

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Maple Leaf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 198 Pearl 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)
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48515</p> <p>Based on record review and interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessment accurately reflected the residents' status for 2 of 2 residents in a final sample of 22 residents (Resident Identifiers are #38 and #107).</p> <p>Findings include:</p> <p>Resident #38</p> <p>Review on 1/23/25 of Resident #38's medical record revealed a smoking assessment dated [DATE], which indicated that the resident was a smoker.</p> <p>Review on 1/23/25 of Resident #38's comprehensive assessment, dated 6/19/24, section J1300, did not indicate tobacco use.</p> <p>Interview on 1/24/25 at 9:50 a.m. with Staff A (MDS Coordinator) confirmed that Resident #38 was an active smoker and section J1300 of the comprehensive assessment should have indicated tobacco use.</p> <p>Resident #107</p> <p>Review on 1/24/25 of Resident #107's medical record revealed that Resident #107 had a planned discharge home on 1/6/2025.</p> <p>Review on 1/24/25 of Resident #107's Discharge MDS, dated [DATE], section A2105, revealed that resident #107 had discharged to a short-term general hospital.</p> <p>Interview on 1/24/25 at 10:15 a.m. with Staff A confirmed that Resident #107 discharged home as planned and did not discharge to a short-term general hospital.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47129</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that residents who were unable to carry out activities of daily living (ADL) received the necessary services to maintain good personal hygiene for 2 of 2 residents reviewed for ADL in a final sample of 22 residents (Resident Identifiers are #54 and #73).</p> <p>Findings include:</p> <p>Resident #54</p> <p>Interview on 1/22/25 at 9:10 a.m. with Resident #54 revealed that he/she did not get showers on a regular basis and he/she would like to have showers weekly as scheduled.</p> <p>Observation on 1/22/25 at approximately 9:10 a.m. of Resident #54 revealed him/her lying in bed. His/her hair was uncombed and appeared greasy.</p> <p>Observation on 1/23/25 at approximately 9:45 a.m. of Resident #54 revealed him/her lying in bed. His/her hair was uncombed and appeared greasy.</p> <p>Review on 1/24/25 of shower schedule for Resident #54 revealed that Resident #54 is scheduled for showers on Mondays, 7-3 shift.</p> <p>Review on 1/24/25 of Resident #54's shower documentation for baths and showers from 11/18/24 through 1/18/25 (9 weeks) revealed that Resident #54 received one shower on 1/4/25. Further review revealed no documentation that Resident #54 had refused any showers.</p> <p>Interview on 1/24/25 at 12:15 p.m. with Staff B (Director of Nursing) confirmed the above findings for Resident #54.</p> <p>Resident #73</p> <p>Observation on 1/22/25 at 10:30 a.m. of Resident #73 revealed he/she was in their room in bed and sitting upright in pajamas. Resident #73's hair was unkept, messy, and matted.</p> <p>Interview on 1/22/25 at 10:31 a.m. with Resident #73 revealed that he/she did not consistently receive weekly baths or showers and he/she would like to shower weekly.</p> <p>Observation 1/23/25 at 8:15 a.m. of Resident #73 revealed he/she was in their room lying in bed in pajamas. Resident #73's hair was unkept, messy, and matted.</p> <p>Observation on 1/24/25 at 10:30 a.m. of Resident #73 revealed he/she was in their room lying in bed in pajamas. Resident #73's hair was unkept, messy, and matted.</p> <p>Review on 1/24/25 of Resident #73's shower schedule revealed they were scheduled to receive a shower on Fridays in the morning.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 1/24/25 of Resident #73's shower documentation for baths and showers from 11/18/24 to 1/23/25 (9 weeks) revealed showers were marked as competed on 11/23/24, 12/9/24, 12/13/24, and 1/18/25 (4 times). Further review revealed that there was no documentation that Resident #73 had refused showers any time during the period reviewed.</p> <p>Review on 1/24/25 of Resident #73's care plan for ADL care, dated 10/21/24 revealed that Resident #73 required minimum to moderate assist with washing, dressing, grooming, and assistance with bath/showers.</p> <p>Interview on 1/24/25 at approximately 2:31 p.m. with Staff B confirmed the above findings for Resident #73.</p> <p>Review on 1/24/25 of the facility's policy Activities of Daily Living - Bathing Residents, revised 9/2022, revealed: .General Guidelines: 6. Bathing of choice will be offered at least weekly, on a schedule of their choice .Documentation: 1. The date and time the shower/tub was performed .Reporting . 1. Notify the supervisor if the resident refuses the shower/tub bath for further intervention . 3 . Report other information in accordance with facility policy and professional standards of practice .</p> <p>48515</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>43002</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure that medications and biologicals were stored in locked compartments in 1 of 2 medication rooms observed. (Second Floor Medication Room.)</p> <p>Findings include:</p> <p>Observation on 1/22/25 at 10:32 a.m. of the Second Floor Medication Room revealed the door was unlocked and there was no staff in the medication room. Further observation of the Second Floor Medication Room revealed that there were resident's and house stock medications stored in open shelves. There was no staff outside the room or visible in the area. Additionally, there were several residents sitting right outside the medication room.</p> <p>Interview on 1/22/25 at approximately 10:33 a.m. with Staff B (Director of Nursing) confirmed that the medication room was unlocked.</p> <p>Review on 1/23/25 of the facility's policy Medication Storage dated 9/1/22 revealed, .The facility stores all drugs and biologicals in a safe, secure, and orderly manner . 1. Drugs and biologicals used in the facility are stored in locked compartments . 6. Compartments (including . rooms .) containing drugs and biologicals are locked when not in use .</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51399</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to implement infection control policies and procedures for 1 of 3 residents reviewed for Transmission Based Precautions (TBP) (Resident identifier #63) and for 1 of 2 residents observed for wound care (Resident identifier #10) in a final sample of 22 residents.</p> <p>Findings include:</p> <p>Resident #63</p> <p>Observation on 1/22/25 at approximately 8:40 a.m. revealed a sign posted outside resident's room for Isolation Droplet/Contact Precautions. The sign identified the Personal Protective Equipment (PPE) to use for Droplet/Contact Precautions was an isolation gown, N95 respirator, eye protection, and gloves.</p> <p>Observation 1/22/25 at approximately 8:45 a.m. of Staff C (Licensed Nurses Assistant) revealed that he/she entered Resident #63's room while wearing an isolation gown, an N95 respirator, and gloves. Staff C was not wearing eye protection. Staff C proceeded to remove the isolation gown and gloves when exiting the resident's room but did not remove his/her N95 respirator. Staff C proceeded across the hallway into the dining area where multiple residents and staff were located.</p> <p>Interview on 1/22/25 at approximately 8:50 a.m. with Staff C confirmed the above findings.</p> <p>Interview on 1/22/25 at approximately 2:00 p.m. with Resident #63 revealed that not all staff wear eye protection while providing care.</p> <p>Interview 1/23/25 at approximately 1:15 p.m. with Staff E (Infection Preventionist) confirmed it is the facility policy that staff entering a resident's room with droplet precautions would wear an isolation gown, N95 respirator, eye protection, and gloves. Staff E further revealed it is facility policy that staff would remove all PPE when exiting a resident's room with droplet precautions.</p> <p>Review on 1/24/25 of Resident #63's Preventive Health Care Report dated 1/17/25 revealed that Resident #63 tested positive for COVID-19 on 1/17/25.</p> <p>Review 1/24/25 of Resident #63's physician orders revealed an order for Droplet Precautions-COVID positive dated 1/17/25 at 10:50 p.m.</p> <p>Review on 1/24/25 of the facility's policy; Transmission Based Precautions dated 9/1/2022 revealed, .3. When transmission- based precautions are implemented, the infection Preventionist (or designees): a. clearly identifies the type of precautions, .and the personal protective equipment(PPE) that must be used .d. determines the appropriate notifications on the room entrance door .(1) The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE . (https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html)</p> <p>43002</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #10</p> <p>Review on 1/23/25 of Resident #10's physician's order dated 12/30/24 revealed a treatment order for a Stage 3 pressure injury to the coccyx, clean with normal saline, lightly pack with collagen powder and cover with a border foam dressing daily.</p> <p>Observation on 1/23/25 at 1:47 p.m. of Staff F (Licensed Practical Nurse) providing wound care to Resident #10 revealed Staff F placed the wound care dressing supplies directly on the Resident's bedside table without cleaning the area or placing a clean field [covering the table with a clean disposable cloth to place the wound care items on to reduce the risk of of transmission of microorganisms]. Staff F removed the dirty dressing, removed their gloves and donned new gloves without sanitizing their hands. Staff F proceeded to clean the wound with normal saline, apply the collagen powder and apply the clean dressing.</p> <p>Interview on 1/23/25 at 2:28 p.m. with Staff F confirmed that he/she did not clean the bedside table or place a clean field on the bedside table for the dressing supplies during wound care. Staff F confirmed that he/she did not wash or sanitize their hands between glove change.</p> <p>Interview on 1/24/25 at 1:30 p.m. with Staff B (Director of Nursing) revealed that it is facility policy that staff would sanitize their hands between the dirty and clean parts of wound care and would use a clean field to place the dressing supplies on as per their policy.</p> <p>Review on 1/24/25 of the facility's policy titled Wound Care dated 9/1/22 revealed, .1. Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field . 4 remove dressing. 5. Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly. 6. Put on gloves .</p> <p>Review on 1/24/25 of the facility's policy Hand Hygiene dated 9/1/22 revealed, .7. Use and alcohol-based hand rub .or .soap . and water for the following situations . h. Before moving from a contaminated body site to a clean body site during resident care .k. After handling used dressings . m. After removing gloves .</p>		