

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: 305079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Villa Crest Nursing and Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1276 Hanover 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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, it was determined that the facility failed to ensure that a resident receiving psychotropic medications received a gradual dose reduction (GDR) for 1 out of 5 residents reviewed for unnecessary medications in a final sample of 24 residents. (Resident identifier is #76.) Findings include: Review on 7/31/25 of Resident #76's medical record revealed that the Resident #76 was admitted to the facility in 2014 and had a diagnosis of dementia with psychotic disturbance. Review on 7/31/25 of Resident #76's physician's orders revealed that Resident #76 had been receiving Risperdal (antipsychotic) 2 milligrams (mg) daily for Psychosis since 1/13/22. Review on 7/31/25 of Resident #76's Geriatric Psychiatry Progress Notes revealed the following entries: On 1/20/25, Resident #76 was at baseline, no acute concerns regarding mood, behaviors, appetite, sleep or safety, with no overt psychosis. Resident was due for a GDR but family will not agree; On 3/13/25, Resident #76 was stable and the Durable Power of Attorney (DPOA) continue to request that resident stays on current pharmacological treatment. No mental health issues documented; [NAME] 7/13/25, Resident #76 was at his/her baseline and had no psychiatric or behavioral concerns. Further review revealed . Patient's DPOA with long history of refusing GDR of risperdone in the past, thus will not attempt GDR of this medication unless patient develops apparent adverse effects. Review on 7/31/25 of Resident #76's nursing progress notes from June 2025 and July 2025 revealed there were no documentation of behaviors for Resident #76. Interview on 7/31/25 at 9:33 a.m. with Staff A (MDS Coordinator) confirmed that a GDR had not been attempted for Resident #76 and that there was no documentation of a clinical contraindication for a GDR. Interview on 7/31/25 at 11:17 a.m. with Staff C (RN) revealed that Resident #76 was pleasant and quiet. Staff C also revealed they had never seen Resident #76 with any psychotic or hallucination episodes. Review on 7/31/25 of the facility's policy, Tapering Medication and Gradual Dose Reduction revealed .3. The staff and practitioner will consider tapering of medications as one approach to finding an optimal dose of determining whether the continued use of a medication is benefiting the resident. 4. The staff and practitioner will consider tapering under certain circumstances, including when: a. the resident's clinical condition has improved or stabilized . 19. Residents who use psychotropic medication shall receive gradual dose reduction, unless clinically contraindicated, in an effort to discontinue the use of such drugs .		

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: 305079	Facility ID: 305079 If continuation sheet Page 1 of 2

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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, it was determined that the facility failed to ensure that the dishes were sanitize according to manufacturer's instruction for 1 of 1 kitchen observed. Findings include: Observation on 7/29/25 at approximately 8:40 a.m. in the kitchen with Staff B (Dietary Services Director) revealed that two dietary aides were using the low temperature dishwasher. Staff B used a chlorine test strip and tested the chemical sanitizer (chlorine) of the dishwasher. The chlorine test strip did not change color indicating a lack of chlorine. Interview on 7/29/25 at approximately 8:40 a.m. with Staff B revealed that the dishwasher was a low-temperature chemical sanitizing dishwasher. Staff B stated that above tested failed because the chemical sanitizer needed to be replaced as it was low. Staff B stated that the dietary aides did not check the chemical sanitizer before washing the dishes through the dishwasher. Observation on 7/29/25 at approximately 9:00 a.m. with Staff B revealed that the dishwasher had a new chemical sanitizer bottle attached and that the dishwasher was in use. Staff B retested the chemical sanitizer with the chlorine test strip. The chlorine test strip did not change color indicating lack of chlorine. Interview on 7/29/25 at approximately 9:00 a.m. with Staff B confirmed the chemical sanitizer test failed and revealed that the dietary aides had not retested the chlorine prior to resuming dishwashing. Review on 7/30/25 of the facility's operation procedure for Machine Warewashing, undated, revealed .2. Make sure detergent and sanitizer dispensers are properly loaded 8. Check temperatures and chemical concentration for adequacy and record results. Follow manufacturers recommendations. Review on 7/31/25 of the Machine Warewashing Dishwasher manufacturer's instruction revealed a minimum temperature of 120 degrees Fahrenheit and required: 50 parts per million (ppm) available chlorine rinse.		