

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2026
NAME OF PROVIDER OR SUPPLIER Rochester Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 40 Whitehall 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, the facility failed to implement a comprehensive care plan for 1 resident in a final sample of 19 residents (Resident identifier is #55). Findings Include: Review on 6/11/26 of the facility's policy Skin integrity and Wound Management, review date 6/15/25, revealed . The plan of care will be reflective of assessment findings from the comprehensive patient assessment and wound evaluation 6.4 Perform and document skin inspection on all newly admitted /readmitted patients weekly thereafter and with any significant change of condition. Resident #55 Review on 6/11/26 of Resident #55's care plan revealed an intervention of Weekly wound assessment to include measurements and description of wound status, dated 8/21/25 within the focus area of risk for skin breakdown. Interview on 6/8/26 at approximately 9:26 a.m. with Resident #55 revealed that they had a wound on their leg that had been present for approximately 2 years. Review on 6/9/26 of Resident #55's wound progress notes revealed that the medical record did not contain wound assessments between the period of 3/18/26 to 4/1/26 and 4/22/26 to 5/6/26; (both 14 days). Further review revealed that the wound progress note, dated 6/3/26, did not contain wound measurements. Interview on 6/11/26 at approximately 2:19 p.m. with Staff D (Director of Nursing) confirmed the above findings.		

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: 305024	Facility ID: 305024 If continuation sheet Page 1 of 2

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview, and record review, the facility failed to facilitate ordered services from an outside provider for 1 of 3 residents reviewed for Urinary catheter/UTI (Urinary Tract Infection) in a final sample of 19 residents. (Resident identifier is #36.) Findings include: Interview on 6/8/26 at approximately 10:34 a.m. with Resident #36 revealed that they were waiting for an appointment that was very important to them. Review 6/8/26 of Resident #36's Physician's orders revealed an order dated 5/26/26, please arrange for urgent follow up with urology. to consider prophylactic abx (antibiotics) given repeated hospitalizations with urosepsis and chronic indwelling foley. Interview on 6/11/26 at approximately 1:18 p.m. with Staff A (Licensed Practical Nurse) revealed that the facility had not contacted a Urologist for Resident #36. Review on 6/11/26 of the facility's policy Transcription of Orders, Review date 3/20/26, revealed . Orders from an authorized independent practitioner are accepted by a Registered Nurse (RN) or Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN) . Purpose To establish requirements for accepting, transcribing and reviewing orders.		