

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Saint Teresa Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  519 Bridge 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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51399</b></p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that medications and treatments were administered as ordered for 1 of 1 resident reviewed for Pain Management (Resident identifier is #197) and 1 of 1 resident reviewed for Skin Conditions (Resident identifier is #29) in a final sample of 12 residents.</p> <p>Findings include:</p> <p>Standard:</p> <p>[NAME], [NAME] A., and [NAME] [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 . Page 1262. Changing Dressings. A Health care provider's order for wound care indicates the dressing type, the frequency of changing, and any solutions or ointments to be applied to the wound.</p> <p>Resident #197</p> <p>Interview on 3/5/25 at 8:43 a.m. with Resident #197 revealed that he/she had not received their lidocaine patch to their right shoulder. Resident #197 stated that their shoulder was uncomfortable.</p> <p>Observation on 3/5/25 at 3:28 p.m. of Resident #197 with Staff C (Unit Manager) revealed that Resident #197 did not have a lidocaine patch to their right shoulder.</p> <p>Interview on 3/5/25 at 3:28 p.m. with Staff C confirmed that Resident #197 did not have a lidocaine patch on their right shoulder.</p> <p>Review on 3/5/25 of Resident #197's physician's orders revealed an order with a start date of 3/4/25 for Lidocaine Patch 5 [percent] . Apply to Right knee and Rt [right] shoulder topically one time a day for pain management and remove per schedule.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Saint Teresa Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  519 Bridge 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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 3/5/25 of Resident #197's March 2025 Medication Administration Record (MAR) revealed that the above order was signed as being completed on 3/5/25 at 6:00 a.m.</p> <p>Review on 3/7/25 of the facility's policy titled Medication Administration, dated 1/21, revealed, . 3. Prior to administration, review and confirm the medication order for each resident on the Medication Administration Record. Medication Administration: 1. Medications are administered in accordance with written orders of the prescriber .</p> <p>43002</p> <p>Resident #29</p> <p>Observation on 3/5/25 at 12:20 p.m. of Resident #29's right forearm revealed a penny size open area with one steri-strip on it. There was loose kerlix on the same arm that was no longer covering the open area. There was no date written on the kerlix when the bandage had been placed.</p> <p>Observation on 3/6/25 at 11:03 a.m. of Resident #29's right forearm revealed the above same open area with a steri-strip. There was no bandage covering the area.</p> <p>Review on 3/6/25 of Resident #29's physician's orders revealed an order from 3/4/25 Right lower arm skin tear: Cleanse with [Normal Saline], pat dry, apply a thin coat of bacitracin, and cover with a dry dressing and kerlix dressing one time a day for skin tear.</p> <p>Review on 3/6/25 of Resident #29's medical record, including the Treatment Administration Record (TAR) revealed there was no documentation that the above order had been transcribed to the TAR for the nursing staff to carry out.</p> <p>Interview on 3/6/25 at 1:15 p.m. with Staff D (Registered Nurse) confirmed that Resident #29 had the above open area and stated that there was no treatment ordered based on the Resident's TAR.</p> <p>Interview on 3/6/25 at 1:20 p.m. with Staff C confirmed that the above order was not transcribed to the Resident's TAR.</p> <p>Review on 3/7/25 of the facility's procedure titled Skin Tears revealed, .All skin tears will be assessed, documented and treated . Documentation 1. Daily - Observation and treatment is entered on the Treatment Administration Record .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Saint Teresa Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  519 Bridge 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51399</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure expired medications were removed from stock and multi-dose vials were labeled with an open expiration date for 1 of 1 medication carts observed ([NAME] Medication Cart) and 1 of 1 medication rooms observed.</p> <p>Findings include:</p> <p>Observation on 3/5/25 at approximately 9:35 a.m. of the [NAME] Medication Cart revealed the following expired medications: One bottle of Carbamine Peroxide bottle of ear drops for Resident #14 a manufacturer's expiration date on the box of 2/2025. One Tiotropium Bromide Monohydrate Capsule, 18 micrograms, inhaler for Resident #10 with a manufacturer's expiration date of September 2024.</p> <p>Interview on 3/5/25 at 9:45 a.m. with Staff E (Licensed Practicing Nurse) confirmed the above medications were expired.</p> <p>Review on 3/6/25 of Resident #10's Physician's order for the Tiotropium Bromide Monohydrate Capsule revealed that the order had been discontinued on 5/25/24.</p> <p>Interview on 3/6/25 at approximately 3:00 p.m. with Staff C (Unit Manager) confirmed that Resident #10's above medication had been discontinued on 5/24/24.</p> <p>Observation on 3/5/25 at approximately 10:00 a.m. of the medication room revealed that in refrigerator #1 there was an opened multi-dose vial of Tuberculin Purified Protein Derivative (Mantoux) with an opened date of 1/9/25 on the box. Further observation of the medication room revealed that in refrigerator #2 there was an opened multi-dose vial of Tuberculin Purified Protein Derivative (Mantoux) with a manufacturer's expiration date on the box was 12/26/24.</p> <p>Interview on 3/5/25 at approximately 10:15 a.m. with Staff F (Registered Nurse) confirmed the above findings.</p> <p>Review on 3/6/25 of the Manufacturer's instructions for the multi use vial of Tuberculin Purified Protein Derivative revealed .A vial of TUBERSOL [Mantoux] which has been entered and in use for 30 days should be discarded. Do not use after expiration date</p> <p>Review on 3/7/25 of the facility's policy Medication Storage: Storage of Medications, dated 1/21 revealed . Medications and biologicals are stored properly, following manufacturer's or provider pharmacy recommendations, to maintain their integrity and to support safe effective drug administration 14. Outdated, contaminated, discontinued . are immediately removed from stock .</p>		