

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Mount Carmel Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 235 Myrtle 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)		
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. Based on observation, interview and record review, the facility failed to store food in accordance with professional standards for food service safety in 3 of 5 kitchenette refrigerators and 1 of 3 dining room refrigerators observed for a facility census of 109 residents. Findings include: Review on 7/22/26 of kitchenette and dining room refrigerator temperature logs revealed the following temperature that were out of range: 2nd Floor Annex refrigerator: July 7th 43 degrees Fahrenheit (F) July 8th 48 degrees F July 9th 45 degrees F July 10th 48 degrees F July 11th 42 degrees F July 20th 45 degrees F July 21st 45 degrees F 2nd floor East Refrigerator: July 1st 45 degrees F July 5th 43 degrees F July 7th 45 degrees F July 8th 44 degrees F July 9th 43 degrees F July 10th 45 degrees F July 20th 46 degrees F July 21st 45 degrees F 4th floor Resident Dining Room: July 3rd 45 degrees F July 4th 45 degrees F July 5th 48 degrees F July 6th 45 degrees F July 7th 45 degrees F July 8th 45 degrees F July 16th 45 degrees F July 18th 50 degrees F. 4th Floor Kitchenette July 5th 57 degrees F July 12th 45 degrees F July 15th 45 degrees F July 16th 45 degrees F Interview on 7/23/26 at approximately 11:00 a.m. with Staff A (Dietary Manager) confirmed the above findings and revealed there was no documentation that temperatures were rechecked on the above noted days. Review on 7/24/26 policy titled Use and Storage of Food and Beverage Brought in for Residents, dated 10/11/17, revealed, . (6) All refrigerators will be at or below 41 degrees F. Review on 7/24/26 of the U.S. Food and Drug Administration- Refrigerator Thermometers-Cold Facts About Food Safety, dated 3/5/2024, revealed, . To ensure that your refrigerator is doing its job, it's important to keep its temperature at 40 F or below .		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 305067	Facility ID: 305067
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