STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305038	A. Building B. Wing	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hackett Hill Healthcare Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 51399 Based on interview and record review, it was determined that the facility failed to inform residents or resident's representative of the risk and benefits of psychotropic medication use for 2 out of 5 residents reviewed for unnecessary medications in final sample of 17 residents. (Resident identifiers are #16 and #50.) Findings include: Resident #16 Review on 3/12/25 of Resident #16's medical record revealed a physician's order for Ativan Oral Tablet 0.5 MG[milligram] (Lorazepam) Give 0.5 tablet by mouth two times a day for anxiety monitor for anxiousness, restlessness and other signs of anxiety, start date of 1/21/25. Further record review revealed there was no documentation of consent for the psychotropic medication use for Resident #16. Resident #50 Review on 3/12/25 of Resident #50's medical record revealed a physician's order for Buspirone HCL Oral tablet 15 MG (Buspirone HCL) Give 1 tablet by mouth two times a day for anxiety monitor for increased anxiousness, restlessness and other signs of anxiety, start date of 9/10/24. Further record review revealed there was no documentation of consent for the psychotropic medication use for Resident #50. Interview on 3/12/25 at approximately 2:20 p.m. with Staff D (Clinical Lead) confirmed the above findings. Review on 3/13/25 of the facilities policy Behaviors: Management of Symptoms Revision Date, 7/1/24 revealed .6. When a medication is ordered for behavioral symptoms: 6.1 Obtain Consent .

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 49819 Based on interview and record review, it was determined that the facility failed to ensure that the resident and/or resident representative was informed, in writing, the items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services for 2 of 2 residents reviewed for Beneficiary Notices who remained in the facility (Resident identifiers are #17 and #65). Findings include: Resident #17 Review on 3/11/25 of the Advanced Beneficiary Notice (ABN) - Resident discharged within the last 6 months form, completed by the facility, revealed Resident #17 was discharged from Medicare services and remained in the facility. Resident #17's last covered day was 10/31/24. Review on 3/11/25 of Resident #17's Skilled Nursing Facility (SNF) ABN dated 10/29/24 revealed that beginning on 11/1/24, Resident #17 will no longer require Physical Therapy, Occupational Therapy, Skilled Nursing Care, and will no longer be covered by Medicare. Further review revealed the SNF ABN did not contain the services that the facility offers and for which the resident may be charged, and the amount of charges for those services. Instead the SNF ABN stated Medicaid Rate as the per day/item or service. Resident #65 Review on 3/11/24 of ABN - Resident discharged within the last 6 months form, completed by the facility, revealed Resident #65 was discharged from Medicare services and remained in the facility. Resident #65's last covered day was 3/6/25. Review on 3/11/25 of Resident #65's SNF ABN dated 3/4/25 revealed that beginning on 3/7/25, Resident #65 will no longer required Physical Therapy, Occupational Therapy, Skilled Nursing Care, and will no longer be covered by Medicare. Further review revealed the SNF ABN did not contain the services that the facility offers and for which the resident may be charged, and the amount of charges for those services. Instead the SNF ABN stated Medicaid Rate as the per day/item or service. Interview on 3/11/25 at approximately 2:15 p.m. with Staff L (Clinical Care Coordinator) confirmed the above findings and that Staff L stated it was their practice to write Medicaid Rate instead of an estimated cost of items and services.

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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** 38218 Based on observation, interview and record review it was determined that the facility failed to follow the professional standards of care for 3 residents in a final sample of 17 residents. (Resident identifiers are #33, #55 and #7.) Findings include: Standard: [NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 10th edition St. Louis, Missouri: Elsevier, 2021. Page 614 .It is essential to verify the accuracy of every medication you give to your patients with the patient's order. If the medication order is incomplete, incorrect, or inappropriate, or if there is a discrepancy between the original order and the information on the MAR [Medication Administration Record]. consult with the health care provider. Do not give a medication until you are certain that you can follow the seven rights of medication administration . Page 672 .seven rights of medication administration include right medication, right dose, right patient, right route, right time, right documentation and right indication .` Resident #33 Interview on 3/12/25 at approximately 7:35 a.m. with Staff F (Licensed Practical Nurse) revealed that Resident #33's CBG (capillary blood sugar) had obtained by a nurse on the the previous shift and was 151. Staff F had the CBG result written on a piece of paper. Further interview revealed that Staff F would use the CBG to decide if Resident #33 required insulin based on their physician order. Staff F thought the CBG was obtained around 6:45 a.m Observation on 3/12/25 at approximately 7:45 a.m. revealed Staff F administered 2 units of insulin to Resident #33 for the CBG of 151. Review on 3/12/25 of Resident #33's physician orders revealed the following order: Humalog Solution 100 unit/ml (milliliters) . inject as per sliding scale: . 151-200= 2 units, .subcutaneously before meals for sliding scale insulin coverage for diabetes must take finger stick blood glucose prior to administration., Start Date 1/18/25. Interview on 3/12/25 at approximately 1:30 p.m. with Staff E (Nurse Practitioner) revealed that he/she would expect CBG's to be performed closer to administration/meal time when a sliding scale is being used for insulin. Resident #55 Review on 3/11/25 of Resident #55's physician orders revealed the following order: Ertapenem Sodium Injection Solution Reconstituted 1 GM (gram), Use 1 gram intravenously in the morning for infection until 3/27/25, Start Date 2/20/25. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 3/11/25 at approximately 11:00 a.m. with Staff B (Registered Nurse) and Staff D (Clinical Lead) confirmed the the above order did not have an infusion rate. Observation on 3/12/25 at approximately 8:30 a.m. of Resident #55's IV pole in his/her room revealed a bag that was empty with a hand written orange label 3/13/24 0730 without a pharmacy label or infusion rate. 51399 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. Resident #7 Observation on 3/11/25 at approximately 9:50 a.m. revealed a dressing on Resident #7's lower left thigh that was undated. Interview on 3/11/25 at approximately 9:50 a.m. with Resident #7 revealed that Staff G (Registered Nurse) confirmed the above observation. Staff G stated that the dressing was applied the previous day. Review on 3/12/25 of Resident #7's Treatment Administration Record revealed that there was no active order on 3/11/25 to apply a dressing to Resident #7's left thigh. Interview on 3/12/25 at approximately 2:40 p.m. with Staff G confirmed that he/she applied the dressing without a physician's order. 49819

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49819 Based on observation, interview, and record review, it was determined that the facility failed to follow policies and procedures for 1 of 2 residents reviewed for Enhanced Barrier Precautions (EBP) (Resident identifier is #55) and 1 of 3 residents reviewed for disinfection of glucometer (Resident identifiers are #165 and #166). Findings include: Observation on 3/11/25 at approximately 11:40 a.m. of Staff C (Medication Nursing Assistant) revealed he/she went from Resident #165's room to Resident #166's room with a glucometer and a cup with alcohol wipes, lancets, and test strips in it, and no cleaning/disinfecting wipes. The glucometer was observed to not be visibly soiled. Review on 3/11/25 of Resident #165's and Resident #166's Medication Administration Record revealed provider orders for capillary blood glucose (CBG). Interview on 3/11/25 at approximately 11:40 a.m. with Staff C revealed that he/she tested capillary blood glucose for Resident #165 and then Resident #166. Further interview revealed he/she had not disinfected the glucometer between these residents. Staff C stated that he/she should have disinfected the glucometer between resident use with an Environmental Protective Agency (EPA) disinfectant. Review on 3/13/25 of facility policy titled Fingerstick Glucose Measurement with a review/revision date of 6/15/22 revealed .4. Clean and disinfect meter before use with EPA approved disinfectant, following manufacturer instructions .19. Clean and disinfect the blood glucose meter after use with EPA approved disinfectant, following manufacturer's instructions . Review on 3/13/25 of glucometer manufacturer instructions revealed 4. To disinfect your meter, clean the meter with one of the validated disinfecting wipes listed below. Other EPA registered wipes may be used . 38218 Resident #55 Observation on 3/11/25 at approximately 11:15 a.m. with Staff B (Registered Nurse) revealed Staff B accessing Resident #55's Peripherally Inserted Central Catheter (PICC) line without a face shield or protective gown on. Interview on 3/11/25 at approximately 11:15 a.m. with Staff B confirmed the above findings. Interview on 3/11/25 at approximately 2:15 p.m. with Staff A (Infection Preventionist) confirmed that staff should be wearing PPE when accessing a PICC line. Review on 3/11/25 of the facility policy titled, Infection Control Standards, Dated 10/24 revealed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	. Standard Precautions are used during all resident care procedures that potentially expose the clinician to blood and bloody fluids is anticipated or there is the potential for splash or spray of blood or body fluids. Single use disposable gown, . Eye protection/face shield. Review on 3/11/25 of the facility policy titled, IC308 Enhanced Barrier Precautions, Revision Date 12/16/24 revealed: .Patient Status, Has a wound or indwelling medical device without secretions or excretions that are unable to be covered or contained and not known to be infected or colonized with MDRO (Multidrug Resistant Organisms), Use EBP. Review on 3/11/25 of the facility policy titled, Enhanced Barrier Precautions, Revision Date 5/1/24 revealed: . Enhanced Barrier Precautions, . Chronic wounds and/or indwelling medical devices (e.g., central line, .), . Device care or use central line, . Gown, gloves prior to high contact care activity, (Change PPE before caring for another patient) (Face protection may also be needed if performing activity with risk of splash or spray)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. 51399 Based on observation, interview and record review, it was determined that the facility failed to maintain patient care equipment per manufacturer's instruction for 1 of 2 residents reviewed for respiratory care in a final sample of 17 residents. (Resident identifier is #7). Findings include: Interview on 3/11/25 at approximately 9:50 a.m. with Resident #7 revealed concerns that his/her Continuous Positive Airway Pressure (CPAP) machine parts needed replacement for a long time and no one is assisting with replacing the parts of his/her headpiece. Observation on 3/11/25 at 9:50 a.m. revealed that the head strap had brownish discoloration, areas of the head piece were in disrepair, and the tubing to the mask was yellowish in color. Interview on 3/12/25 at approximately 10:00 a.m. with Staff D (Clinical Lead) confirmed the above findings. Interview on 3/13/25 at approximately 10:40 a.m. with Staff K (Unit Manager) revealed that the face mask, tubing, and headgear have not been changed since Resident #7 was admitted to the facility. Review on 3/13/25 of Resident #7's medical record revealed that Resident #7 had been admitted to the facility in July of 2024. Review on 3/13/25 of Resident #7's March 2025 Treatment Administration Record (TAR) revealed a treatment order dated 2/10/24 for CPAP: Change or clean intake filter and disposable supplies(e.g., tubing) per manufacturer?s [sic] instructions. Every night shift, every Saturday and was completed on 3/1/25 and 3/8/25. Review on 3/13/25 of the manufacturer's instructions revealed . If any visible deterioration of system component is apparent (.discoloration, .) the component should be discarded and replaced.3. Check the air filter and replace every six months .