STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305071	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Teresa Rehabilitation & Nursing Center	519 Bridge 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to update the water management plan as necessary and to implement monitoring measures to prevent the growth and spread of Legionella and other opportunistic waterborne pathogens in a facility with a census of 45 residents.Findings included:Review on 4/29/26 of the facility's policy, Legionella and Water Management Program, dated 10/29/24, revealed the following, I. Water Management Program (WMP) Development: The Infection Preventionist (IP) and Director of Environmental Services (DES) will collaborate with the rest of the interdisciplinary team (IDT), and facility leadership, to establish and maintain a facility specific WMP. 2. Risk Assessment and Surveillance: .Ensure that the water management activities are documented and reviewed regularly to detect and address issues promptly. Audit and Compliance Monitoring: IP and DES will conduct regular audits to assess compliance with the WMP and infection control guidelines as outlined in F880. Ensure compliance with regulatory standards by maintaining accurate records of all water management activities, including testing results, maintenance log.Review on 4/29/26 of the facility's water management plan, reviewed in 2024, revealed the following, Control Measure and Corrective Actions: .2. Assess and eliminate dead legs in plumbing systems wherever practicable. 4. Flush hot water tank sediment at least annually. 7. Remove and clean shower heads (including hand help wands) used for bathing. Clear strainers and pressure restrictors of sediment and potential bio-film, at least annually.Review on 4/29/26 of the facility's maintenance logs revealed that there was no documentation that the hot water tank was flushed and the shower heads were cleaned at least annually.Interview on 4/29/26 at 8:51 a.m. with Staff D (Maintenance Director) revealed that the water management plan was reviewed in August 2025 at a safety meeting consisting of the Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, Social Services, and Human Resources. Interview further revealed that there was one dead leg in the facility which was at the hot water tank. Staff D confirmed that there was no documentation that the hot water tank was flushed at least annually and that the shower heads were not cleaned at least annually. Interview on 4/29/26 at 10:30 a.m. with Staff E (Infection Preventionist) confirmed the above findings.

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. Based on interview and record review, the facility failed to facilitate a quarterly care plan meeting for 1 of 1 resident reviewed for care planning in a final sample of 12 residents. (Resident identifier is #24.) Findings include: Interview on 4/27/26 at approximately 7:00 p.m. with Resident #24's DPOA (Durable Power of Attorney) revealed that he/she had not been invited to a care plan meeting for Resident #24 in the last 6 months or so. Further interview revealed that he/she was concerned about not having a care plan meeting because he/she had concerns with Resident #24's care.Review on 4/28/26 of Resident #24's medical record revealed his/her last care plan meeting was held on 10/27/25. Interview on 4/28/26 at approximately 12:45 p.m. with Staff B (Regional Director of Clinical Services) confirmed the above findings.

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, it was determined that the facility failed to report an injury of unknown source timely to the State Survey Agency (SSA) and report an allegation of abuse to the administrator for 2 of 2 residents reviewed for abuse in a final sample of 12 residents. (Resident identifiers are #24 and #54.)Findings include:Resident #54 Interview on 4/27/26 at 7:05 p.m. with Resident #54 revealed that he/she was admitted to the facility a week ago and a few days later he/she pressed the call bell because the bed was wet as the ice pack was leaking. Resident #54 stated that they waited for what they felt was a very long time, well over an hour or two. When a staff member responded, they were very disrespectful to him/her, making him/her feel bad because the bed needed new sheets, and he/she was soaked. Interview further revealed that Resident #54 reported this to the nurse on duty. Review on 4/29/26 of the facility's call bell log for Resident #54 revealed that on 4/24/26 at 8:17 p.m., Resident #54's call bell response time was one hour and nine minutes. Review on 4/29/26 of Resident #54's medical record revealed a progress note, dated 4/24/26, revealed that Resident #54 was receiving skilled nursing services for a right hip fracture and that he/she was a one person assist for transfers. Interview on 4/29/26 at approximately 10:00 a.m. with Staff G (Licensed Practical Nurse) revealed that on the evening of 4/24/26, Staff G was asked to speak with Resident #54. Upon entering the resident's room, Staff G found Resident #54 visibly upset that he/she waited over an hour to be changed and regarding how he/she had been treated by the Licensed Nursing Assistant (LNA). Interview further revealed Staff G did not notify the Administrator or the Director of Nursing (DON) that Resident #54 was upset about the delay in answering his/her call light and the treatment received from the LNA. Interview on 4/29/26 at approximately 10:30 a.m. with Staff A (Administrator) revealed that the staff did not immediately report the incident that happened involving Resident #54 on 4/24/26 to him/her or the DON. Resident #24 Interview on 4/27/26 at approximately 7:00 p.m. with Resident #24's DPOA (Durable Power of Attorney) revealed that he/she was concerned that Resident #24 gets skin tears frequently and he/she is not aware of how they occurred. Observation on 4/27/26 at approximately 7:05 p.m. of Resident #24's right leg revealed there was a dressing on it. Review on 4/28/26 of Resident # 24's Alteration in Skin Integrity, dated 3/29/26, revealed, Incident Description, Nursing Description: Daughter reported to have a bruise with skin tear to [pronoun omitted] Left Forearm at about 17:00 Hours [5:00 p.m.] by one of [pronoun omitted] Daughters, [name omitted]. This nurse assessed the bruise & skin tear. The skin tear was noted to be 3.5 cm [centimeters] long. The area had scanty dry blood & a bruise surrounding the skin tear. None of the staff on duty knows exactly what may have caused the bruise, or when it may have happened. It may (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	have happened during the 7A-3P shift or earlier on, on the 3-11PM shift. The nurse cleaned the area well with wound cleaner, applied some steri-strips to the skin-tear, which was first well approximated, applied some bacitracin & covered the area with a non-adhesive gauze, lightly wrapped over the kerlix bandage .Was this incident witnessed: N [No] .No statements found .No Notifications found . Interview on 4/29/26 at approximately 8:10 a.m. with Staff B (Regional Director of Clinical Services) confirmed the above findings and that they were not reported to the SSA. Interview on 4/29/26 at approximately 8:45 a.m. with Staff A (Administrator), who was the facility's abuse coordinator, revealed that they were aware of the above mentioned alteration in skin integrity, and it should have been reported to the SSA. Review on 4/29/26 of the facility policy titled, Abuse, Reasonable Suspicion Of A Crime, dated 10/27/22, revealed, I. Policy, It is the policy of Catholic Charities New Hampshire Healthcare Services to respond to all allegations/occurrences of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property. All allegations, observations, or suspicions of abuse/neglect will be immediately reported by each individual with knowledge of the occurrence to the Administrator, Director of Nursing, or supervisor in charge of the facility at the time of occurrence. and the State Survey Agency (Bureau of Health Facilities), through the Office of the Ombudsman must also be notified within the required timeframe based on the severity of the allegation/occurrence. The requirement is met by the Administrator/DON (Director of Nursing) or designee providing an initial report immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or no later than 24 hours if the events that cause the allegation do not involve abuse or a serious bodily injury. After the initial report is completed, the Administrator and/or Director of Nursing will oversee the investigation which should be completed and provided to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is validated after the investigation conclusion, appropriate corrective action will be taken. Reporting Injuries of Unknown Source, An injury should be classified as an injury of unknown source when ALL of the following criteria are met: The source of the injury was not observed by any person; and The source of the injury could not be explained by the resident; and The injury is suspicious because of: a. The extent of the injury b. The location of the injury (e.g. (examples) the injury is located in an area not generally vulnerable to trauma), or c. The number of injuries observed at one particular point in time, or d. The incidence of injuries over time.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interview, observation, and record review, the facility failed to thoroughly investigate alleged violations for 1 of 2 residents reviewed for abuse in a final sample of 12 residents. (Resident identifier is #24.)Findings include: Interview on 4/27/26 at approximately 7:00 p.m. with Resident #24's DPOA (Durable Power of Attorney) revealed that he/she was concerned that Resident #24 gets skin tears frequently and he/she is not aware of how they occurred. Observation on 4/27/26 at approximately 7:05 p.m. of Resident #24's right leg revealed there was a dressing on it.Review on 4/28/26 of Resident #24's Alteration in Skin Integrity, dated 3/29/26, revealed, Incident Description, Nursing Description: Daughter reported to have a bruise with skin tear to [pronoun omitted] Left Forearm at about 17:00 Hours by one of [pronoun omitted] Daughters, [name omitted]. This nurse assessed the bruise & skin tear. The skin tear was noted to be 3.5 cm (centimeters) long. The area had scanty dry blood & a bruise surrounding the skin tear. None of the staff on duty knows exactly what may have caused the bruise, or when it may have happened. It may have happened during the 7A-3P shift or earlier on, on the 3-11PM shift. The nurse cleaned the area well with wound cleaner, applied some steri-strips to the skin-tear, which was first well approximated, applied some bacitracin & covered the area with a non-adhesive gauze, lightly wrapped over the kerlix bandage. The dressing looks clean, dry & intact at this time. Incoming nurse has been informed accordingly .Was this incident witnessed: N [No] .No statements found .No Notifications found .Interview on 4/29/26 at approximately 8:10 a.m. with Staff B (Regional Director of Clinical Services) confirmed that the above finding was not thoroughly investigated for a causative factor.Interview on 4/29/26 at approximately 8:45 a.m. with Staff A (Administrator), who was the facility's abuse coordinator, revealed that he/she would should have thoroughly investigated the above alteration of skin integrity (unknown source) for a causative factor.Review on 4/29/26 of the facility policy titled, Abuse, Reasonable Suspicion Of A Crime, Dated 10/27/22, revealed, . I. Policy, It is the policy of Catholic Charities New Hampshire Healthcare Services to respond to all allegations/occurrences of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property Final Investigative Report will be completed in narrative form providing details of the investigation, including: results of all interviews, investigative steps taken, additional detail about the allegation, the final determination of the investigation, action taken with alleged perpetrator if perpetrator was identified, any resulting policy, procedure, system changes as a result of the allegation/occurrence .

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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 observation, interview, and record review, the facility to ensure that physician's orders were followed for 1 of 5 residents observed for medication administration and for 1 of 1 resident reviewed for general in a final sample of 12 residents. (Resident identifiers are #6 and #25.) Findings include:Standards: [NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 10th edition St. Louis, Missouri: Elsevier, 2021, Chapter 31 Medication Administration, Page 607 Standards . To prevent medication errors, follow the seven rights of medication administration consistently every time you administer medications . 2. The right dose . Page 614 .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 . [NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 10th ed. St. Louis, Missouri: Mosby Elsevier, 2021. Page 994 Daily Weights and Fluid Intake and Output Measurement revealed, .Daily weights are an important indicator of fluid status (Flever, 2019c). Each kilogram (2.2.lb [pound]) of weight gained or losses indicate changes in the amount of total body fluid, usually ECF (extracellular fluid), but do not indicate shift between body compartments.Compare the weight of each day with that of the previous day to determine fluid gain or losses. Look at the weights over several days to recognize trends. Interpretation of daily weights guides medical therapy and nursing care . Resident #25 Review on 4/28/26 of Resident #25's April 2026 Medication Administration Record [MAR] revealed a physician's order for Trazodone oral tablet 50 milligrams (mg) give 1.5 tablet by mouth at bedtime for insomnia; give one and half tablets to equal total dose of 75 mg. This medication had a start date of 2/24/26. Observation on 4/27/26 at 6:43 p.m. of Staff C (Registered Nurse) administering medications revealed Staff C prepared medication for Resident #25 including Trazodone. Further observation of the medication card containing the Trazodone revealed the pills were scored in half (a half pill of the 50 mg tablet) and the pharmacy instructions on the label read Trazodone 50 mg tablet . Give 1.5 tablets (75 mg) by mouth at bedtime for insomnia. Staff C was observed administering the half pill (25 mg) to Resident #25. Interview on 4/27/26 at approximately 6:45 p.m. with Staff C confirmed that they had administered the incorrect dosage of trazodone to Resident #25. Review on 4/28/26 of the facility's policy titled Medication Administration dated January 2021 revealed, . Medication Preparation . 3. Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record. Compare the medication and dosage schedule on the resident's MAR with the medication label . Medication Administration . 9. Verify medication is correct three (3) times before administering the medication. a. When pulling medication package from med cart b. When dose is prepared c. Before dose is administered . Resident #6 (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review on 4/28/26 of Resident #6's current physician's orders revealed the following order: Daily weight (CHF (Congestive Heart Failure) protocol), dated 4/5/26. Review on 4/28/26 of Resident #6's Weights and Vitals Summary, revealed the following dates that weights were not obtained: 4/8/26, 4/11/26, 4/12/26, 4/13/26, 4/18/26, 4/23/26, and 4/25/26. Interview on 4/28/26 at approximately 1:45 p.m. with Staff B (Regional Director of Clinical Services) confirmed the above findings.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and policy review, the facility failed to ensure the Food Service Director met minimum qualifications. Findings include:Interview on 4/28/26 at approximately 12:45 p.m. with Staff A (Administrator) revealed the facility did not have a full time dietitian. Further interview revealed that the Food Service Director had been employed by the facility since 9/16/25 and had not completed a course of study in food safety and management.Review on 4/28/26 of the facility policy titled, Food Services Director, Dated 10/12/21, revealed, Education and Experience: Graduate of a Food or nutritional program or equivalent experience.ServSafe Certification required.