

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/23/2025
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)		
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview and record review, it was determined that the facility failed to ensure that a Licensed Nurse was on duty for 24 hours a day, 7 days a week, for 8 of 12 days reviewed for Fiscal Year Quarter 4 (July 1, 2025 - September 30, 2025). Findings Include: Review on 12/22/25 of the Payroll Based Journal (PBJ) Staffing Data [NAME] Report for Fiscal Year Quarter 4 2025 revealed that the facility failed to have Licensed Nursing coverage 24 hours a day on the following dates: 7/5/2025, 7/12/2025, 7/19/2025, 7/26/2025, 8/2/2025, 8/9/2025, 8/16/2025, 8/23/2025, 8/30/2025, 9/6/2025, 9/7/2025, and 9/21/2025. Review on 12/23/25 of the facility's schedules and corresponding nursing time punches for the above days revealed that there was not a licensed nurse coverage on duty 24 hour a day on 7/5/2025, 7/12/2025, 7/26/2025, 8/2/2025, 8/9/2025, 8/16/2025, 9/6/2025, and 9/21/2025. Interview on 12/23/25 at approximately 8:30 a.m. with Staff C (Human Resource Manager) 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on interview and record review, it was determined that the facility failed to implement and review, at least annually, the facility's water management plan that has the potential to effect the facility census of 22 residents. Findings include: Review on 12/22/25 of the facility's water management plan dated 11/13/2017 revealed the following: . Areas of greater risk in the nursing home would include the following: Resident showers and whirlpool tubs where droplets and moisture are in the air that resident are breathing while bathing. Plumbing fixtures such as sinks and showers that are located at the end of a dead leg pipping, or in an area that is rarely used allowing hot water to stagnate. Control measures should include the following: . 2. Assess and eliminate dead legs in plumbing system wherever practical. 3. Run hot water for several minutes at least once a week from fixtures in seldom used areas or at the end of dead legs that cannot be easily eliminated. 7. Remove and clean shower heads (including handheld wands) used for resident. Review on 11/22/25 of the facility's legionella checklist, used to document flushing (running of hot and cold water for several minutes) in resident rooms, bathrooms, etc., revealed that flushing was done on 10/29/25 and 11/28/25. Review further revealed that there was no documentation that shower heads were removed and cleaned. Interview on 12/23/25 at approximately 10:00 a.m. with Staff A (Infection Preventionist) and Staff D (Maintenance Assistant) revealed that the water management plan, dated 2017, was the current plan and they did not have documentation that it has been reviewed since 2017. Interview also confirmed that the shower heads had not been removed and cleaned and there was no other documentation for flushing for 2025 except for once in October and once in November 2025.		

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F 0851 Level of Harm - Potential for minimal harm Residents Affected - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review it was determined that the facility failed to submit accurate data for 7 of 92 days reviewed for Fiscal Quarter 4 (July 1, 2025 - September 30, 2025). Findings include: Review on 12/22/25 of the Payroll Based Journal (PBJ) Staffing Data [NAME] Report for Fiscal Year Quarter 4 2025 revealed that the facility failed to have Licensed Nursing coverage 24 hours a day on the following dates: 7/19/25, 8/23/25, 8/30/25, and 9/7/25 and failed to have a Registered Nurse for 8 consecutive hours on 9/6/25, 9/7/25, and 9/21/25. Review on 12/23/25 of the facility's schedules and time punches for the above days revealed that there was a licensed nurse for each 24 hours period and a registered nurse for at least 8 consecutive hours on the above listed dates. Interview on 12/23/25 at approximately 8:30 a.m. with Staff C (Human Resources Manager) confirmed that there were hours worked and not reported for PBJ for the Licensed Nursing Staff on the above four (4) days and the Registered Nurse Staff on the above three (3) days. Review on 12/23/25 of Centers for Medicare & Medicaid Services (CMS) Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual, Version 2.7, effective date June 2025, 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 .Review on 12/23/25 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 .		