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	03/10/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow physician's order for 1 of 5 residents reviewed for skin conditions in a final sample of 23 residents. (Resident identifier is #105.)Findings include:Standard:[NAME], P.A, [NAME], A.G., Stockhart, P.A., & Hall, A. (2021). Fundamentals of Nursing. Elsevier. Page 1262. Changing Dressings A Health care provider's order for wound care indicates the dressing type, the frequency of changing, and any solutions or ointments to be applied to the wound.Review on 3/9/2026 of Resident #105's March 2026 Treatment Administration Record revealed a physician order dated 2/12/26 for, Skin tear dressing order-left forearm-Cleanse wound, pat dry, approximate wound with cotton tip applicator, secure with steristrips, cover with nonadherent telfa pad, wrap with kerlix and secure. May apply hydrogel if additional moisture is needed. every night shift for skin tear DC when healed. Discontinue date was 3/6/2026. Further review revealed there was no current orders. Review on 3/9/2026 of Resident #105's progress notes revealed a note dated 3/4/2026, skin tear-left forearm.healed left OTA [open to air]. Further review revealed another note dated 3/5/2026, skin tear-left forearm.OTA [open to air] area healed.Observation on 3/8/2026 at approximately 9:30 a.m. of Resident #105's left forearm revealed a white kerlix dressing. The dressing had grey smudged areas, and the edges were frayed and not uniform.Observation 3/9/2026 at approximately 2:00 p.m. of Resident #105's left forearm revealed a white kerlix dressing. The dressing had grey smudged areas, and the edges were frayed and not uniform. The dressing had a date of 3/4/26 written on it. Interview on 3/9/2026 at approximately 2:00p.m. with Staff A (Licensed Practical Nurse) confirmed the wound was healed and no longer needed a dressing. Staff A also confirmed that the dressing was dated 3/4/26, which indicated that was the day it was applied.

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