated 8/18/22 revealed ema (swelling), erythema (redness) along distal half of digit, positivally along distal tip of toe, no open lesions, positive calor was noted odiatry note revealed a recommendation to X-Ray right foot in the posterior], Lateral, Oblique of right foot and Up-close of Right greateport.  on 9/15/22 of Resident #2's medical record revealed a radiology red an acute fracture involving the right 5th proximal phalanx with mit whom 9/15/22 at approximately 1:50 p.m. with Staff C (Director of Notes). Staff C stated that the above mentioned fracture was an injury of that they did not conduct an investigation on Resident #2's right toe.

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305081	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2022
NAME OF PROVIDER OR SUPPLIE Birch Healthcare Center	ER	STREET ADDRESS, CITY, STATE, ZI 62 Rochester Hill Road Rochester, NH 03867	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0655  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	admitted  **NOTE- TERMS IN BRACKETS I- Based on record review and intervibaseline care plan for 1 of 6 reside Findings include:  Review on 9/15/22 at approximatel had been initially admitted to the faback to facility on 8/16/22 and discrecord revealed a nursing note that help, unwitnessed fall, Resident wato WC [wheelchair] to bed without il Interview on 9/15/22 at approximate the facility on 8/8/22 and 8/18/22, v  Review on 9/15/22 of Resident #1's COPD (chronic obstructive pulmon Further review of the care plan revinitial admission on 8/5/22 and read Review on 9/16/22 at approximatel revealed that .Pt [patient] cooperat room despite demonstrating I [indefall risk. PT [physical therapist] upd assist]with rw [rolling walker] in room Review on 9/16/22 of Resident #1's [pronoun omitted] skilled rehab [factor and issued loaner rw [rolling walker] pt [patient] able to verbalize and derequest staff A [assistance] for mot cushion 1 hr [hour] after eval and of [wheelchair] by his side no call bell signage in room to assist pt [patient LNA [Licensed Nursing Assistant] as approximatel signage in room to assist pt [patient LNA [Licensed Nursing Assistant] as approximatel and content of the properties of the p	ely 12:00 p.m. with Staff A (nurse) reversely here Resident #1 was discharged to the sactive care plan revealed the only care arry disease) / CHF (congestive heart facealed no fall care plan was implemented dmission on 8/16/22.  In 11:00 a.m. of Resident #1's Physical live during session but poor initiation of the pendence with call bell use; appears the lated nursing on pt [patient] transfer started where Resident #1 transfer started started in the late of the same and the late of	confidentiality** 43408  ailed to develop and implement a er is #1.)  record revealed that Resident #1 to the hospital on 8/8/22, readmitted the review of Resident #1's medical desident heard yelling from room for ithout injury. Transferred from floor ealed that Resident #1 had fallen at the hospital on both occasions.  The plans in place were for Diagnosis ailure) and for emotional state. In the diagnost of the within 48 hours of Resident #1's  Therapy note dated 8/7/22 requesting staff for transfers in the have dec [decreased] insight into the for CGa [contact guard for the graph of the form of th

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305081	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2022
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 62 Rochester Hill Road	
		Rochester, NH 03867  ase contact the nursing home or the state survey agency.	
			agency.
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFIC  (Each deficiency must be preceded by 1)		CIENCIES full regulatory or LSC identifying informati	ion)
F 0655  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Interview on 9/16/22 at approximat #1 had no falls care plans in place.  Review on 9/16/22 of facility policy develop and implement a baseline provide effective and person-cente  Review on 9/16/22 of facility policy will indicate on the (specify location	ely 11:30 a.m. with Staff C (Director of	Nursing) confirmed that Resident  2/1/20, revealed The facility will es the instructions needed to fessional standards of quality care.  I on 8/1/21, revealed .3. The nurse erventions on the resident's baseline

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305081	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2022
NAME OF PROVIDER OR SUPPLII Birch Healthcare Center	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 62 Rochester Hill Road Rochester, NH 03867	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Develop and implement a complete that can be measured.  **NOTE- TERMS IN BRACKETS IN Based on record review and intervictomprehensive care plan for 1 of 3 Findings include:  Review on 9/15/22 of Resident #3's that indicated that Resident #3 was Review on 9/15/22 of Resident #3's [pronoun omitted] from PT came to walking up on [facility name omitted] Review on 9/15/22 of Resident #3's was found at the front entrance do omitted] was looking to take a plan writer of this note convinced patien [pronoun omitted] agreed to stay at Review on 9/15/22 of Resident #3's elopement interventions after initial	e care plan that meets all the resident's  AVE BEEN EDITED TO PROTECT Community  ew, it was determined that the facility for residents reviewed for elopement risk.  selopement assessment dated [DATE]  eat risk for wandering.  It is nurse's notes dated 7/9/22 at 7:01 p.  report that [pronoun omitted] had just community  for at 1200 [12:00 p.m.]. Patient told the least to take a walk back to [pronoun omitted] and from there are to take a walk back to [pronoun omitted] and from there are to take a walk back to [pronoun omitted] and from the least to take a walk back to [pronoun omitted] and from the least to take a walk back to [pronoun omitted] and from the least a walk back to [pronoun	oneds, with timetables and actions  ONFIDENTIALITY** 43408  ailed to develop and implement a (Resident identifier is #3.)  I revealed a score of 10 out of 15  m. revealed At 1800 [6:00 p.m.] picked up [pronoun omitted]  .m. revealed Patient [Resident #3] writer of this note that [pronoun a plane to [location omitted]. The ed] familiar wing where patient said in calmed patient down.  It #3's care plan did not reflect any

Printed: 11/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305081  (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED 99/16/2022  NAME OF PROVIDER OR SUPPLIER Birch Healthcare Center  STREET ADDRESS, CITY, STATE, ZIP CODE 82 Rochester, NH 03867  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 0689  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few  Based on interview and record review, it was determined that the facility failed to provide adequate supervision to prevent a fall which resulted in actual harm that was immediate in which resident in hip fracture and eventual death for 1 of 3 residents reviewed for falls (Resident identifier is #1). The facility of the facility and later passed away. Resident #1 Interview on 9/14/22 at approximately 3:36 p.m. with Resident #1's responsible party revealed the #1 fell and broke their hip at the facility and later passed away. Resident #1's responsible party site were told the death was related to the fall with fracture.  Review on 9/15/22 of Resident #1's nurse's notes dated 8/18/22 at 1:21 a.m. revealed Resident from room for help, unwitnessed fall Resident in testicular pain that had also started fall reproduce and down on the bathroom floor without injurtansferred from floor to WC (wheelchair) to bed without incident. Resident comfortable.  Review on 9/15/22 of Resident #1's nurse's notes dated 8/18/22 at 1:21 a.m. revealed Resident from room for help, unwitnessed fall fall (produce) and the abthroom floor without injurtansferred from floor to WC (wheelchair) to bed without incident. Resident comfortable.  Review on 9/15/22 of Resident #1's nurse's notes dated 8/18/22 at 1:30 a.m. Post unwitnessed 1f this am (morning), Resident and das ostarted after promoun o	
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	also c/o going to the dedical aughter
Interview on 9/15/22 at approximately 11:00 a.m. with Staff C (Director of Nursing) confirmed the information. Staff C stated they were unaware of the outcome of the hospitalization for Resident never returned to the facility.	
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FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 305081

If continuation sheet Page 9 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305081	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2022
		_	
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Birch Healthcare Center		62 Rochester Hill Road Rochester, NH 03867	
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F 0689  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	the facility on 8/8/22 and 8/18/22. S the floor, nothing abnormal was no assist with getting Resident #1 off t at the time of the fall. Staff A also s administered Acetaminophen and s still in pain and that is when they ca family. Further interview with Staff unresponsive and observed what a	ely 12:00 p.m. with Staff A (nurse) reversaff A stated that on 8/18/22 Resident ted with a visual assessment for injury the floor and back to bed. Staff A did not tated that they had gone back into chewhen they went back to check effective alled to have Resident #1 transported to A revealed that on 8/8/22, Staff A found appeared to be foam coming out of their taff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the proving the staff A stated they did not notify the staff A stated they did not notify the proving the staff A stated they did not notify the staff A stated they did not not notify the staff A stated they did not not notify the staff A stated they did not not not staff A stated they did not not staff A stated they did not not not staff A stated they di	#1 was found in the bathroom on and proceeded to get other staff to be recall if the provider was notified ck on Resident #1 noted the pain, ness they noted Resident #1 was to the hospital and notified the did Resident #1 on the floor by bed remouth. Staff A called 911 and had
	Review on 9/15/22 of Resident #1's medical record revealed the following:		
	-Census report revealed that Resident #1's initial admission to facility on 8/5/22,		
	-No documentation of a fall risk assessment for Resident #1 on admission,		
	-Resident #1's hospital discharge summary dated 8/5/22 revealed that Resident #1 was admitted to hospital from home with septic shock, ambulatory status was severely limited due to decreased strength and endurance.		
	-Physical therapy notes dated 8/7/22 revealed that Resident #1 had poor initiation of requesting staff for transfers in room despite demonstrating independence with call bell use. Resident #1 appeared to have decreased insight into fall risk. And that physical therapy updated nursing on Resident #1's transfer status f contact guard assist with rolling walker in room.		Resident #1 appeared to have
	-No documentation of Resident #1	found on floor unresponsive and was s	ent to hospital on 8/8/22,
	-No documentation of Resident #1 incident,	fall assessments, vital signs, and neuro	ological assessments for 8/8/22
	-Census report revealed that Resid	lent #1 was discharged out of the facilit	y on 8/8/22,
	-Census report revealed that Resident #1 was readmitted to the facility on [DATE],  -Resident #1's hospital discharge summary dated 8/16/22 revealed that reason for 8/8/22 admission hospital was septic shock and acute metabolic encephalopathy,		[DATE],
			eason for 8/8/22 admission to
		ted 8/16/22 revealed that Resident #1 tion, Resident #1 exhibited weak gait, I	
		22 revealed that nurses were updated bell as high fall risk and need for frequer	
	-Nurse's notes revealed that Resid	ent #1 was found on floor on 8/18/22 as	s mentioned above,
	(continued on next page)		

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F 0689	-No documentation of Resident #1'	s vital signs and neurological assessm	ents for 8/18/22 unwitnessed fall,	
Level of Harm - Immediate jeopardy to resident health or	-Census report revealed that Resid	ent #1 was discharged out of the facilit	y on 8/18/22,	
safety  Residents Affected - Few	-Physical therapy assessment note dated 8/18/22 revealed that nursing reported that Resident #1 experienced an unwitnessed fall morning of 8/18/22 and was admitted to the hospital due to lower extr fracture.			
	-Resident #1's care plan revealed that the only care plans in place were for Diagnosis COPD (chronic obstructive pulmonary disease) / CHF (congestive heart failure) and for emotional state. Further review of Resident #1's medical records revealed no plan of care for adequate supervision to prevent falls. Review also revealed no documentation of frequent checks related to physical therapy recommendations.			
	Interview on 9/16/22 at approximately 10:30 a.m. with Staff D (Licensed Nursing Assistant) revealed tha 8/18/22 they went to Resident #1's room to assist with fall. Staff D stated that Resident #1 was on the floand at the nurse's direction, 4 staff assisted Resident #1 off the floor to the wheelchair and then back to		that Resident #1 was on the floor	
	Interview on 9/16/22 at approximately 11:30 a.m. with Staff C confirmed that Resident #1 had no fall care plan to adequately supervised Resident #1 to prevent falls.		nat Resident #1 had no fall care	
	Review on 9/16/22 of Resident #1's Certificate of Death revealed, .Cause of Death a. complications of left hip fracture .Describe how injury occurred fall from stand height .		of Death a. complications of left	
	Review on 9/16/22 of facility policy titled Falls Prevention Program, revised on 8/1/22, revealed the following:			
	.3. the nurse will indicate on the (specify location) the resident's fall risk and initiate interventions on resident's baseline care plan in accordance with the resident's level of risk .8. When any resident experiences a fall , the facility will: a. Assess the resident. b. Complete a post-fall assessment. c. Cor an incident report. d. Notify physician and family. e. Review the resident's care plan and update as in f. Document all assessments and actions. g. Obtain witness statements in the case of injury .		c.8. When any resident post-fall assessment. c. Complete care plan and update as indicated.	
	46510			
	Resident #3			
	Review on 9/15/22 of Resident #3's elopement assessment dated [DATE] revealed a score of 10 of that indicated that the Resident #3 was at risk for wandering.  Review on 9/15/22 of Resident #3's nurse's note dated 7/9/22 at 7:01 p.m. revealed At 1800 [6:00 [pronoun omitted] from PT [physical therapists] came to report that [pronoun omitted] had just pick [pronoun omitted] walking up on Rochester St. by [facility name omitted].		revealed a score of 10 out of 15	
	(continued on next page)			

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F 0689  Level of Harm - Immediate jeopardy to resident health or safety	was found at the front entrance doc omitted] was looking to take a plan note convinced patient to take a wa	3's nurse's note dated 7/26/22 at 1:21 p.m. revealed Patient [Resident #3] oor at 1200 [12:00 p.m.]. Patient told the writer of this note that [pronoun ine to [NAME] NH and from there a plane to California. The writer of this walk back to [pronoun omitted] familiar wing where patient said [pronoun ay. Gave patient a snack which calmed patient down.	
Residents Affected - Few	Review on 9/15/22 of Resident #3's after initial elopement risk was iden	s medical record revealed that no elope tified.	ement interventions were in place
	Interview on 9/15/22 at approximat place after the elopement on 7/26/2	ely 1:40 p.m. Staff C confirmed that the	ere were no interventions put in

Printed: 11/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DETICIENCIES AND PLAN OF CORRECTION  IDENTIFICATION NUMBER: 305881  STREET ADDRESS, CITY, STATE, ZIP CODE 62 Rochester Hill Road Rochester, NH 03867  For Information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  (XA) ID PREFIX TAG  SUMMARY STATEMENT OF DETICIENCIES (bach deficiency must be preceded by full regulatory or LSC identifying information)  F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.  45510  Based on interview and record review, it was determined that the facility failed to ensure that resident's records were complete and accurate for 1 out of 3 residents reviewed for falls. (Resident identifiers are #1.)  Findings include:  Resident Bath Resident hard yaking from roon for help, unrelineased fall, Resident was found down on the comfortable. Further review of Resident #1's medical record revealed a nurse's notes dated 8'18/22 at 1.21 a.m. revealed that Resident hard yaking from roon for help, unrelineased fall. Resident was found down on the comfortable. Further review of Resident #1's medical record revealed no other falls or incidents occurred in the month of August 2022.  Interview on 91'15/22 at approximately 12:00 pm. with SRIF A (nurse) revealed that Resident #1 had fallen at the facility on 82'22 at a part of the helpsile. SRIF A stated they did not notify the provider as they were not aware they needed to do so until later.  Interview on 81'16/22 at approximately 11:30 a.m. with Staff C (Director of Nursing) confirmed that Resident #1's medical record shall contain an accurate representation of the actual experiences of the Resident #1's medical record do not reflect any information in Medical Record. Two of the SRIP As accurate, and they documentation. 2. Documentation shall be completed at the time of service, bu					
Birch Healthcare Center  62 Rochester Hill Road Rochester, NH 03867  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 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Based on interview and record review, it was determined that the facility failed to ensure that resident's records were complete and accurate for 1 out of 3 residents reviewed for falls. (Resident identifiers are #1.)  Findings include:  Resident #1  Review on 9/15/22 of Resident #1's medical record revealed a nurse's notes dated 8/18/22 at 1:21 a.m. revealed that Resident heard yelling from room for help, unwitnessed fall, Resident was found down on the bathroom floor without injury. Transferred from floor to VC (Wheelchaijt to bed without incident. Resident comfortable. Further review of Resident #1's medical record revealed no other falls or incidents occurred in the month of August 2022.  Interview on 9/15/22 at approximately 12:00 p.m. with Staff A (nurse) revealed that Resident #1 not falled 911 and had Resident #1 sent to the hospital. Staff A stated that on 8/8/22, Staff A found Resident #1 on the floor by bed unresponsive and observed what appeared to be foam coming out of their mouth. Staff A called 911 and had Resident #1 sent to the hospital. Staff A stated they did not notify the provider as they were not aware they needed to do so until later.  Interview on 9/16/22 at approximately 11:30 a.m. with Staff C (Director of Nursing) confirmed that Resident #1's medical record did not reflect any information regarding an incident on 8/8/22.  Review on 9/16/22 of facility policy titled Documentation in Medical Record, revised on 3/29/22, revealed Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough in		IDENTIFICATION NUMBER:	A. Building	COMPLETED	
Birch Healthcare Center  62 Rochester Hill Road Rochester, NH 03867  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 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Based on interview and record review, it was determined that the facility failed to ensure that resident's records were complete and accurate for 1 out of 3 residents reviewed for falls. (Resident identifiers are #1.)  Findings include:  Resident #1  Review on 9/15/22 of Resident #1's medical record revealed a nurse's notes dated 8/18/22 at 1:21 a.m. revealed that Resident heard yelling from room for help, unwitnessed fall, Resident was found down on the bathroom floor without injury. Transferred from floor to VC (Wheelchaijt to bed without incident. Resident comfortable. Further review of Resident #1's medical record revealed no other falls or incidents occurred in the month of August 2022.  Interview on 9/15/22 at approximately 12:00 p.m. with Staff A (nurse) revealed that Resident #1 not falled 911 and had Resident #1 sent to the hospital. Staff A stated that on 8/8/22, Staff A found Resident #1 on the floor by bed unresponsive and observed what appeared to be foam coming out of their mouth. Staff A called 911 and had Resident #1 sent to the hospital. Staff A stated they did not notify the provider as they were not aware they needed to do so until later.  Interview on 9/16/22 at approximately 11:30 a.m. with Staff C (Director of Nursing) confirmed that Resident #1's medical record did not reflect any information regarding an incident on 8/8/22.  Review on 9/16/22 of facility policy titled Documentation in Medical Record, revised on 3/29/22, revealed Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough in	NAME OF PROVIDER OR SUPPLIES		CIDELL ADDRESS CITY STATE 712 CODE		
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FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 305081

If continuation sheet Page 13 of 13