

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER St Joseph Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 495 Mammoth Rd 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48515</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow physicians orders for 1 out of 3 residents observed during medication administration (Resident Identifier #20).</p> <p>Findings include:</p> <p>Standards:</p> <p>[NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 7th ed. St. Louis, Missouri: Mosby Elsevier, 2009.</p> <p>Page 336- Physicians' Orders</p> <p>The physician is responsible for directing medical treatment. Nurses follow physician's orders unless they believe the orders are in error or harm clients. Therefore you need to assess all orders, and if you find one to be erroneous or harmful, further clarification from the physician is necessary .</p> <p>Observation on 10/29/24 at approximately 9:30 a.m. of Staff B (Medication Nursing Assistant) during medication preparation, revealed that Staff B poured one tablet of Docusate Sodium 50 milligrams (mg)/Sennosides 8.6 mg for Resident #20 into a medication cup.</p> <p>Review on 10/29/24 of Resident #20's physician orders revealed an order dated 10/15/2024: Sennosides 8.6 mg give 1 tablet by mouth one time a day.</p> <p>Interview on 10/29/2024 at approximately 9:35 a.m. with Staff B confirmed that he/she poured the wrong medication.</p> <p>Review on 10/29/2024 of facility policy titled, Medication Administration General Guidelines, dated 1/2021, revealed: .1. Medications are administered in accordance with written orders of the prescriber .</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
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>43002</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow physician's orders for a nutritional intervention for 1 of 2 residents reviewed for nutrition in a final sample of 12 residents (Resident Identifier #19).</p> <p>Findings include:</p> <p>Review on 10/30/24 of Resident #19's Weight Summary revealed that the Resident's #19's weight was 104.9 pounds on 9/16/24. Further review revealed that on 10/21/24, Resident #19's weight was 101 pounds. Resident #19's first weight recorded after admission was on 9/1/24 was 109 pounds.</p> <p>Review on 10/30/24 of Resident #19's physician's orders revealed a current order dated 8/31/24 for Ensure three times a day for Ensure high plus protein 3 times a day with meals [sic].</p> <p>Review on 10/30/24 of Resident #19's Nutritional Assessment, dated 9/3/24, revealed: .Has order for Ensure TID [three times a day], [discussed with] nurse, has not yet received it. Suggested homemade shake if accepted, nurse to review . Plan . Ensure or high calorie shake . This was signed by Staff C (Registered Dietician).</p> <p>Observation on 10/30/24 at 12:36 p.m. of Resident #19 eating lunch in the dining room revealed that there was no Ensure with his/her meal.</p> <p>Interview on 10/30/24 at 12:28 p.m. with Staff D (Licensed Nursing Assistant) revealed that Resident #19 does not ever get Ensure with their meals during the day shift.</p> <p>Interview on 10/30/24 at 12:28 p.m. with Staff E (Licensed Practical Nurse) confirmed that Resident #19 was not getting the Ensure as ordered by the physician and that the resident should be getting it with meals. Staff F revealed the order for the Ensure was not on the Medication Administration Record or on the resident's meal ticket.</p> <p>Interview on 10/30/24 12:36 p.m. with Staff G (Cook) revealed that he/she serves Resident #19 meals and does not get Ensure.</p> <p>Review on 10/30/24 of the facility's policy titled, Supplemental Nourishment Program Policy, effective 9/1/24, revealed: .The following protocol was developed to provide personalized medical nutrition therapy for those residents identified to be at nutritional risk (i.e. weight loss, decreased intake, wounds) . When a resident is added to the Supplemental Nourishment Program . The resident will then be added to the nourishment list that is sent to the unit .</p>		

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<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>43002</p> <p>Based on interview and record review it was determined that the facility failed to submit complete and accurate data for 5 of 91 days reviewed for Fiscal Quarter 3 (April 1, 2024 - June 30, 2024).</p> <p>Finding include:</p> <p>Review on 10/31/24 of the Payroll Based Journal (PBJ) Staffing Data [NAME] Report for Fiscal Year Quarter 3 2024 revealed that the facility failed to have Licensed Nursing coverage 24 hours a day on the following dates: 4/23/24, 5/26/24, 6/9/24, 6/21/24 and 6/23/24.</p> <p>Review on 10/31/24 of the facility's schedules for the above days revealed that there was licensed nurse coverage for each 24 hour period for the above listed dates.</p> <p>Interview on 10/31/24 at 11:50 a.m. with Staff H (Human Resources) confirmed that there were missing hours reported for PBJ for the Licensed Nursing Staff on the above 5 days.</p> <p>Review on 10/31/24 of Centers for Medicare & Medicaid Services (CMS) Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual, Version 2.6, effective date June 2022, revealed: .Accuracy: Staffing information is required to be an accurate and complete submission of a facility's staffing records. Facilities should run the staffing reports that are available in CASPER to verify the accuracy and completeness of their final submission prior to the submission deadline .</p> <p>Review on 10/31/24 of the facility's policy titled, PBJ Compliance and Nurse Admin Compensation Policy, effective 10/27/2016, revealed: .It is the policy of [the facility] to comply with CMS Rules regarding Payroll Based Journal (PBJ) reporting for skilled nursing facilities . The Administrator shall be responsible for validating all information submitted for both employee and contracted/vendor services hours. Upon completion of the monthly submission of payroll data to CMS, the Administrator shall submit a PBJ Submission Attestation . All error reports noted by CMS will be investigated and verified . At least 4 days prior to the quarterly deadline for data submission to CMS, the Administrator will review all data submitted during the quarter with the HR manager .</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48515</p> <p>Based on interview and record review, it was determined that the facility failed to ensure a resident was offered and/or provided the Pneumococcal vaccine for 1 of 5 residents reviewed for immunizations (Resident Identifier #18).</p> <p>Findings include:</p> <p>Review on 10/30/24 of Resident #18's medical record revealed that Resident #18 was admitted to the facility on [DATE]. Further review revealed that Resident #18 consented to receive the PPSV23 (pneumococcal polysaccharide vaccine) on 9/20/23 and no documentation was available to show Resident #18 received the vaccine.</p> <p>Interview on 10/30/24 at approximately 2:30 p.m. with Staff A (Infection Preventionist) revealed that Resident #18 had not been given the PPSV23 that Resident #18 consented to receive.</p> <p>Review on 10/31/24 of facility policy titled, Immunizations: Pneumococcal Vaccinations of Residents PPSV23, PCV20, PVC15, dated 6/9/22, revealed: . a. All residents age [AGE] years or older will be offered appropriate vaccination, if applicable, based on their prior pneumococcal vaccine status and new 2022 CDC recommendations .</p>		