

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/17/2025
NAME OF PROVIDER OR SUPPLIER  Hackett Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  191 Hackett Hill Road Manchester, NH 03102	

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 0635</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, it was determined that the facility failed to have physician's orders at admission for a wound that resulted in hospitalization for 1 of 4 residents reviewed for wound care (Resident identifier is #3). Findings include: Review on 12/17/25 of Resident #3's medical record revealed he/she was admitted on [DATE]. Review on 12/17/25 of Resident #3's Clinical Admission assessment, dated 11/5/25, revealed a puncture wound present on admission to the right groin. Review on 12/17/25 of Resident #3's Vascular Surgery Discharge summary dated [DATE], revealed discharge instructions for daily wound treatment to the right groin wound. Review on 12/17/25 of Resident #3's admission orders revealed no treatment orders for the right groin wound. Review on 12/17/25 of Resident #3's November 2025 Treatment Administration Record (TAR) revealed no wound treatments performed for the right groin wound. Review on 12/17/25 of Resident #3's progress note, dated 11/12/25, revealed that Resident #3 was sent to the hospital during a vascular surgery follow up appointment on 11/12/25. Review on 12/17/25 of Resident #3's vascular surgery visit note, dated 11/12/25, revealed Physical Exam: RIGHT: Right groin incision is seroma [the buildup of fluids under the skin] drainage and maceration and slough. Assessment/Plan: [pronoun omitted] has been at rehab the past week and reports that [pronoun omitted] groin dressing was not changed. [pronoun omitted] now has wound dehiscence [the splitting or bursting open of a wound] macerated sloughed incision and draining seroma fluid. [pronoun omitted] will require admission and surgical debridement. Interview on 12/17/25 of Staff A (Director of Nursing) confirmed above findings and that Resident #3 went 7 days without treatment to their right groin wound. Review on 12/17/25 of the facility's documentation of corrective action for the above admission order omission revealed that all licensed nursing staff and leadership were re-educated on verifying and transcribing all medications and treatments from the hospital discharge summary (admitting orders) immediately upon the resident's arrival that was completed on 11/14/25, a facility-wide audit of all new admission orders for the past 30 days was completed on 12/14/25, monitoring accuracy of admission orders through audits and reviewing the audits at the Quality Assurance and Performance Improvement meetings.</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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NAME OF PROVIDER OR SUPPLIER  Hackett Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  191 Hackett Hill Road Manchester, NH 03102	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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>Based on observation, interview and record review, it was determined that the facility failed to ensure staff wear appropriate (Personal Protective Equipment) PPE and perform hand hygiene during a dressing change for 1 of 1 resident observed for wound care (Resident identifier is #4). Findings include: Observation on 12/17/25 at approximately 9:50 a.m. revealed Resident #4 had a sign for Enhanced Barrier Precautions (EBP) next to their door. Staff B (Wound Nurse) performed hand hygiene and donned gloves and a gown while preparing to perform Resident #4's sacral dressing change. Staff B removed the wound dressing from Resident #4's sacral wound. Staff B doffed his/her gloves and donned clean gloves without performing hand hygiene in-between. Staff B cleansed the wound, doffed their gown and gloves, and exited the room. Staff B did not perform hand hygiene and proceeded to retrieve additional supply from the treatment cart. Staff B returned to Resident #4's room and performed hand hygiene and donned gloves. Staff B did not don a gown. Staff B applied treatment to Resident #4 wound and applied the dressing. Interview on 12/17/25 at approximately 10:00 a.m. with Staff B confirmed above findings. Review of the Centers for Disease Control and Prevention recommendations retrieved 12/17/25 from Clinical Safety: Hand Hygiene for Healthcare Workers   Clean Hands   CDC revealed the following: Know when to clean your hands; Immediately before touching a patient. Before performing an aseptic task such as placing an indwelling device or handling invasive medical devices. Before moving from work on a soiled body site to a clean body site on the same patient. After touching a patient or patient's surroundings. After contact with blood, body fluids, or contaminated surfaces. Immediately after glove removal. Review on 12/17/25 of facility policy titled IC203 Hand Hygiene with a revision date of 5/1/25 revealed POLICY: If a task requires gloves, perform hand hygiene, before donning gloves and immediately after removing gloves. Review on 12/17/25 of facility policy titled IC308 Enhanced Barrier Precautions with a revision date of 11/14/25 revealed .Definitions: Enhanced Barrier Precautions. it employs targeted personal protective equipment (PPE) use during high contact patient activities [dressing changes/wound care].</p>		