STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305069	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Ann Rehabilitation and Nursing Center	195 Dover Point 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 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 interview and record review, the facility failed to monitor the food's internal temperature to ensure food was safe for consumption on 17 of 30 days reviewed. Findings include: Review on 3/16/26 at approximately 8:30 a.m. of the Main Kitchen with Staff A (Culinary Services Director) revealed that the food temperature logs had missing food temperatures of items served for meals. The following dates and meals did not have food temperatures over the last 30 days:Breakfast: 3/16/26;Lunch: 2/24/26, 2/25/26, 3/5/26;Dinner: 2/16/26, 2/17/26, 2/18/26, 2/19/26, 2/23/26, 2/24/26, 2/25/26, 2/26/26, 2/28/26, 3/2/26, 3/3/26, 3/5/26, 3/6/26, 3/9/26, 3/10/26, 3/11/26.Interview on 3/16/26 at approximately 8:35 a.m. with Staff A confirmed the above findings. Interview on 3/17/26 at approximately 10:44 a.m. with Staff B (Administrator) revealed that there is no facility policy regarding taking food temperatures of prepared foods prior to serving.Review on 3/18/26 of the Food Code U.S. Public Health Service 2017 located at https://www.fda.gov/media/110822/download revealed .18. Proper cooking time and temperatures, The cooking temperatures of foods must be measured to determine compliance or noncompliance. the cook temperatures of all of the products should be measured and recorded.Internal Cooking Temperature Specifications for Raw Animal Foods .145 F(Fahrenheit) for 15 seconds Raw eggs cooked for immediate service Fish, except as listed below Intact Meat Commercially raised game animals, rabbits; 155 F for 17 seconds: Ratites (Ostrich, [NAME] and Emu) Injected meats Mechanically tenderized meats Raw eggs not for immediate service Comminuted meat, fish, or commercially raised game animals;165 F for<1 second(instantaneous): Wild game animals Poultry Stuffed fish, meat, pork, pasta, ratites & poultry Stuffing containing fish, meat, ratites & poultry

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
	305069	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to ensure that PRN (as needed) psychotropic medication orders were limited to 14 days for 1 of 5 residents reviewed for unnecessary medications of a final sample of 13 residents. (Resident identifier is #3.)Finding include:Review on 3/18/26 of Resident #3's physician's orders revealed that he/she had orders for PRN Clonazepam without a specified end date on 2/27/26. Interview on 3/18/26 at approximately 1:00 p.m. with Staff C (Director of Clinical Services) confirmed the above findings.Review on 3/18/26 of the facility's policy title Utilization and Documentation of Psychotropic Medications revealed: . PRN orders for psychotropic drugs are limited to 14 days, at which time the prescribing physician or provider will re-evaluate and if he or she chooses to extend the drug beyond 14 days will document the rationale in the clinical record and indicate the duration of the prn order.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to develop a comprehensive care plan for 1 resident in a final sample of 12 residents. (Resident identifier is #4)Findings include:Review on 3/18/26 of Resident #4's diagnosis list revealed a diagnosis of Diabetes. Review of Resident #4's Medication Administration Record revealed that the Resident #4 was on insulin for management of his/her diabetes. Review of Resident #4's current care plan revealed that there were no interventions for diabetes. Interview on 3/18/26 at approximately 11:00 a.m. with Staff C (Director of Clinical Services) confirmed the above findings.