STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305057	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Courville at Manchester	44 West Webster Street Manchester, NH 03104

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review, it was determined that the facility failed to remove expired food, label thawed items, properly store thawing meats, and maintain clean cooking equipment and microwaves for 1 of 1 kitchen and 2 of 3 kitchenettes observed. Findings include:KitchenObservation on 2/17/26 at approximately 8:00 a.m. with Staff B (Food Service Director) of the kitchen's revealed the following expired food items and unlabeled thawed items in the small refrigerator:Thirteen quarts of half and half milk product with an expiration date of 2/10/26;Three thawed Mighty Shakes (nutritional supplement) without a thaw or use by date;Six half gallons of whole milk with an expiration date of 2/4/26; andOne half gallon of whole milk with an expiration date of 2/14/26. Further observation in the kitchen revealed the following expired and unlabeled food items in the walk-in refrigerator:One defrosted frozen orange juice concentrate dated 2/2/26;Further observation in the kitchen revealed the following thawed meats stored in thawing racks in the walk-in refrigerator:Salisbury steak defrosting on the tray above the spanakopita;Hamburger defrosting on the tray above the coleslaw. Further observation in the kitchen revealed the following food items and food debris on pellet warmers in the food preparation area:An opened grape jelly container with no date of opening or expiration, containing multiple white substances;Ten yogurts near the food line that were warm to the touch; andFood debris adhered to the inside of the pallet warmer used for clean plates. Further observation in the kitchen revealed the following expired and unlabeled food items in the refrigerator under the food preparation area:One package of swiss cheese, labeled with an open date of 1/7 Further observation in the kitchen revealed two flatˆtop cooking griddles with dried food remnants adhered to them, stored on a rack that was in contact with a trash barrel. The knife holder on the wall near the stove had a thick layer of dust and dirt. Burnt, blackened food debris was also observed on the bottom interior surface of the kitchen stove. KitchenettesObservation on 2/17/26 at approximately 8:20 a.m. with Staff B of the second floor microwaves revealed dried food adhered to the inside side walls, top of the inside and the bottom of the inside.Observation on 2/17/26 at approximately 8:25 a.m. with Staff B of the third floor microwaves revealed dried food adhered to the inside side walls, top of the inside and the bottom of the inside. Interview on 2/17/26 at 8:30 a.m. with Staff B confirmed the above findings. Review on 2/17/26 of the facility policy titled, Date/Dating, undated, revealed: Please date everything before putting in walk-in, . Dispose of any item that is out of date. Review on 2/17/26 of the Mighty Health Shake container revealed: Use thawed product within 14 days . Review on 2/17/26 of the facility policy titled, Guidelines for Food Safety and Use By dates, undated revealed, 4. All items opened, must have a Use By date applied. The Use By date or expiration date is the last day an item I to be served. The following guidelines will serve as Use By Date. All cheeses . 1 month, . Dressings, . 1 month. Review on 2/17/26 of the facility's policy titled, [NAME] Meat Thawing Policy, Review Date 11/1/25, revealed, 4. Approved Thawing Methods, A. Refrigerator Thawing (Preferred Method), . Place meat in a leak-proof container or on a tray to prevent cross-contamination. Store on the lowest shelf to prevent drips onto ready-to-eat foods. 7. Cross-Contamination Prevention, . Store raw meat below ready-to-eat foods at all times.

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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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on observation, interview, and record review, the facility failed to assess a resident's ability to self-administer medications for 1 of 1 resident reviewed for choices in a final sample of 17 residents. (Resident identifier is #6.)Findings include:Observation on 2/17/26 at approximately 9:11 a.m. revealed that Resident #6 had a medicine cup containing two large white pills on their meal tray. There were no staff present at that time.Interview on 2/17/26 at approximately 9:15 a.m. with Resident #6 revealed that he/she self-administers their medications with their breakfast.Review on 2/17/26 of Resident #6's assessments revealed that there was no assessment for the self-administration of medications. Review on 2/19/26 of the Resident #6's Medication Administration Record revealed that Resident #6 received the following prescribed medications with breakfast: one capsule of Saccharmyces Boulardii +MOS (probiotic) 250 mg (Milligrams)/200mg, one soft gel of Vitamin D3 5000 UI (International Unit) with coconut oil, and one tablet of Turmeric Forte Herbal Supplement Tablet.Interview on 2/19/26 at approximately 9:31 a.m. with Staff F (Unit Manager) confirmed that Resident #6 did not have a self- administration assessment.Review on 2/19/26 of the facility's policy Self -Administration of Medications, revised February 2021, revealed, Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so 3. If it is determined safe and appropriate ., this is documented in the medical record and the care plan.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on observation, record review, and interview, the facility failed to keep residents free from physical restraints for 1 of 1 residents reviewed for physical restraints in a final sample of 17 residents (Resident identifier is #17).Findings include:Observation on 2/18/26 at approximately 8:49 a.m. revealed Resident #17 sitting in his/her wheelchair wearing a seat belt.Interview on 2/18/26 at approximately 12:59 p.m. with Resident #17 revealed that he/she wore the seat belt because he/she has fallen out of the wheelchair in the past. Review on 2/18/26 of Resident #17's fall care plan revealed an intervention to apply the seat belt while in the motorized wheelchair for fall prevention per family request. Further review revealed that there were no interventions to release the seat belt and reposition the resident periodically while using the seat belt.Review on 2/18/26 of Resident #17's social service note (late entry) dated 6/17/25 revealed that a care planning meeting occurred on 6/13/25 that indicated that social services reviewed with the family that the seat belt would be considered a restraint.Review on 2/18/26 of Resident #17's medical record revealed no restraint assessment or order for the seat belt use.Interview on 2/18/26 at approximately 2:11 p.m. with Staff F (Unit Manager) confirmed that there was no restraint assessment or physician's order for seat belt use. Further interview with Staff F revealed that Resident #17 was unable to self-release his/her seatbelt. Review on 2/19/26 of the facility's Use of Restraints policy Revised April 2017 revealed the following: . Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls 6 .there shall be a pre-restraining assessment and review to determine the need for restraints 9. Restraints shall only be used upon the written order of a physician .13. e. Restrained residents must be repositioned at least every two (2) hours on all shifts 17. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s) but the underlying problems that may cause the symptom(s).

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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** Based on interview and record review, the facility failed to follow physician orders for 1 of 1 resident reviewed for dialysis and 1 of 5 residents reviewed for unnecessary medications in a final sample of 17 residents (Resident Identifiers are #2 and #8). Findings include:[NAME], [NAME] A., and [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 #2 Review on 2/18/26 of Resident #2's January 2026 and February 2026's MAR (Medication Administration Record) revealed the following physician's order: Norvasc Oral Tablet 5 mg (milligrams) (Amlodipine Besylate) Give 1 tablet by mouth one time a day for HTN (Hypertension) Hold for SBP (Systolic Blood Pressure) less than 130, Start Date 1/22/26. Further review revealed the following dates and corresponding SBP results for which Norvasc was administered: 1/25/26 SBP 92; 1/26/26 SBP 116; 2/3/26 SBP 113; 2/9/26 SBP 90. Interview on 2/18/26 at approximately 11:45 a.m. with Staff C (Director of Nursing(DON)) confirmed the above findings. Resident #8 Review on 2/18/26 of Resident #8's January 2026 and February 2026's MAR revealed the following physician's order: Insulin Glargine Subcutaneous Solution 100 UNIT/ML (milliliters) Inject 10 unit subcutaneously one time a day for T2DM (Type 2 Diabetes Mellilitus), Hold for CBG (Capillary Blood Glucose) < (less than) 110, start date 7/10/25. Further review revealed the following dates and corresponding CBG results for which Insulin Glargine was administered: 1/25/26 CBG 109; (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/26/26 CBG 82; 2/3/26 CBG 86; 2/9/26 CBG 86; 2/18/26 CBG 95. Interview on 2/18/26 at approximately 2:45 p.m. with Staff C confirmed the above findings. Interview on 2/19/26 at approximately 9:45 a.m. with Staff D (Nurse Practitioner) revealed that the above medications should not be given outside the ordered parameters. Review on 2/18/26 of the facility policy titled, Administering Medications, Revision Date 9/12/22, revealed: 4. Medications are administered in accordance with prescriber orders, . 10. The individual administering the medication checks the label three (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. 21. Medications may not be left at the resident bedside unless the resident has been deemed capable to self-administer medications by evaluation by staff and or medical provider. In addition to general evaluation of decision making capacity, the staff and or medical provider will perform a more specific skill assessment to determine capacity and capability to self-administer medications.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record review and interview, the facility failed to adequately monitor for adverse consequences for anticoagulant medication for 2 residents in a final sample of 17 residents (Resident identifiers are #5 and #7).Findings include:Resident #7Review on 2/19/26 of Resident #7's Medication Administration Record (MAR) revealed a physician's order dated 11/3/25 for Apixaban, (anticoagulant) for treatment of atrial fibrillation. Further review revealed no indications of monitoring for signs and symptoms of bleeding and bruising on the MAR.Review on 2/19/26 of Resident #7's comprehensive care plan revealed that no specific interventions to monitor or manage the risk of bleeding and bruises Resident #5, who was receiving anticoagulant therapy. Interview on 2/19/26 at approximately 2:51 p.m. with Staff C (Director of Nursing) confirmed the above findings.Resident #5Review on 2/19/26 of Resident #5's Medication Administration Record (MAR) revealed a physician's order dated 10/24/23 for Apixaban, anticoagulant) for treatment of atrial fibrillation. Further review revealed no evidence of monitoring for signs and symptoms of bleeding and bruises associated with the administration of the medication in the MAR.Review on 2/19/26 of Resident #5's comprehensive care plan revealed that no specific interventions to monitor or manage the risk of bleeding and bruises for Resident 5, who was receiving anticoagulant therapy. Interview on 2/19/26 at approximately 2:24 p.m. with Staff C confirmed the above findings.