STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305047	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Rest Home	276 County Farm Road Dover, NH 03820

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 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. Based on observation, interview, and record review, it was determined that the facility failed to follow manufacturers' instructions for medication administration in 1 of 2 insulin administration observations. (Resident identifier is #111). Findings include: Review on 4/8/2026 of the manufacturer's' instructions for Novolog solution, To avoid injecting air and to ensure proper dosing: Turn the dose selector to select 2 units. Hold your Novolog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge. Keep the needle pointing upwards, press the push-button all the way in. The dose selector returns to 0 . Observation on 4/8/2026 at approximately 8:30 a.m. with Staff A (Licensed Practical Nurse) during medication administration revealed Staff A did not prime the insulin pen with 2 units before administering 14 units of insulin to Resident #111. Interview on 4/8/2026 at approximately 8:35 a.m. with Staff A confirmed the above findings. Review on 4/8/2026 of Resident #111's medical record revealed an order for Novolog FlexPen Subcutaneous Solution . inject 14 units subcutaneously one time a day, dated 4/4/2026.

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
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on interview and record review, it was determined that the facility failed to have an water management plan that included an assessment and control measures to identify and prevent the growth and spread of Legionella and other opportunistic waterborne pathogens in a facility with a census of 164 residents. Findings include: Interview on 4/8/2026 at approximately 9:50 a.m. with Staff C (Infection Preventionist) revealed that he/she monitors the facility for empty rooms and flushes them on a weekly basis. Staff C was not able to provide a water management plan. Interview on 4/8/2026 at approximately 10:30 a.m. with Staff B (Maintenance Director) revealed that the facility did not have a water management plan that included an assessment of the facility identifying areas that opportunistic waterborne pathogens could grow and spread or that included control measures to prevent the growth of opportunistic pathogens and how to monitor them. Review on 4/8/26 of facility policy titled Legionnaires' Disease, no date of when it had been written, reviewed, or updated, revealed: Prevention: Maintenance: Ensure water systems are maintained, in an effort to eliminate bacteria. Equipment is maintained by manufacturer's guidelines. Equipment addition, repair etc.as needed and/or recommended. Boiler temps are monitored and logged twice a day and kept within range specified by location . There was no assessment that identified areas that opportunistic waterborne pathogens could grow and spread. The control measures mentioned did not include established ways to intervene when control limits were not met.