STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305030	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Leaf Health Care Center	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)
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. Based on observation, interview, and record review, it was determined that the facility failed to ensure that expired medications were removed from use for 1 of 4 medication carts observed. (Resident identifier is #38). Findings include:Observation on 3/2/26 of the 3rd floor medication cart #7 with Staff A (Licensed Practical Nurse) revealed Resident #38's opened Lispro insulin pen an Insulin Lispro pen with an open date of 1/30/26 and an expiration date of 2/27/26. Interview on 3/2/26 at approximately 8:15 a.m. with Staff A confirmed the above. Review on 3/2/26 of manufacturer's instructions for Humalog (insulin lispro), dated 01/2026, revealed: when stored at room temperature, Humalog U-100 . can only be used for a total of 28 days, including both not in-use (unopened) and in-use (opened) storage time. Review on 3/2/26 of facility policy titled Medication Storage, reviewed 10/5/2025, revealed: 4 .Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305030	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Leaf Health Care Center	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)
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to correctly code Minimum Data Set (MDS) assessments for 3 of 22 residents reviewed for MDS assessments in a final sample of 22 residents (Resident Identifiers #5, #44 and #64).Findings include: Resident #5 Review on 3/3/26 of Resident #5's Quarterly MDS with the Assessment Reference Date (ARD) of 12/17/25 revealed Section N0415E Anticoagulant was coded as is taking during the 7 day look back period. Review on 3/3/26 of Resident #5's physician order revealed that Resident #5 was not receiving anticoagulant medication between 12/11/26 and 12/17/26. Interview on 3/3/26 at approximately 1:15 p.m. with Staff B (MDS Coordinator) confirmed that Resident #5's quarterly MDS dated [DATE] was miscoded. Resident #44 Review on 3/3/26 of Resident #44's annual MDS assessment, with an ARD date of 12/3/25, revealed that section I-Active Diagnoses indicated that resident #44 had a diagnosis of PTSD (Post Traumatic Stress Disorder). Review on 3/3/26 of Resident #44's medical record revealed no documentation of a diagnosis of PTSD. Interview on 3/3/26 at approximately 2:35 p.m. with Staff B (MDS Coordinator) confirmed the above findings. Resident #64 Review on 3/3/26 of Resident #64's annual MDS with the Assessment Reference Date (ARD) of 12/24/25 revealed Section N0415E Anticoagulant was coded as is taking during the 7 day look back period. Review on 3/3/26 of Resident #64's medications for 12/18/25 through 12/24/25 revealed no anticoagulants were ordered. Interview on 3/3/26 at approximately 1:15 p.m. with Staff B confirmed the above findings.