

August 8, 2012

Hi Mike/Pat

Enclosed please find the revised document of our Corrective Action Plan, <u>including</u> all attachments. We incorporated the suggestions Pat and I talked about yesterday. Please disregard <u>all</u> prior documents sent.

Sincerely,

Diane E. White, Director Quality, Accreditation, PI

RECEIVED

AUG 09 2012

BUREAU OF HEALTH FACILITIES

PRINTED: 07/23/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		300023	B. WING		07/13	3/2012
	ROVIDER OR SUPPLIER HOSPITAL INC		5	REET ADDRESS, CITY, STATE, ZIP CODE ALUMNI DRIVE EXETER, NH 03833		
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A 000	completion date of was investigated wicited:  Condition level at 4 Control  Standard level at 4 Infection Control Of Standard level at 4 Infection Control Of In accordance with Medicare survey wassess the facility's Medicare Condition following deficienci Condition level at 4 Control  Standard level at 4 Infection Control Of Standard level deficiency Adoption Standard level deficiency Adoption Control Of Standard level deficiency Adoption Standard Level deficiency Adoptio	arvey was conducted with a 6/7/12 in which case #21610 with the following deficiencies  2 CFR 482.11 A747-Infection  2 CFR 482.23(c)(1) A405  rugs  2 CFR 482.42(a) A748  fficer(s)  2 CFR 482.42 (a)(1) A749  fficer Responsibilities  42 CFR 488.7(a) a full as completed on 7/13/12 to a compliance with all the as of Participation. The es were cited:  2 CFR 482.11 A747-Infection  2 CFR 482.42(a) A748  fficer(s)  2 CFR 482.42(a) A748  fficer(s)  2 CFR 482.42(a) A748  fficer(s)  2 CFR 482.41 A701  ysical Plant  2 CFR 482.42 (a)(1) A749  officer Responsibilities  ciency 42 CFR 482.23(c)(1)	A 000		urvey g those mpleted	
A 405	482.23(c)(1) ADMI	oliance on 7/13/12 survey.  NISTRATION OF DRUGS  DER/SUPPLIER REPRESENTATIVE'S SIG	A 405	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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A 405	Drugs and biologic administered in acc State laws, the ord practitioners respo specified under §4 standards of practi (1) - All drugs and administered by, o or other personnel and State laws and applicable licensing	als must be prepared and cordance with Federal and ers of the practitioner or insible for the patient's care as 82.12(c), and accepted ce.  biologicals must be runder supervision of, nursing in accordance with Federal diregulations, including grequirements, and in the approved medical staff	Α4	405	Drugs and biologicals must be preadministered in accordance with F State laws, the orders of the practiparactitioners responsible for the pacare as specified under §482.12(c) accepted standards of practice.  (1)-All drugs and biologicals must administered by, or under supervision nursing or other personnel in accowith Federal and State laws and regulating applicable licensing requand in accordance with the approvements of the process of the practical proces	pared and dederal and stioner or attent's and stion of, rdance stions, uirements,	6/12/2012 by VP Acute Care
	Based on intervier administration of no that the facility fails securing controlled unauthorized used medication has odd Findings include:  On interview with the was asked by survives up prior to the Staff D was asked procedure was see was drawn up. Stof syringe used, a tip needle was used syringe was mark of the controlled medical transfer of the staff of the syringe was mark of the controlled medical transfer of the syringe was mark of the controlled medical transfer of the syringe was mark of the controlled medical transfer of the syringe was mark of the controlled medical transfer of the syringe was mark of the controlled medical transfer of the syringe was mark of the controlled medical transfer of the syringe was mark of the syringe w	is not met as evidenced by: w and reenactment for the nedication it was determined ed to follow proper practice of d medications from potential until the administration of curred.  Staff D (Nursing) on 6/6/12 it veyor to show how a case was patient entering the cath lab. I how the medication for the t up, and how the medication aff D showed surveyor the type long with showing that a blunt ed. Staff D showed how each ed with a sticker with the name nedication, and then how to achine (medication cart). Staff			Summary: The process for securing controlle in the Cath Lab has been upgraded that all staff RN's in the Cath Lab drawn up syringes of controlled su a secure drawer located in the Pyx when medications are not being act to patients.  Process: The process of accessing the Pyxis medications, drawing up the controlled substances, and properly labeling with the name and concentration of medication remains the same. On June 12, 2012, the changes that implemented for secure storage of substances are as follows: after the up and labels the medication, he of back into Pyxis to access a design drawer, labeled "Cath Lab — Syring by using the refill functionality.	I to require now place now place ibstances in is Machine dministered  s colled the syringes of the at have been f controlled e RN draws or she logs ated secured	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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A 405	D continued to exprint scan along wisingle vial would be mg (milligrams) where staff D stated that (medication cart) a walk around the scapron on to proceed was asked during were drawn up we top of the Pyxis machine who staff D stated that procedure area ducardiac cath techna authority to handle after the interview practice".  On 7/11/12 it was left the procedure located next to the 482.41(a) MAINTEPLANT  The condition of the hospital environm maintained in suc well-being of paties. This STANDARD AIA, (American in Guidelines for De Care Facilities 2.	plain that the Pyxis has a finger th a password. Once entered a se dispensed, each vial has 2 pich would be drawn up into the medications are drawn up they are placed onto the Pyxis at which time Staff D would argical table to get the lead and with the procedure. Staff D that time if the medications that are in their possession or left on achine (medication cart). Staff the medications were left on the en putting on the lead apronto the co-workers are in the aring this time including the incians (who do not have the emedications). Staff D did state in probably not the best determined that Staff D actually room to obtain the lead apronto a scrub sinks.  ENANCE OF PHYSICAL	A		This prompts the nurse to enter the doses to be withdrawn during the casyringes are placed in the drawer and drawer is closed. When the nurse administer the prescribed controlle substances to the patient, he or she into Pyxis, select the "remove medical functionality", select "Cath Lab—Storage" that will prompt the draw The nurse then removes the medical logs back into Pyxis to prompt the open, places the syringes back into and closes the drawer. Securing the until the next administration of menecessary.  Monitoring: Pyxis activity reports and the Mac Medication Events Summary will for compliance for 60 days, beginn immediately and on an ongoing be a systematic random audit and restreported to Quality Committee qual 482.41 (a) MAINTENANCE OF PLANT The condition of the physand the overall hospital environm developed and maintained in such that the safety and well-being of passured.  (American Institute of Architectur Guidelines for Design and Constr Health Care Facilities 2.1 Genera 8.2 General Standards for Details 8.2.3.4 Ceilings	case. The and the is ready to add the is ready to add the is ready to add the must log dication. Syringe for to open, ation, closes ation, then drawer to a the drawer to a the drawer to adication is the dication is dication is through a sist through a sist through and the parties of the drawer to a manner the parties of the drawer to a manner than the parties of t	8/26/2012 by Director of Materiels

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A 701	as air borne infecti environment rooms sterile supply space rooms, and minor be smooth, scrubb perforated, capable chemicals, and wit mold and bacterial  (b) If lay-in ceiling gasketed or clippe of particles from th plane into the sem Perforated, tegular tiles shall not be use Based on tour of the with Staff F (Clinic it was observed th an environment to  Findings include:  During tour of the the Family center shown to Staff F t the semi-restricted	in semirestricted areas such on isolation rooms, protective s, clean corridors, central es, specialized radiographic surgical procedure rooms shall able, nonabsorptive, non e of withstanding cleaning with hout crevices that can harbor growth.  is provided, it shall be d down to prevent the passage re cavity above the ceiling irestricted environment.  It, serrated, or highly textured sed.  The surgical suites on 7/12/12 cal leader of the Family Center) at the facility failed to maintain meet surgical services.  surgical suites located within on 7/12/12 it was observed and that the ceiling tiles located in discorridors were perforated	A	701	(a) Ceiling finishes in semirestric such as airborne infection isolating protective environment rooms, coentral sterile supply spaces, speradiographic rooms, and minor suprocedure rooms shall be smoot nonabsorptive, non perforated, coefficient without crevices that can harbor bacterial growth. (b) If lay-in ceiprovided, it shall be gasketed or to prevent the passage of particle cavity above the ceiling plane in semirestricted environment. Performent tegular, serrated, or highly texture shall not be used.  Action Plan: A lay-in ceiling tile washable, non creviced, non absonon perforated characteristics that withstand cleaning chemicals should be incompleted that the passage of particle cavity above the ceiling shall be of the toprevent the passage of particle cavity above the ceiling into the environment.  Quality Assurance Measures: Cesemi-restricted areas such as airlisolation rooms, clean corridors, supply spaces, specialized radiog and minor surgical procedure roor reviewed to ensure they meet the ceiling finish requirements as restricted areas as restricted finish requirements as restricted finish requirements as restricted finish requirements as restricted areas as a restricted finish requirements as restricted areas as a restricted finish requirements as restricted areas as restricted finish requirements as restricted areas as restricted finish requirements as restricted areas as a restricted finish requirements as restricted finish r	on rooms, lean corridor cialized urgical h, scrubbable apable of nicals, and mold and ling is clipped down is from the to the forated, and the forated, and the installe is gasket type as from the semi-restrict central steril graphic room oms were a current ferenced in the cialized in the forated in the forated in the semi-restrict company were a current ferenced in the cialized in the forated	d. et 7/31/2012 n e
A 747	capable of withsta disinfecting chemi be clipped down of told to Staff F at ti	e tiles were not scrubbable and inding cleaning and/or cals. Also these tiles failed to or gasketed, both concerns were me of finding on 7/12/12.  N CONTROL		. 747	2006 Guidelines For Design And Of Healthcare Facilities. These report to Quality Committee for and suggestions for any further a	esults will be acceptance	

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A 747	Continued From pa	ge 4	Α7	47			6/26/2012 by VP
	The hospital must procedures are and communicable active program for investigation of infediseases.  This CONDITION Based on record in CDC, and AORN in determined that the sanitary environment transmission of posterior posterior and or procedures following and or procedures following and dispersion on one for employees with for being able to we for allowing an emparticipate in an emprocedures were be	provide a sanitary environment of transmission of infections diseases. There must be an the prevention, control, and ections and communicable is not met as evidenced by: eview, interview, and review of ational standards it was ential infections by not implementing policy and ing recognized standards for 1) sinfecting of equipment es on five of seven distinct the appropriate gowning when of a patient on infection of seven areas, 3) the criteria potential infectious process ork in direct patient care and 4) ployee with draining wounds to evironment where invasive			1. The hospital must provide a sand avoid sources and transmission of communicable diseases. There must for the prevention, control, and invand communicable diseases.  CDC requires hospitals to provide and avoid sources of transmission implementing policies and procedu and disinfecting of equipment betw [glucometer].  On June 26, 2012 the Director of the following process of transmission implementing policies and procedu and disinfecting of equipment betw [glucometer].  On June 26, 2012 the Director of the following process of Education and Infection Control Managers to discuss glucometer of use. The policy PC-DI.003 was reverted to current CDC recommendate requirements for cleaning between education team comprised of 3 nur and distributed a 2 page teaching to departments using glucometers. Not the information with their staff at control to the staff had been informed of and education of cleaning the glucometers between Unit Managers /designee will mondirect observation weekly for 6 mc Compliance reports will be sent m	infections are still be an active stigation of a sanitary ere of potential ares for the covern patients are Laborato. I met with Neaning between the control of the country	Acute Care & Mgr. IC ment to ad ve program f infections  vironment infections by leaning  y, Director urse een patient evised to IS An adeveloped inagers in rs reviewed ifts until all new process e. 7/2/2012
	Findings include:	Dinance Control			Nursing Quality Council Infectior and Quality Committee quarterly. glucometer cleaning will be incorp	Control Co In addition,	
	Prevention) Recor "http://www.cdc.go 014845.htm" acce states "All HCWs   HCWs who hav	Disease Control and nmendation and Reports ov/mmwr/preview/mmwrhtml/00 essed on 6/8/12 pg 4 of 7, [Health Care Workers] e exudative lesions or weeping refrain from all direct care and			readiness rounds, reported to unit rand Quality Committee quarterly. SEE ATTACHMENT #1- Policy I Monitoring/Screening and Quality SEE ATTACHMENT #2 - "Gluco SEE ATTACHMENT #3 - "Gluco	nanagers m PC-DI.003 " Control", meter Clear	onthly Glucose 7/2/2012 ing"

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A 747	from handling patie devices used in pe until the condition repaired. AORN (Association Nurses) 2009 Editi and Recommende Recommendation infections, exudative for bloodborne discontinuous when these activition of infection to patie workers. identification and assessment of in the perioperative #2. Health care workers used in perioperative providing direct patients used in perioperative providing direct patients and other pathogen patients.  On review of the first page 1 SH(IC).00 Prevention and Colin accordance with governing infections.	ent-care equipment and rforming invasive procedures resolves"  In of periOperative Registered on Perioperative Standards of Practices, pg 480 XI "Activities of personnel with re lesions, nonintact skin, and reases should be restricted respose a risk of transmission rents and other health care retion, evaluation by a physician, of fitness for work performance resetting should be required  Torkers who have exudative retrain from tient care or handling medical reforming invasive procedures. The who have exudative skin, or weeping dermatitis for transmission of bloodborne respectively.  The second results of the second results	A	747	2. The hospital must provide a san environment to avoid sources and of infections and communicable densuring use of the appropriate go entering the room of a patient on it Policy IC-ISOL.005 is reviewed a and annually via Health Stream. It of this policy is the need for donnit upon entering the contact precauting guideline for ambulating patients or reviewed and updated in June of 2 services staff meeting to review properties and annually via Health Stream. It is serviced and updated in June of 2 services staff meeting to review properties and updated in June of 2 services staff meeting to review properties and updated in June of 2 services staff meeting to review properties and updated in June of 2 services staff meeting to review properties and updated in June of 2 services staff meeting to review properties and updated in June of 2 services staff meeting to review properties and updated in June of 2 services and updated in June of 2 services and updated in June of 2 services and Quality Council, Infection and Quality Committee quarterly. SEE ATTACHMENT #4 - Policy Precautions"  SEE ATTACHMENT #5 - "Staff Procedures"  3. The hospital must provide a same environment to avoid sources and of infections and communicable of or employees with potential infects established for being able to workers."	transmission iseases by whing when infection pre- t clinical ori included in the ing gowns are on patient recompliances for s. It compliances is compliances in the attention in the observation Control Contr	caution. entation he review he gloves he as was heded Rehab he 6/20/2012 he for he s also he
	for early identifica reporting and con-	EHR) has developed a program tion and prompt intervention for trolling the spread of contagious orkplace, STEPS IN			HCWs [Health Care Workers]] exudative lesions or weeping deriftom all direct care and from han equipment and devices used in perprocedures until the condition res	HCWs who l matitis shoul dling patient erforming in	ave d refrain care

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
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A 747	#2. Per Guidelines Contagious Diseas the manager/super Registered Nurse] to relieve the persorestrict form the wo #3. When Staff He report to their man determine if it is ne from direct patient work place".  Page 2. "GUIDELI CONTAGIOUS DI In chart form: for: Infected acne, boil wounds, paronych lesions, secretions areas; page 2 rela Under: Can emplo care) it states "Ma covered until heal Under: Can emplo care) "May work if until healed".  Under: Comments covered".  On interview with on 6/7/12 at 10:30 revealed through technician) had 3	for Employees with e (attached), Staff Health or visor/CRN [Certified will determine if it is necessary on from direct patient contact or ork place. alth is unavailable, HCW must ager/supervisor/CRN who will ecessary to relieve the person contact or restrict from the  NES FOR EMPLOYEES WITH SEASES" skin disease of Abscess, s, skin lesions, impetigo, ia; and infective material pus, s; and symptoms open, draining tes:  lyee report to work (patient y work if areas is adequately	A 7	447	Exeter Health Resources, Inc. (Eldeveloped a program for early ide and prompt intervention for reporcontrolling the spread of contagio diseases in the workplace.  SEE ATTACHMENT #6 - Policy "Reporting and Management of Codiseases"  SEE ATTACHMENT #7 - "Staff Contagious Diseases" CAP (Correction Plan)	entification ting and us SH(IC).003 Contagious	7/19/2012

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A 747	employment from 5/16/12. On further revealed that Staff area several times fluids and blood lik [clothing] including procedure.  On review of the foreport dated 9/6/2 B] had a procedure got a note to return Tuesday, Incision had more procedured incision near a bloosurgery open incompleted again and eincision near a bloosurgery open incompleted again and eincision near a bloosurgery open incompleted incision near a bloosurgery open incompleted again and eincision near a bloosurgery open incomplete got and 3/2/12 [Staff B] 2/29, and 3/2/12 [Staff B] 2/29, and 3/2/12 well. No s/sx [sig [Staff B] is able to work. States that go back to work a have a note Sup [Staff B] can RTV today"	date of hire on 4/11/11 until er interview with Staff A it was B was asked to leave the work due to weeping / discharge of the stains in Staff B's scrubs at least once during a acility's Staff Health Services 011 for Staff B it states "[Staff elast Monday in the office, in to work. While working bled, went back Wednesday, are performed in the office, got in to work. On Friday, started to ended up infor surgery due to ended up infor surgery due to ended up in place"  Ther report for Staff B by the outling services dated 3/5/2012 it and did the procedure on oow [out of work] on 2/27, 2/28Incision clean and dry, healing and symptoms] of infection. In keep the area covered while at a covered while at a covered while at a covered while at the could as of today, [Staff B] does not be ervisor [Staff A] notified that by [Return to work] full duty as of the laint survey, and review of the		A team of nurse educators,	IC practitioner a	nd
	that there was no glucometers between 6/6/12 and 6/7/12	and procedures it was identified opolicy for the cleaning of ween patient use. Interviews on 2 on five nursing units 3 East, 4 rgency Dept. and PCU identified		Lab Director reviewed and PC-DI.003 and developed a tool for staff. This was dist managers for staff education of cleaning glucometers bet	two page teachi ributed to all n to the new prod	6/28/201

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A 747	no consistent meth glucometers after of reported cleaning of rooms and one uni	nodology for the cleaning of each patient use, some units only after use in precaution it demonstrated a sample og that the cleanings were done	А	747	Monitoring compliance with clean patients began 7/2012 via direct of weekly for the next 6 months. Correports will be sent to unit-manage the Quality Committee quarterly.	oservations mpliance		
A 748	A person or person infection control of	ns must be designated as ficer or officers to develop and governing control of infections	A		A person or persons must be design infection control officer or officers and implement policies governing infections and communicable disea SEE ATTACHMENT #8 - "Infection"	to develop control of ases.	7/20/2012 by Mgr. IC & Medical Director of Infectious Disease	
	Based on policy reinterview the facilitiand procedures wimplemented for the glucometers between to ensure that policy appropriate personaplemented in confailed to develop processistent with restandards for emplements.	is not met as evidenced by: eview, observation, and ty failed to ensure that policies ere developed and ne cleaning and disinfection of een each patient use and failed cies concerning the wearing of nal protective equipment were entact precaution rooms and policies and procedures cognized infection control ployees with non intact skin in direct patient care areas.	*		SEE ATTACHMENT #9 - "Infect Scope of Service" SEE ATTACHMENT #10 - "Infect Control Position Profile" SEE ATTACHMENT #11 - "Infect Control Board Certification" SEE ATTACHMENT #12 - "Epid Services Agreement"	etion		
	facility's policies a that there was no glucometers betw 6/6/12 and 6/7/12	aint survey, and review of the and procedures it was identified policy for the cleaning of reen patient use. Interviews on on five nursing units 3 East, 4 gency Dept. and PCU identified			Policy PC-DI.003 was reviewed to reflect CDC recommendations 3 nurse educators, IC practitione Director developed a two page to tool. This was distributed to all a share with their staff. Education at change of shift until all staff w	s. A team of r and Lab eaching managers to was provided		

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A 748	glucometers after of reported cleaning of rooms and one unit document indicating in the morning and Review of the facilidated 3/2011 Title no.:IC-ISOL.005 re Purpose: "To provisk of transmission microorganisms the contact with the pacontact) or indirect	andology for the cleaning of each patient use, some units only after use in precaution it demonstrated a sample g that the cleanings were done at night.  Ity's policy and procedures Contract Precautions policy	A	748	to the revised process of cleaning Monitoring of compliance with a between patients began 7/2012 v observations weekly for the next. The process for glucometer clear been incorporated into regulator rounds to ensure consistency in pall units having glucometers. Co reports will be sent to unit-mana regulatory rounds monthly and to Committee quarterly.  Policy IC-ISOL.005 is reviewed.	eleaning ia direct 6 months. ning has y-readiness oractice for mpliance gers following the Quality	
	required when enti- Remove the gown patient's environm that clothing does contaminated surf again even for rep patient.  During tour of the 4th floor east and was asked which precaution. Staff were contact prec precautions. Whi was observed in a precaution sign of staff member was standing next to the	enon sterile) and gloves are ering the patient's room.  and gloves before leaving the ent and discard, being careful not contact potentially aces. Gowns are not used leated contact with the same  facility's surgical units on 6/7/12 south Staff C (Unit Manager) patients were under contact C identified three rooms two aution and the third was droplet le on the unit a staff member a patent's room with the contact utside the patient's door. The wearing a lab coat and was the patient's pear on Staff C in the unit a grant of the patient's pear on Staff C in the unit a grant of the patient's pear on Staff C in the unit a grant of the patient's pear on Staff C in the unit a grant of the patient's pear on Staff C in the patient's pear on the patie			orientation and annually via Heal All staff have been re-educated appropriate PPE for precaution particular emphasis to rehab service and in addition, the guidelines for an patients on precautions were uporteviewed with staff on 6/20/201 Monitoring for PPE compliance precaution patients on their unitably the unit managers and the VF Care Services during weekly round Monitoring is also done by IC put during regulatory reviews with infeedback provided to staff and in Compliance reports are submitted Committee quarterly. As of July weekly compliance monitoring is precaution patients has been 100	althStream. The sto patients with vices staff. The staff and 2. The staff and 3. The staff	6/20/2012

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A 748	was asked during to member was in the confirmed through (Physical therapy) ontact precaution.  CDC (Centers for Interpretation) Recommendation infections, exudation workers, identification to patie workers, identification to member was assessment of the confirmed assessment of the	he observation who the staff patient's room, Staff C interview that it was Staff D that was not wearing any gear.  Disease Control and mendation and Reports w/mmwr/preview/mmwrhtml/00 ssed on 6/8/12 pg 4 of 7, Health Care Workers] e exudative lesions or weeping efrain from all direct care and ent-care equipment and rforming invasive procedures	A 74		TI T	
	lesions or weeping providing direct pa devices used in pe Restricting person lesions, nonintact reduces the risk of	orkers who have exudative dermatitis should refrain from tient care or handling medical erforming invasive procedures, nel who have exudative skin, or weeping dermatitis f transmission of bloodborne and between workers and		to ensure compliance varecommendations. The communicated to all state of the monthly Staff Heat to Infection Control Conumber of staff evaluate relieved from duty and	with CDC and AORN ese changes were taff via the intranet. alth reports ommittee include the sted for wounds, staff d staff cleared for return ted via Infection Contro	

#### PRINTED: 07/23/2012 · DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 300023 07/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5 ALUMNI DRIVE EXETER HOSPITAL INC** EXETER, NH 03833 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 748 Continued From page 11 A 748 On review of the facility's policy: Changes in policy SH(IC).003 were Page 1 SH(IC).003 Function: Surveillance, communicated to all staff via posting on the Prevention and Control of Infection. "PURPOSE: 7/13/2012 intranet, powerpoint presentation during In accordance with regulatory requirements quarterly staff business meetings, in all governing infectious disease, Exeter Health departmental staff meetings and division town Resources, Inc. (EHR) has developed a program meetings. In addition, staff are educated on hire for early identification and prompt intervention for during corporate orientation and annually via reporting and controlling the spread of contagious HealthStream. The monthly Staff Health reports diseases in the workplace. STEPS IN to Infection Control Committee include the PROCEDURE:... number of staff evaluated for wounds, the number of staff relieved from duty and the #2. Per Guidelines for Employees with number of staff cleared for return to work. Contagious Disease (attached), Staff Health or This data is then reported via Infection Contro the manager/supervisor/CRN [Certified Registered Nurse] will determine if it is necessary to the Quality Committee quarterly. to relieve the person from direct patient contact or restrict form the work place. #3. When Staff Health is unavailable, HCW must report to their manager/supervisor/CRN who will determine if it is necessary to relieve the person from direct patient contact or restrict from the work place". Page 2. "GUIDELINES FOR EMPLOYEES WITH CONTAGIOUS DISEASES" In chart form; for skin disease of Abscess, Infected acne, boils, skin lesions, impetigo,

covered until healed".

areas; page 2 relates:

wounds, paronychia; and infective material pus, lesions, secretions; and symptoms open, draining

Under: Can employee report to work (patient care) it states "May work if areas is adequately

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A 748			Α	748			
		ree report to work (non-patient areas is adequately covered					
	Under: Comments covered".	"All open wounds must be					
63	on 6/7/12 at 10:30 revealed through in technician) had 3 chart needed stitched employment from 65/16/12. On further revealed that Staff area several times fluids and blood like	staff A (Manager of Cath Lab) a.m. and again at 2 p.m. it was nterview that Staff B (Scrub open lesions and a finger cut es at times during Staff B's date of hire on 4/11/11 until er interview with Staff A it was B was asked to leave the work due to weeping / discharge of e stains in Staff B's scrubs at least once during a					
	report dated 9/6/20 B] had a procedure got a note to return Tuesday, Incision had more procedurnot (note) to return bleed again and e incision near a blo	acility's Staff Health Services 211 for Staff B it states "[Staff elast Monday in the office, n to work. While working bled, went back Wednesday, re performed in the office, got to work. On Friday, started to nded up infor surgery due to od vessels/p [status post] cision/packing in place".					
	facility's Staff Hea states, "[physicia 2/27/12[Staff B] 2/29, and 3/2/12	ther report for Staff B by the lith Services dated 3/5/2012 it and did the procedure on oow [out of work] on 2/27, 2/28Incision clean and dry, healing his and symptoms] of infection.					

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keep the area covered while at doctor] told him that he could of today, [Staff B] does not rvisor [Staff A] notified that [Return to work] full duty as of	A 748			7/19/2012
ol officer or officers must for identifying, reporting, controlling infections and eases of patients and is not met as evidenced by: review, observation and fit was determined that the plement professional standards hospital staff are restricted from attent care and/or are required on the healthcare facility acility failed to ensure that g the wearing of appropriate e equipment were implemented ion rooms.  Disease Control and mmendation and Reports ov/mmwr/preview/mmwrhtml/00 ressed on 6/8/12 pg 4 of 7, [Health Care Workers] ve exudative lesions or weeping	A 749	develop a system for identifying, investigating and controlling infecommunicable diseases of patien personnel.  Infection Control has an active sylidentifying, reporting, investigating infections and communicable disin policies:  ATTACHMENT #13 - Policy IC Previously referenced ATTACH ATTACHMENT #14 - Policy - Previously referenced ATTACH ATTACHMENT #15 - Policy - Examples include but are not limited tifying post discharge surveisite infections, total house surveisite infections, total house surveisite infections and identifying pote reports organisms of epidemiolo immediately to IC (REFERENC and all health care providers with evaluated by staff health.  Reporting: Monthly and annual monthly staff health report to intevaluated for wounds, number of and number cleared for work, missing the staff of the survey and number cleared for work, missing the survey and number cleared for work.	reporting, actions and ts and ts and yestem for ing and contracts as evid and according to the contract and according to the c	by Mgr. IC & Medical Director of Infectious Disease olling enced (C(ISOL).005, SH(IC).003  attify surgical attify Fri daily ients on e laboratory ance MENT #16) Il be reports, r of staff ed from duty t from
	IDENTIFICATION NUMBER:	A BUILDING  300023  STR.  STR.  MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)  A 748  Reep the area covered while at doctor] told him that he could of today, [Staff B] does not sinvisor [Staff A] notified that [Return to work] full duty as of CTION CONTROL OFFICER  Tol officer or officers must for identifying, reporting, controlling infections and eases of patients and  is not met as evidenced by: review, observation and fit was determined that the plement professional standards hospital staff are restricted from attent care and/or are required on the healthcare facility acility failed to ensure that go the wearing of appropriate equipment were implemented tion rooms.  Disease Control and momendation and Reports ov/mmwr/preview/mmwr/html/00 cessed on 6/8/12 pg 4 of 7, [Health Care Workers] ve exudative lesions or weeping refrain from all direct care and tient-care equipment and tient-care equipment and	STREET ADDRESS, CITY, STATE, ZIP CODE   5 ALUMNI DRIVE   EXETER, NH 03833	STREET ADDRESS, CITY, STATE, ZIP CODE   SALUMNI DRIVE   EXETER, NH 03833

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A 749	until the condition of AORN (Association Nurses) 2009 Edition and Recommended Recommendation infections, exudative for bloodborne diswhen these activition of infection to patient workers. Identification and assessment of in the perioperative #2. Health care well lesions or weeping providing direct particularly devices used in providing direct particularly and other pathogonal patients.  On review of the form of Page 1 SH(IC).00 Prevention and Conference with governing infection Resources, Inc. (for early identification and conference in the portion and conference in the conference with governing infection and conference in the conference with governing infection and conference in the con	n of periOperative Registered on Perioperative Standards d Practices, pg 480 XI "Activities of personnel with ve lesions, nonintact skin, and eases should be restricted es pose a risk of transmission ents and other health care ation, evaluation by a physician, of fitness for work performance esting should be required  Torkers who have exudative dermatitis should refrain from atient care or handling medical enforming invasive procedures. The skin, or weeping dermatitis of transmission of bloodborne ens between workers and eacility's policy:  The sum of the surveillance, control of Infection. "PURPOSE: the regulatory requirements are disease, Exeter Health EHR) has developed a program attrolling the spread of contagious orkplace. STEPS IN		749	- Monthly report from nurse manaregarding compliance with PPE for patients and quarterly Infection C report to the Quality Committee - Monthly report of compliance we hygiene to ICC and then to depart review with staff. Compliance is a to NH Quality Commission every and Quality Committee quarterly Per RSA 141 report reportable of NH DHHS - Mandatory reporting HAI to NH DHHS and CMS usin NHSN Investigating - As part of surveillance each idea is looked at to ensure it meets CD for HAI and to identify any opposit improvement in what, if anything be done differently to prevent this - IC-GEN.003 speaks to the processinvestigating an outbreak	or precaution ontrol  with hand the	

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#2. Per Guidelines for Employees with

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED 07/13/2012		
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A 749	Contagious Disease the manager/super Registered Nurse] to relieve the persorestrict form the work and the report to their mandetermine if it is not from direct patient work place".  Page 2. "GUIDELI CONTAGIOUS DISTINCTION TO THE CONTAGIOUS DISTIN	se (attached), Staff Health or rvisor/CRN [Certified will determine if it is necessary on from direct patient contact or ork place.  alth is unavailable, HCW must ager/supervisor/CRN who will ecessary to relieve the person contact or restrict from the  NES FOR EMPLOYEES WITH SEASES"  skin disease of Abscess, s, skin lesions, impetigo, ia; and infective material pus, is; and symptoms open, draining tes:  yee report to work (patient y work if areas is adequately		749			

#### , DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING. 300023 07/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5 ALUMNI DRIVE EXETER HOSPITAL INC** EXETER, NH 03833 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 16 A 749 confirmed through interview that Staff B was asked to leave the work area several times due to weeping/discharge of fluids and blood like stains in Staff B's scrubs [clothing] including at least once during a procedure. On review of the facility's Staff Health Services report dated 9/6/2011 for Staff B it states "...[Staff B] had a procedure ...last Monday in the office, got a note to return to work. While working Tuesday, Incision bled, went back Wednesday, had more procedure performed in the office, got not [note] to return to work. On Friday, started to bleed again and ended up in ...for surgery due to incision near a blood vessel...s/p [status post] surgery ... open incision/packing in place..". On review of another report for Staff B by the facility's Staff Health Services dated 3/5/2012 it states, "... [physician] did the procedure on 2/27/12...[Staff B] oow [out of work] on 2/27, 2/28. 2/29, and 3/2/12....Incision clean and dry, healing well. No s/sx [signs and symptoms] of infection. [Staff B] is able to keep the area covered while at work. States that [doctor] told him that he could go back to work as of today, [Staff B] does not have a note...Supervisor [Staff A] notified that [Staff B] can RTW [Return to work] full duty as of today" Review of the facility's policy and procedures dated 3/2011 Title Contract Precautions policy no.:IC-ISOL.005 revealed. Purpose: "To provide guidelines for reducing the

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risk of transmission of epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin PRINTED: 07/23/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 749	contact) or Indirect surfaces or patient environment".  STEPS IN PROCE #3. Gowns (clean required when ent Remove the gown patient's environment that clothing does contaminated surfagain even for repatient.  During tour of the 4th floor east and was asked which precaution. Staff were contact precautions. Whi was observed in a precaution sign of staff member was standing next to thave any contact was asked during member was in the confirmed through	contact with environmental trace items in the patient's  EDURE: non sterile) and gloves are ering the patient's room. and gloves before leaving the tent and discard, being careful not contact potentially races. Gowns are not used the eated contact with the same  facility's surgical units on 6/7/12 south Staff C (Unit Manager) patients were under contact C identified three rooms two caution and the third was droplet alle on the unit a staff member a patient's room with the contact utside the patient's door. The swearing a lab coat and was the patient's bed and did not precaution gear on. Staff C the observation who the staff the patient's room, Staff C thinterview that it was Staff E to that was not wearing any	A 749				