

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Southern New Hampshire Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 55 Harris Road Nashua, NH 03062	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, it was determined that the facility failed to provide a safe and clean environment for 3 of 5 units observed and 1 of 5 kitchenettes observed. Findings include: Unit #6</p> <p>Observation on 11/18/25 at approximately 9:11 a.m. in room [ROOM NUMBER] revealed there was black tape adhered to floor threshold over uneven surface where the floor was lifting.</p> <p>Observation on 11/18/25 at approximately 9:18 a.m. in room [ROOM NUMBER] revealed the oxygen concentrator had a layer of dust on the concentrator near the controls.</p> <p>Observation on 11/18/25 at approximately 9:23 a.m. in room [ROOM NUMBER] revealed the wall between the bathroom and the resident's bed had a two by four foot area with exposed drywall. Further observation revealed a brown substance on the bed rail. The side table surface top was peeling along 25 percent of the table.</p> <p>Observation on 11/18/25 at approximately 9:50 a.m. in room [ROOM NUMBER] revealed the privacy curtain had a brown substance in the midsection of the curtain facing away from the resident's bed. The wall between the bathroom and the resident's bed had multiple scraps, dings, and discoloration in an area approximately six by three feet wide.</p> <p>Observation on 11/18/25 at approximately 10:01 a.m. in room [ROOM NUMBER] revealed a long continuous crack that resembled stairs in an area on the wall approximately six by twelve inches.</p> <p>Observation on 11/18/25 at approximately 1:17 p.m. in room [ROOM NUMBER] revealed that the floor at the entrance was lifting.</p> <p>Observation on 11/18/25 at approximately 2:15 p.m. in room [ROOM NUMBER] revealed a brown substance on the outside mid-area of the privacy curtain. The bed rail had a brown substance smeared along the bed rail. The bedside table was visually soiled with crumbs, dried brown and reddish color substance on the top surface of the table.</p> <p>Interview on 11/18/25 at approximately 2:18 p.m. with Staff D (Unit Manager) confirmed all the findings from Unit #6.</p> <p>Unit #5</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 11/18/2025 at approximately 1:21 p.m. in room [ROOM NUMBER] revealed that there was floor tile on the side of the bed where he/she exits that were curled on the edges and lifted.</p> <p>Observation on 11/19/2025 at approximately 8:38 a.m in room [ROOM NUMBER] revealed that the above floor tile was loose and could be moved completely out of place with light pressure.</p> <p>Interview on 11/19/2025 at approximately 8:44 a.m. with Staff Y(Licensed Practical Nurse) confirmed that the floor was damaged and that the tile moved.</p> <p>Observation on 11/18/2025 at approximately 12:57 p.m. in room [ROOM NUMBER] revealed that there were floor tiles on the side of the bed where the resident exits their bed that were loose and curled. There was also missing trim to his/her bedside table.</p> <p>Interview on 11/20/2025 at approximately 9:59 a.m. with Staff W (Unit Manager) confirmed the above findings of missing trim and loose/curled flooring.</p> <p>Unit 1# West</p> <p>Observation on 11/18/2025 at approximately 10:00 a.m. of Unit #1 [NAME] kitchenette revealed missing tiles resulting in uneven flooring. The edges of the tiles remaining where covered with black tape.</p> <p>Interview on 11/18/2025 at approximately 12:30 p.m. with Staff Q (Activities Aide) confirmed the missing tiles on the kitchenette floor.</p> <p>Observation on 11/18/2025 at approximately 12:30 p.m. revealed a resident walking over the uneven flooring to get to the kitchenette fridge.</p>		