STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305009	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hanover Hill Health Care Center	700 Hanover Street Manchester, NH 03104

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 47129 Based on record review and interview, it was determined that the facility failed to ensure that a resident had an accurate Preadmission Screening and Resident Review (PASARR) screening for an individual with a mental health disorder for 1 of 2 residents reviewed for PASARR in a final sample of 25 residents (Resident Identifier is #30). Findings include: Review on 12/11/24 of Resident #30's medical record revealed that Resident #30 was admitted to the facility in May 2024 with known diagnoses of post-traumatic stress disorder and obsessive-compulsive disorder. Review of Resident #30's initial PASARR, dated 5/14/24, revealed that in Section II titled PASARR Level I Screening for Mental Illness (MI), NO was answered to indicate that Resident #30 did not have a diagnosis of mental illness. Since the PASARR Level I did not include post-traumatic stress disorder and obsessive-compulsive disorder as a diagnosis of mental illness, the facility failed to refer the resident to the appropriate state-designated authority for evaluation and determination for appropriate placement and services. Interview on 12/11/24 at 1:42 p.m. with Staff A (Director of Social Services) confirmed that Resident #30 had a diagnosis of post-traumatic stress disorder and obsessive-compulsive disorder upon admission and the facility did not refer the resident to the appropriate state-designated authority for evaluation and determination.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER: Hanover Hill Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 700 Hanover Street Manchester, NH 03104	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43408 Based on interview and record review, it was determined that the facility failed to ensure residents remained free from significant medication errors, which resulted in a resident needing interventions for hypotension, including hospitalization for multiple nights for one of three residents reviewed for hospitalization s (Resident Identifier #39). Findings include: Review on 12/9/24 of Resident #39's medical record revealed a nursing note, dated 11/8/24, that stated Resident #39 had received Metoprolol (antihypertensive) 150 milligrams (mg) and that Resident #39 was sent to the emergency room due to experiencing dizziness and low blood pressure. Review on 12/11/24 of Resident #39's hospital discharge summary, dated 11/14/24, revealed that on 11/8/24 Resident #39 was admitted to the hospital with a final diagnosis of hypotension with toprol (Metoprolol) overdose. Further review revealed the reason for hospitalization was adverse effects of a beta-blocker. Resident #39 was discharged back to the facility on [DATE] after a 6 day hospital stay. Review on 12/11/24 of Resident #39's November 2024 Medications Administration Record (MAR) revealed an order for Metoprolol Succinate ER (Extended Release), 12.5 mg once a day for hypertension, with a start date of 5/22/24. Further review of Resident #39's November 2024 MAR revealed no orders for Metoprolol 150 mg. Interview on 12/11/24 at approximately 3:00 p.m. with Staff B (Administrator) stated that on 11/8/24 Resident #39 had received another residents medications, which included Metoprolol 150 mg. The incident was immediately identified and reported to Administration and the Nurse Practitioner. The resident was transported to the hospital. Staff B stated that the incident was investigated and corrective action was initiated. Review on 12/12/24 of the facility's corrective action plan revealed the following: All nurses and medication nursing assistants were educated on medication administration on 11/8/24 through 11/13/24, medication administration observations were initiated on 11/13/24, and a quarterly Quality Assurance meeting was held on 12/4/24, where a review of the incident was conducted.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 49819 Based on observation and interview, it was determined that the facility failed to ensure that medications were appropriately stored for 1 of 4 medication carts observed. Findings include: Observation on 12/9/24 at approximately 8:30 a.m. in the First Floor [NAME] cart revealed two clear plastic medication cups containing medications. One medication cup was on top of the other medication cup. Further observation revealed the two medicine cups were not labeled with resident identifiers. Interview on 12/9/24 at approximately 8:30 a.m. with Staff E (Registered Nurse) confirmed that the medication cups were unlabeled with resident identifiers and revealed the cups contained medications for 2 different residents. Review on 12/9/24 of the facility's policy titled, Storage and Expiration Dating of Medications and Biologicals, revision date of 8/1/24, revealed .Facility should ensure that the medications and biologicals for each resident are stored in the containers in which there were originally received .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51399 Based on observation, interview, and policy review, it was determined that the facility failed to ensure that dishes were handled and sanitized according to professional standard for food services safety in 1 of 1 main kitchen observed. Findings include: Interview on [DATE] at approximately 8:30 a.m. with Staff F (Food Service Supervisor) revealed that the facility utilized a low temperature dishwasher (chemical sanitization). Observation on [DATE] at approximately 8:30 a.m. in the kitchen with Staff F revealed a chlorine test strip for chemical sanitizer solution testing with an expiration date of ,d+[DATE]. Interview on [DATE] at approximately 8:31 a.m. with Staff F confirmed that the chlorine test strip was expired and that they were using them to determine that the concentration of chlorine used during dishwashing was appropriate for sanitizing the dishes. Review on [DATE] of the facility policy titled, Dish Machine Sanitation, with no date, revealed: .Test water using Ecolab Chlorine Test Paper and record results on a test sheet log located in the dish room . Review on [DATE] of the FDA Food Code 2022 revealed XXX,d+[DATE] Duties ,d+[DATE].11 Person in Charge. The PERSON IN CHARGE shall ensure that: .EMPLOYEES are properly SANITIZING cleaned multiuse EQUIPMENT and UTENSILS before they are reused, through routine monitoring of solution temperature and exposure time for hot water SANITIZING, and chemical concentration, pH, temperature, and exposure time for chemical SANITIZING; XXX,d+[DATE].116 Warewashing Equipment, Determining Chemical Sanitizer Concentration. Concentration of the SANITIZING solution shall be accurately determined by using a test kit or other device . Observation on [DATE] at approximately 8:31 a.m. of Staff H (Dietary Aide) in the dishwashing room revealed Staff H rinsed food off of dirty dishes and placed them on a dish tray. Staff H then unloaded clean dishes and placed them on racks to air dry. Staff H did not perform hand hygiene between contact with dirty dishes and clean dishes. Interview on [DATE] at approximately 8:30 a.m. in the kitchen with Staff H confirmed the he/she did not perform hand hygiene between contact with dirty dishes and clean dishes. Review on [DATE] of the FDA 2022 Food Code, retrieved from: (https://www.fda.gov/media/110822/download), revealed: XXX,d+[DATE] PERSONAL CLEANLINESS XXX,d+[DATE].11 Clean Condition. FOOD EMPLOYEES shall keep their hands and exposed portions of their arms clean XXX,d+[DATE].14 When to Wash. FOOD EMPLOYEES shall clean /their hands and exposed portions of their arms as specified under S ,d+[DATE].12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: .(E) After handling soiled EQUIPMENT or UTENSILS; . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	40522

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F 0838 Level of Harm - Potential for minimal harm Residents Affected - Many Note: The nursing home is disputing this citation.	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43408 Based on interview and record review, it was determined that the facility failed to ensure that the facility assessment included specific staffing needs for each resident unit in the facility, specific staffing needs for each shift such as day, evening, night, and was adjusted as necessary based on changes to its resident population. Findings include: Review on 12/12/24 of the Facility Assessment (FA) revealed that the assessment did not include specific staffing needs for each resident unit in the facility and/or identify specific staffing needs by shift. Review on 12/12/24 of CMS (Centers for Medicaid and Medicare Services) form 671, provided and signed by Staff B (Administrator), revealed that the facility had a 24 bed Alzheimer's Unit ([NAME] unit). Review on 12/12/24 of facility Daily Nursing Schedule, dated 12/11/24, revealed the facility had a skilled unit, two long term care units, and the [NAME] unit. Interview on 12/12/24 with Staff B confirmed the above findings.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40522 Based on interview and record review, it was determined that the facility failed to maintain a system of surveillance to identify and manage infections to prevent the potential spread in the facility for 22 residents with gastrointestinal (GI)infections in a facility census of 116 residents (Resident identifiers are #2, #3, #6, #11, #18, #21, #23, #24, #30, #33, #36, #41, #42, #44, #58, #61, #68, #70, #93, #97, #263, and #267). Findings include: Review on [DATE] of the facility's acute gastroenteritis line list with no date revealed 5 residents (Resident #6, #33, #61, #68, and #93) on the second floor with GI symptoms (i.e. nausea, vomiting, and/or diarrhea) with an onset date of [DATE]. Review also revealed that Resident #68 and Resident #61 experienced diarrhea, Resident #33 experienced vomiting, and Resident #6 and Resident #93 experienced diarrhea and vomiting. Further review of the acute gastroenteritis line list with no date revealed that there was no documentation of outcome (i.e. symptom resolution date, hospitalized , and expired) for the 5 residents. Interview on [DATE] at approximately 1:00 p.m. with Staff I (Infection Preventionist) confirmed the above findings. Further interview with Staff I revealed that he/she did not investigate when the 5 residents were identified to have GI symptoms of nausea, vomiting, and/or diarrhea on [DATE]. Interview with Staff I also revealed that the 5 residents with GI symptoms were put on contact precautions. The on-call provider was notified that the 5 residents were symptomatic and the provider did not order contact precautions because it was a quick bug that is viral. Review on [DATE] of the facility's acute gastroenteritis line list dated [DATE] revealed the following additional residents became ill with GI symptoms: 1. 8 residents on the first floor with GI symptoms with an onset date of [DATE] and symptom resolution date of [DATE] (Resident #11, #18, #21, #24, #41, #44, #58, and #97). 2. 3 residents on first floor with GI symptoms with an onset date of [DATE] and symptom resolution date of [DATE] (Resident #2, #3, and #23). 3. 1 resident on first floor with GI symptoms with an onset date of [DATE] and symptom resolution date of [DATE] (Resident #70). 4. 1 resident on second floor with with GI symptoms with an onset date of [DATE] (Resident #267). 5. 2 residents on second floor with with GI symptoms with an onset date of [DATE] (Resident #30 and #263). Interview on [DATE] at approximately 1:05 p.m. with Staff I confirmed the above acute gastroenteritis line list dated [DATE]. Interview with Staff I revealed that when they identified 8 residents with GI symptoms on the first floor last week, symptomatic residents were put on precautions until symptom resolution, the provider was notified, and on [DATE] public health was notified. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review on [DATE] of Staff I's email correspondence to public health, dated [DATE], revealed: .I wanted to update you on GI sx [symptoms] in the facility. As of yesterday [[DATE]] there has been sporadic nausea/vomiting/diarrhea symptoms. Symptoms have mostly been resolving after the initial episode. I do have a line listing I can fax over for you to review. Currently 9 residents on same unit, and one staff member. No fevers noted. Provider does not feel it is necessary to do further testing at this time, as patients are stable and feeling well. We are having the first floor patients refrain from main dining room for 48 hours for precautionary reasons. Contact precautions in place for symptomatic patients as well . Review on [DATE] of the facility's policy titled, Outbreak Investigation, with no date, revealed: It is the policy of [NAME] Hill Health Care Center that outbreak measures will be institutes whenever there is an incidence of infections above what would normally be expected, considering seasonal variations. Procedures: The Infection Preventionist Nurse will conduct the outbreak investigation .Appropriate notifications will be completed within the facility to the Medical Director, Administrator, all departments, attending physician and designated responsible party at minimum and to appropriate state and local agencies. Outbreak monitoring and reporting will continue until resolution. At that time, narrative reports will be completed and forwarded to appropriate state and local agencies. The Infection Preventionist Nurse will have the authority to implement control measures as appropriate, in coordination with facility administration and medical staff as well as state and local agencies. For example, these control measures may include simple resident or unit isolation or quarantine measures for the entire facility . Review on [DATE] of the facility's policy titled, Isolation - Initiating Transmission Based Precautions, revision date of [DATE], revealed: .Policy Statement Transmission-Based precautions are initiated when a resident develops signs and symptoms of a transmissible infection .and is at risk of transmitting the infections to other residents .Transmission-Based Precautions remain in effect until the Attending Physician or Infection Preventionist discontinues them, which occurs after criteria for discontinuation are met. a) In an emergency (for example, an outbreak), the Infection Preventionist, Administrator and/or medical Director have the administrative authority, accountability, and responsibility to implement measures to control or prevent infections within the facility . Review on [DATE] of the facility's policy titled, Norovirus Prevention and Control, revised date of [DATE], revealed: .Policy Interpretation and Implementation 1. Avoid exposure to vomitus or diarrhea. Place residents on Contact precautions in a single room, if possible, when symptoms are consistent with norovirus gastroenteritis .During outbreaks, residents with norovirus gastroenteritis will be placed on Contact Precautions for a minimum of 48 hours after the resolution of symptoms .The following may be considered in an effort to prevent or control norovirus transmission during outbreaks: a) minimize resident movements within the unit; b) restricting symptomatic and recovering residents from leaving the resident-care area unless it is for essential care of treatment; and c) suspending group activities (e.g., dining events) for the duration of an outbreak . Review on [DATE] of the facility infection control meeting related to GI symptoms, dated [DATE], revealed that in attendance were Staff I, the medical director, Staff J (Advanced Practical Registered Nurse (APRN)), Administrator, Director of Nursing, and other staff members. Further review revealed that the sporadic GI symptoms appeared to be viral gastroenteritis that affected residents on 3 of 4 units and no known testing appropriate for short acting gastroenteritis. Reviewed interventions included contact precautions and discontinuation of precautions after 24 hours without symptoms and continued standing order for GI protocol. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review on [DATE] of the acute gastroenteritis line lists for Resident #2, #11, #21, #33, #41, #44, #93, and #267 revealed that onset and resoulution dates for GI symptoms were inconsistant with the medical record: Resident #33 Review on [DATE] of Resident #33's medical record revealed that on [DATE] Resident #33 had two episodes of small emesis overnight and the on call provider was notified. Further review of Resident #33's medical record revealed that on [DATE] Resident #33 had a one time episode of vomiting, which is inconsistent from the above mentioned acute gastroenteritis line list dated [DATE] that Resident #33's symptom resolution date was [DATE]. Resident #93 Review on [DATE] of Resident #93's medical record revealed that on [DATE] Resident #93 had 2 episodes of vomiting and received as needed TUMS (treats indigestion, heartburn and upset stomach) at 5:08 p.m Further review of Resident #93's medical record revealed that on [DATE], Resident #93 had multiple episodes of emesis and diarrhea overnight. Review also revealed that on [DATE] Resident #93 declined dinner related to nausea and he/she had one episode of loose stool in the evening shift which is inconsistent from the above mentioned acute gastroenteritis line list dated [DATE] that Resident #93's symptom onset date and resolution date of [DATE]. Resident #11 Review on [DATE] of Resident #11's medical record revealed that on [DATE] Resident #11 had vomited seven times. On [DATE], Resident #11 received Zofran (anti-emetic) at 3:41 a.m., 12:31 p.m., and 7:10 p.m. for nausea and vomiting. On [DATE], Resident #11 received Cal-Gest (treats indigestion, heartburn and upset stomach) as needed for GI upset at 8:12 a.m. which is inconsistent from the above mentioned acute gastroenteritis line list dated [DATE] that Resident #11's symptom resolution date was [DATE]. Resident #44 Review on [DATE] of Resident #44's medical record revealed that on [DATE] Resident #44 had 2 episodes of vomiting before supper. On [DATE], Resident #14 had 4 loose stools documented at 12:57 a.m., 6:33 a.m. , 1:26 p.m. and 8:41 p.m., which is inconsistent from the above mentioned acute gastroenteritis line list dated [DATE] that Resident #14's symptom onset date was [DATE]. Resident #21 Review on [DATE] of Resident #21's medical record revealed that on [DATE], Resident #21 had nausea and diarrhea, the on call provider was notified, and an order of Zofran medication was obtained. On [DATE] at 7:42 a.m. a note revealed that Resident #21 had nausea and vomiting the previous shift and continued with nausea and not feeling well which is inconsistent from the above mentioned acute gastroenteritis line list dated [DATE] that Resident #11's symptom onset date was [DATE]. Resident #41 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review on [DATE] of Resident #41's medical record revealed that on [DATE] Resident #41 vomited two times and had 4 documented loose stools which is inconsistent from the above mentioned acute gastroenteritis line list dated [DATE] that Resident #11's symptom onset date was [DATE] and symptom resolution date of [DATE]. Resident #2 Review on [DATE] of Resident #2's medical record revealed that on [DATE] Resident #2 had an extra large and large amount of vomit (vomited twice), and GI protocol put in place. On [DATE], Resident #2 had vomited four times and had a large loose stool. Resident #2 was given as needed Promethazine (treats nausea and vomiting) at 6:38 a.m. and 6:08 p.m. which is inconsistent from the above mentioned acute gastroenteritis line list dated [DATE] that Resident #2's symptom onset date was [DATE]. Resident #267 Observation on [DATE] at approximately 8:30 a.m. revealed that Resident #267 was not on contact precautions for acute gastroenteritis Observation on [DATE] at approximately 12:30 p.m. revealed that Resident #267 was on contact precautions for acute gastroenteritis. Review on [DATE] of Resident #267's medical record revealed that on [DATE] Resident #267 was sent to the emergency department (ED) at approximately 7:15 p.m. as Resident #267 was pallor, vomiting, had Milk of Magnesia [DATE] and blockage passed and continued to have the runs, and yellow sclera. At 10:53 p.m. resident returned from the ED after receiving fluids, Zofran, immodium, liver function test were not far off baseline and that symptoms attributed to GI virus. Review on [DATE] of Resident #267's ED note, dated [DATE], revealed: .ED Course .much improved after IV [intravenous] fluids. After IV ondansteron [anti-emetic] (pronoun omitted) was tolerable oral liquids now. No further episodes of diarrhea after imodium 4 mg [milligram] p.o other LFTs [Liver Function Test] were stable from prior. Patient was [sic] appears stable for discharge. Given the GI bug going around the nursing home this seems likely to be what (pronoun omitted) has . Interview on [DATE] at approximately 10:30 a.m. with Staff I confirmed the above findings including policies in regards to outbreak investigation and viral GI symptom protocol (Norovirus Prevention and Control policy was provided). Staff I also confirmed that the acute gastroenteritis line list dated [DATE] was inconsistent with the above mentioned resident's medical records and that he/she relied only on nurse's report of GI symptoms. Staff I stated that symptom resolution date was the date when 24 hours had passed since the resident's last GI symptoms. Interview on [DATE] at approximately 1:00 p.m. with Staff J revealed that viral acute gastroenteritis is highly contagious and protocol is that symptomatic residents are placed on contact precautions. Review on [DATE] of the acute gastroenteritis line list dated [DATE], updated on [DATE], revealed 3 residents on first floor were added to the line list with GI symptom onset of [DATE] (Resident #23, Resident #36, and Resident #42).