

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Courville at Manchester		STREET ADDRESS, CITY, STATE, ZIP CODE 44 West Webster 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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>45419</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that residents received treatments that were ordered for 1 out of 2 residents reviewed for pressure ulcers in a final sample of 22 (Resident Identifier is #41).</p> <p>Findings include:</p> <p>Review on 2/15/24 of Resident #41's offsite wound care progress notes dated 11/29/23, revealed that Resident #41 received wound care services offsite for a Stage II pressure ulcer on left buttock and a deep tissue injury on his/her right buttock. Further review of the section titled Wound Orders revealed the following order: PT [Physical Therapy] evaluation for modified chair cushion.</p> <p>Review on 2/15/24 of Resident #41's offsite wound care progress note, dated 12/6/23, revealed that Resident #41 was being followed for a Stage II pressure ulcer on left buttock and a deep tissue injury to right buttock. Further review revealed the section titled Wound Orders on 12/6/23 revealed the following order: PT evaluation for modified chair cushion.</p> <p>Observation on 2/15/24 at 12:40 p.m. revealed Resident #41 sitting up in a reclining chair in his/her room with two bed pillows under his/her buttock.</p> <p>Interview on 2/15/24 at 12:40 p.m. with Resident #41 revealed that he/she had not used a chair cushion since admission. Further interview revealed that Resident #41 sits and sleeps in the recliner all or most of the time and that his/her buttock was sore.</p> <p>Interview on 2/15/24 at 2:15 p.m. with Staff F (Licensed Practical Nurse) revealed that the pillows observed under Resident #41 were not a pressure relieving device. Staff F also stated that Resident #41 is in the reclining chair all or most of the time.</p> <p>Interview on 2/15/24 at 3:30 p.m. with Staff H (Director of Nursing) confirmed the above findings.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>28881</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that the residents' environment remained as free of accident hazards as possible regarding the storage of chemical cleaning solutions on 1 of 3 units observed (First Floor Unit).</p> <p>Findings include:</p> <p>Observation on 2/13/24 at approximately 8:15 a.m. with Staff B (Cook) of the main dining serving area revealed an unlocked cabinet below the sink that contained 3 cans of Clean Force Stainless Steel Cleaner and Polish, 1 bottle of Comet Cleaner With Bleach, 1 container of ECOLAB Foam Hand Sanitizer, and 3 bottles of Surface Cleaner Sanitizer.</p> <p>Interview on 2/13/24 at approximately 10:30 a.m. with Staff H (Director of Nursing) revealed there are 2 residents identified at risk for wandering/elopement.</p> <p>Observation on 2/13/24 at approximately 11:00 a.m. with Staff E (Administrator) of the main dining serving area revealed an unlocked cabinet below the sink that contained 3 cans of Clean Force Stainless Steel Cleaner and Polish, 1 bottle of Comet Cleaner With Bleach, 1 container of ECOLAB Foam Hand Sanitizer, and 3 bottles of Surface Cleaner Sanitizer.</p> <p>Interview on 2/13/24 at approximately 11:00 a.m. with Staff E confirmed the above findings and revealed that residents can access the dining room at any time.</p> <p>Review on 2/14/24 of the facility's policy titled Policy to Ensure Safety of Residents with Regards to Poisonous Products with an effective date of 1/13/24, revealed:</p> <p>.Policy: Poisonous and toxic materials shall be stored in areas away from the food service area .Procedure: Each department will keep potentially hazardous materials out of direct reach of the resident and stored per the recommendation of the manufacturer .When not in use, the poisonous and toxic materials will be stored on shelves that are used for no other purpose or stored in a place outside the food storage, food preparation, and cleaned equipment and utensil storage .</p> <p>Review on 2/14/24 of Safety Data Sheets revealed:</p> <p>Clean Force Stainless Steel Cleaner and Polish - Section 11. Toxicological Information - Inhalation: Intentional misuse by deliberate inhalation may be harmful or fatal.</p> <p>P&G Professional Comet Cleaner with Bleach - Ready to Use - 11. Toxicological Information - Serious eye damage/eye irritation - Irritating to eyes.</p> <p>ECOLAB Digisan E Foam Hand Sanitizer - Section 11. Toxicological Information - Acute Inhalation toxicity: 4 h [hours] Acute toxicity estimate: > [greater than] 200 mg/l [milligrams per liter] .Acute oral toxicity: Dodecylbenzenesulfonic Acid.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Clean Force Surface Cleaner Sanitizer - Section 11. Toxicological Information - Eyes: Causes eye irritation.		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28881</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure the dishwasher was reaching proper temperatures and chemical sanitization in the main kitchen, failed to ensure food was served in a sanitary environment on 1 of 3 units (First Floor Unit), and failed to ensure use of facial hair restraints when serving food from the kitchen to the main dining area on 1 of 3 units observed for meal service (First Floor Unit).</p> <p>Findings include:</p> <p>Main Kitchen - Dishwasher Logs</p> <p>Observation on 2/13/24 at approximately 8:10 a.m. with Staff B (Cook) of the Dish Room logs for December 2023, January 2024, and February 2024 revealed the parts per million (PPM) test results were missing for the following days for the low-temperature, chemical dishwasher: 12/2/23, 12/3/23, 12/9/23, 12/21/23, 12/30/23, 12/31/23, 1/6/24, 1/13/24, 1/19/24, 1/20/24, 1/21/24, 1/25/24, 1/28/24, 2/8/24, 2/10/24, and 2/11/24.</p> <p>Interview on 2/13/24 at approximately 9:15 a.m. with Staff D (Food Services Director) confirmed the above findings and stated that the PPM is to be filled out for each mealtime cleaning cycle to ensure appropriate PPM is reached for sanitization.</p> <p>Review on 2/14/24 of the facility's policy titled [NAME] Dish Machine Policy with an effective date of 1/13/24, revealed:</p> <p>.Procedure: The [NAME] at [NAME] staff will adhere to the following steps to ensure that the [NAME] Dish Machine is working correctly and that the chemical agent is at the correct mixing level to sanitize all dishware that is fed through .5. Note the temperatures for both wash and rinse cycles on the log sheet hanging on the wall .7. Run the strip along the rack rail inside the machine .9. It MUST read between 50-100 PPM .11. Record the PPM reading on the log sheet hanging on the wall and note any actions required .</p> <p>First Floor Main Dining Room Food Service Area</p> <p>Observation on 2/13/24 at approximately 8:15 a.m. with Staff B of the first floor main dining room revealed the food service area had countertops with 3 areas of missing laminate approximately 6 to 12 inches in length exposing porous wood and creating an uncleanable surface, a wall that had wallpaper peeling up approximately 12 inches exposing sheet-rock with food stains on the wall, and a wooden countertop with chipped wood and paint exposing porous wood approximately 2 feet in length where napkins and silverware were stored.</p> <p>Interview on 2/13/24 at approximately 11:00 a.m. with Staff E (Administrator) confirmed the above findings.</p> <p>Review of the facility's policy titled Food Preparation and Service last revised 11/2022, revealed:</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>.6. Prep surfaces shall be clean and surfaces shall be in good repair without breaks .</p> <p>Review on 2/16/24 of the U.S. Food and Drug Administration Food Code, dated 2022, retrieved from: https://www.fda.gov/media/164194/download, revealed:</p> <p>. 4-602.13 Nonfood Contact Surfaces Nonfood contact surfaces or equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues</p> <p>First Floor Unit Main Dining Room Lunch Meal Service</p> <p>Observation on 2/13/24 at approximately 12:00 p.m. of Staff C (Dietary Aide) revealed he/she was handling uncovered plates with food on them in the kitchen and serving the meal plates to the residents in the first floor unit main dining room with a full beard that was over an inch long and was not covered.</p> <p>Interview on 2/13/24 at approximately 12:20 p.m. with Staff C revealed he/she does not normally wear a covering over his/her beard in the kitchen and during meal service.</p> <p>Interview on 2/13/24 at approximately 12:30 p.m. with Staff D revealed that kitchen staff with beards need to wear a covering, and confirmed the finding.</p> <p>Review of the facility's policy titled Food Preparation and Service last revised 11/2022, revealed:</p> <p>.Food Distribution and Service .8. Food and nutrition services staff wear hair net restraints (hair net, hat, beard restraint, etc.) so that hair does not contact food .</p>		