STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305048	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillsborough County Nursing Home	400 Mast Road Goffstown, NH 03045

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure that Enhanced Barrier Precautions (EBP) were implemented for 1 of 2 residents reviewed for urinary catheters (Resident identifier is #77) and failed to have a water management plan that included all the necessary elements to prevent the growth and spread of Legionella and other opportunistic waterborne pathogens in a facility with a census of 243 residents. Findings include:Review on 5/7/26 of the facility's Water Management Plan, revised 3/2026, revealed the plan did not identify specific areas in the facility where Legionella could grow and spread. Further review revealed under Mitigation Plan that Shower [NAME] and Kitchen Hoses were to be replaced every 6 months. Interview on 5/7/26 at approximately 12:00 p.m. with Staff K (Administrator) confirmed that the Water Management Plan did not include the areas where waterborne pathogens could grow and spread. Review on 5/7/26 of a checklist titled Legionella – Spray Hose Cleaning revealed that the shower wands were last replaced on 9/22/25 (more that 6 months). There was no documentation provided that the kitchen hoses had been replaced. Interview on 5/7/26 at approximately 11:50 a.m. with Staff J (Maintenance Worker) confirmed the above mentioned checklist. Staff J was unable to provide documentation on when the kitchen hoses were last replaced. Resident #77 Review on 5/6/26 of the facility policy, revision date 7/25, revealed, .9. EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and or indwelling medical devices regardless of MDRO colonization.12. Caution Triangle Sign is posted on the wall outside of the resident room indicating EBP is needed for the resident/patient. 13. The PPE is available in a hanging yellow precaution bag with the EBP sign on the bathroom door. Observation on 5/5/26 at approximately 9:42 a.m. in Resident #77's room revealed Resident #77 was in their room sitting in a wheelchair and a urinary catheter bag (indwelling medical device) was hanging on the left side of the wheelchair. Further observation revealed that there were no Personal Protective Equipment (PPE) supplies and signage indicating that Resident #77 was on any precautions. Review on 5/6/26 of Resident #77's foley catheter care plan, revision date 7/2/25, revealed an intervention for EBP. Interview on 5/6/26 at approximately 9:58 a.m. and 10:10 a.m. with Staff C (LNA) revealed that Resident #77 had a urinary catheter, and Staff C was not aware that Resident #77 was on EBP. Staff (continued on next page)

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
	305048	A. Building B. Wing	05/07/2026

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Hillsborough County Nursing Home	400 Mast Road Goffstown, NH 03045

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	C also revealed that he/she provided morning care to Resident #77 that morning wearing gloves but did not use a gown as PPE. Further interview with Staff C revealed that residents on EBP had signage outside their door indicating their EBP status. Interview on 5/6/26 at approximately 10:03 a.m. with Staff A (Registered Nurse) revealed that Resident #77 should be on EBP due to the presence of a urinary catheter. Staff A also revealed that residents on EBP should have a caution triangle sign posted outside their room, along with PPE supplies and EBP signage placed on the resident's bathroom door.

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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 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** Based on observation, interview, and record review, the facility failed to properly prepare insulin per manufacturer's instructions for 1 of 1 residents receiving insulin in 7 residents observed for medication administration. (Resident identifier is #218.)Findings include:Observation on 5/5/26 at approximately 12:00 p.m. of Staff H (Registered Nurse) during Resident #218's medication administration revealed Staff H turned the Humalog Kwikpen (insulin) dial to two units without priming the pen and proceeded to administer the dose to Resident #218. Interview on 5/5/26 at approximately 12:00 p.m. with Staff H confirmed that the insulin pen had not been primed according to manufacturer instructions before administering the dose to Resident #218. Review on 5/5/26 of Resident #218's Medication Administration Record revealed an order for Humalog Kwikpen Pen Injector 100 unit Inject before meals and at bedtime as per sliding scale: 120-149=0 150-199=2 200-249=4 250-299=6 300-349=8 350-399=10 [PHONE NUMBER]=12 and call MD. Further review revealed Resident #218 had a Capillary Blood Glucose (CBG) of 168 requiring 2 units of Lispro (Humalog) insulin per order. Review on 5/5/26 of Lispro manufacturer instructions titled 'INSTRUCTIONS FOR USE Insulin Lispro [pronunciation omitted] Kwikpen' revealed, .Priming your pen Prime before each injection Priming your pen means removing the air from the Needle and Cartridge that may collect during normal use and ensures that the Pen is working correctly. If you do not prime before each injection, you may get too much or too little insulin. Step 6. To prime your pen, turn the Dose Knob to select 2 units. Step 7. Hold your Pen with the needle pointing up. Tap the cartridge Holder gently to collect air bubbles at the top. Step 8. Continue holding your pen with Needle pointing up. Push the Dose Knob in until it stops, and 0 is seen in the Dose Window. Hold the Dose Knob in and count to 5 slowly. You should see insulin at the tip of the Needle. -If you do not see insulin, repeat priming steps 6 to 8, no more than 4 times. -If you still do not see insulin, change the Needle and repeat priming steps 6 to 8.

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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 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, the facility failed to ensure medications were labeled with open expiration dates for 1 of 6 medication carts observed and failed to ensure that medications were stored at appropriate temperatures for 1 of 3 medication rooms observed. (Resident identifier is #78). Findings include:Unit B2 Medication Room Observation on 5/5/26 at 8:29 a.m. with Staff B (Registered Nurse) of Unit B2 Medication Room Refrigerator revealed that the thermometer in the refrigerator was reading 50 F (degrees Fahrenheit). Further observation revealed that there were unopened residents medications stored in the refrigerator, including Epoetin Alfa-epbx (Retacrit) recombinant, Lispro insulin (Humalog) and Lantus insulin. Interview on 5/5/26 at 8:29 a.m. with Staff B confirmed the above findings. Review on 5/5/26 of the manufacturer's instructions for the above medications revealed the following:Retacrit - Store refrigerated at 36 F to 46 F;Humalog lispro insulin - Store refrigerated at 36 F to 46 F until time of use;Lantus insulin - unopened Lantus devices should be stored in a refrigerator 36 F to 46 F. Review on 5/5/26 of Unit B2's Unit Emergency Equipment and Med [Medication] Room Log from April 2026 to May 2026 revealed the refrigerator temperatures above 46 F on the following dates: On 4/3/26, 4/4/26, 4/5/26, 4/6/26, 4/7/26, 4/13/26, 4/14/26, 4/15/26, 4/16/26, 4/17/26, 4/18/26, 4/19/26, 4/20/26, 4/21/26, and 5/1/26 (15 days) temperatures was logged at 48 F. Observation on 5/6/26 at 8:27 a.m. of the Unit B2 Medication Room Refrigerator with Staff B revealed two thermometers reading 50 F and 47 F. Interview on 5/6/26 at 8:27 a.m. with Staff A confirmed the temperatures were out of range. B2 Front Medication Cart Observation on 5/5/26 at 8:42 a.m. of Unit B2 Front Medication Cart with Staff I (Medication Nursing Assistant) revealed two open boxes of Fluticasone Furoate/Vilanterol Inhalation Powder (a combination medication used for the maintenance treatment of asthma and chronic obstructive pulmonary disease) for Resident #78. The first inhaler was dispensed by the pharmacy on 2/26/26 (9 weeks and 5 days) and the second on 3/19/26 (6 weeks and 5 days) with both having opened foil trays. There was no open dates or open expiration dates on the open boxes, open foil trays, or the inhalers. Review on 5/5/26 of the manufacturer's instructions on the above two inhaler boxes revealed, Discard the inhaler 6 weeks after opening the moisture-protective foil tray . Interview on 5/5/26 at 8:42 a.m. with Staff I confirmed the above medications were not labeled with open dates or open expiration dates. Review on 5/5/26 of Resident #78's May 2026 Medication Administration Record revealed that the above medication was administered daily. Review on 5/6/26 of the facility's policy titled Storage and Safety of Medications revised on 4/2023 revealed, Policy: 1. It is the policy of [facility] that: All medications and biologicals are stored in a safe manner and secure manner, including proper temperature control . Procedure: Medication Room Refrigerator: 1. The med [medication] room refrigerator temperature will be between 36 to 46 degrees . Medication Cart . 8. All opened vials, bottles, and nutritionals are to be dated when opened and initialed .