Printed: 12/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023	
NAME OF PROVIDER OR SUPPLIER Hanover Terrace Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 49 Lyme Road Hanover, NH 03755		
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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	and neglect by anybody. 43408 Based on interview and record revifree from abuse and neglect for 3 of Findings include: Resident #3 Review on 1/5/23 at approximately 12/28/22 at 8:15 a.m. a grievance Resident #3 and given to Staff C (If following: Nature of Concern: Resionly one here and I have somethin assisted Resident #3 with ostomy aby Staff D (Licensed Practical Nursand dated 12/28/22. Interview on 1/5/23 at approximate they had rang for help around 1:00 in and said they were alone and halaid in bed and fell back to sleep wup and rang again and that is where feces in their bed and on their abdollateries.	ly 2:30 p.m. with Staff A revealed that loomy and no further investigation was w	failed to ensure that residents were sident identifiers are #2, 3, and 4). It for Resident #3 revealed that on ursing Assistant (LNA)) for grievance report revealed the 0 a.m., aide told resident I am the returned. Action Taken: 7-3 LNA is satisfied with resolution. Signed (DON)) and Staff B (Administrator) It that on the night of the incident y and it was leaking. The LNA came back. Resident #3 stated that they id 7:00 a.m. Resident #3 woke back m. Resident #3 stated that they had Resident #3 was satisfied with the	

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:

Facility ID: 305020

If continuation sheet Page 1 of 23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER Hanover Terrace Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 49 Lyme Road Hanover, NH 03755	
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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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 1/3/23 at approximate! Resident #2 was observed to have right upper arm with swelling, large #2 stated that the DON was aware Interview on 1/4/23 at approximate! purple bruises on their right upper a breast that was found approximate! exactly when bruises were initially twas rough with residents and that trough handling by Staff F. Review on 1/5/23 of Resident #2's -12/27/22 at 10:19 p.m. and 10:52 right arm and that during care LNA [length] x [by] 6 [width] cm [centime ecchymotic area. MD [Doctor of Me-12/28/22 at 10:32 a.m. nurse's not updated regarding Resident #2's bit outple of days ago when resident [comitted] chair, [pronoun omitted] had the bruise to [pronoun omitted] left up with the bruise on [pronoun omitwhelchair. -1/1/23 at 9:46 p.m. nurse's note re [as evidence by] facial grimacing, compressed by the strength of the pronoun omity wheelchair. -1/1/23 at 7:12 a.m. nurse's notes re president [Resident #2] Tylenol. -1/2/23 at 7:12 a.m. nurse's notes re bruises areas. Resident [Resident Resident R	y 11:00 a.m. with Anonymous #2 revealarge dark purple area to left elbow with purple area across the rib cage in alignabout these bruises. y 1:00 p.m. with Anonymous #1 revealarm, left upper arm, left elbow, left later by the fourth week of December 2022 (Around). Anonymous #1 stated that it was the DON was aware and did not suspersure. p.m. an LNA reported that Resident #2 noted bruising to left elbow and right upper lecchymotic [bruise] area and firm of the dictine] on call was notified.	aled that at the end of last week, h swelling, dark purple bruise to nment with the breast. Anonymous ed that Resident #2 had big dark al side of chest underneath the left Anonymous #1 did not know s alleged by staff that Staff F (LNA) and or investigate allegations of had decreased arm strength to pper arm. Right upper arm had a 9 center. Left elbow had 7x5 cm ower of Attorney for Health] was obruising, .bruises were found a chair. Upon inspection of [pronoun experience that lines up perfectly with resting on the side of chair lining I Therapy] referral for positioning in hiting with a 10 / [out of] 10 pain aeb crease respirations with holding of have worsen aeb measuring 15+DON [Director of Nursing]. gave noted on bilateral upper arms near then arms are touched or moved. dicine] communication book, der [provider name omitted] 2.5 mg [milligram] Oxycodone powe in 30 minutes to call back and d. Writer spoke with POA [Power oun omitted] comfortable. Resident
	10/10 pain in right arm. (continued on next page)		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
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Transver Terrace Treatment and Terra	Billianon Conton	49 Lyme Road Hanover, NH 03755	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-1/2/23 at 11:22 a.m. nurse's note noted by nurse that resident existin Nurse gave prn Tylenol with good Bruising has spread die to poor cin the nurse's note revealed no other Interview on 1/5/23 at 2:30 p.m. wi had bruises on both arms and left I since agency staff worked they havere no staff names and it was her revealed that he/she was not awar also stated that the cause of the rigutilize a draw sheet for repositionin documentation of education to staff Interview on 1/6/23 at approximate handling by Staff F. Staff R stated they are young. Staff R also stated month ago and that Staff C was go Interview on 1/6/23 at 10:10 a.m. w Staff U evaluated Resident #2 on 1 DON nor Nurse Unit Manager about Interview on 1/6/23 at 11:00 a.m. w during a transfer. Staff M stated that he hoyer pad was not placed correct Resident #2 where Resident #2 hit 2 & 1/2 months ago and that he/sh Interview on 1/9/22 at approximate that Resident #2 had increase pain and extent of Resident #2's bruises and DPOA also stated that if he/she was to know what had happened.	[late entry, created date of 1/5/23 at 11 ing bruising had become larger and was results. Resident is at end of life and is culation. MD and family notified. Will condocumentation regarding Resident #2's th Staff A revealed that he/she was not lateral side of chest. Staff A stated that we noticed increase bruising to resident arsay they did not investigate this allegue of any allegations of rough handling by the tarm bruising was inappropriate reporting and education was provided. Staff A for proper repositioning. In 10:10 a.m. with Staff R (LPN) reveals that he/she brought this to management that he/she had mentioned rough handling to handle it. Staff R was not aware with Staff U (Advanced Practical Register 1/3/23 and Staff U stated that he/she did the cause of Resident #2's bruises. With Staff M (LNA) revealed that he/she dat Staff F was hoyering Resident #2 with eactly. Staff M also stated that this is the railing. Staff M also stated that this is e reported this to the nurse. In 10:00 a.m. with Resident #2's DPOA stated to that he/she was told the Resident #2's dearms the fourth week of December 20 to bruising. Resident #2's DPOA stated that he/she was told the Resident #2's as aware of the extent of Resident #2's dearms the fourth week of December 20 to that he/she was told the Resident #2's dearms the fourth week of December 20 to the fourth week of Resident #2's dearms the	224 a.m.] revealed that .It was causing more pain to the resident. starting the mottling process. ontinue to monitor. Further review of s bruises. iffied on 12/28/22 that Resident #2 staff had mention to him/her that s. Staff A also stated that as there ation. Further interview with Staff A by Staff F prior to this week. Staff A ositioning and that Staff F did not was unable to provide ed that he/she heard of rough at and was told by the DON that dling by Staff F to Staff C about 1 of any outcome of that reporting. ered Nurse (APRN)) revealed that d not have a discussion with the had observed Staff F being rough the another staff out of bed and that alled the hoyer pad out under incident happened approximately a revealed that he/she was not aware of the has some bruises. Resident #2's bruises, he/she would have wanted
	Resident #4		
		ly 2:30 p.m. with Staff A revealed there as suspended pending investigation.	had been a report of alleged
	(continued on next page)		

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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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	on 1/4/23 5:56 p.m Further review F name omitted]. [pronoun omitted] the incident with [Resident #1's nar omitted] .This incident was witness [Staff R [LPN] name omitted] were omitted] right across the stomach omitted] swears at them, [pronoun that the email dated 1/4/23 was for 1/5/23 at 10:30 a.m. to Staff C. Interview on 1/6/23 at 11:26 a.m. walong with Staff F, Staff G, and Stastaff F, with open hand, hit Reside stated that he/she felt uncomfortab incident Interview on 1/6/23 at approximate Staff Q with Resident #4's catheter	revealed that an anonymous email was of the anonymous email dated 1/4/23 r] is extremely unprofessional and abus me omitted], and I was told about an ined by 3 other employees. The nurses [both in the room with [Staff F name on [Staff F name omitted]] calls the patient omitted] is extremely disrespectful. Rewarded to the Staff A on 1/5/23 at 8:09 with Staff Q revealed that on 1/2/23, he/ff R to change Resident #4's catheter. Int #4's abdomen and Resident #4 resple about the situation. Staff Q also stated that change. Staff R stated that he/she was nen he/she turned towards the noise Resident.	evealed .I am concerned with [Staff ve to the residents. I heard about cident with [Resident #4's name Staff Q [LPN] name omitted] and itted] .slap [Resident #4's name [sic] out their names [pronoun view of the email threads revealed a.m. and forwarded again on she was in Resident #4's room Staff Q stated that he/she observed onded by hitting Staff F. Staff Q ed that he/she did not report this on 1/2/23, he/she was assisting in Resident #4's room when

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Hanover Terrace Health and Rehabilitation Center		Hanover, NH 03755	
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F 0607	Develop and implement policies an	d procedures to prevent abuse, neglec	et, and theft.
Level of Harm - Minimal harm or potential for actual harm	40522		
Residents Affected - Many		and policy review, it was determined the y for 4 out of 6 residents reviewed for a pand #6).	
	Findings include:		
	Identification: 2. Instruct staff, resid fear of reprisal, any knowledge or s misappropriation of property. 2. Ide occurrences, patterns, and trends, Protection 1. Provide for the immed neglect, mistreatment, and/or misa employee(s), pending outcome of tidentified as responsible for immed Nursing are responsible for investig 4. Collect factual data 5. Initiate the statements from staff, residents, visinformation regarding the allegation whether the allegation was substar Suspension from Duty. Further revand reporting alleged violations to a policy did not indicate response to	cy titled, Abuse Prohibition, with revise ent/patient, family, visitor, etc. [etcetera suspicion of suspected abuse, neglect, antify events, such as suspicious bruisir that may indicate abuse, neglect, and/diate safety of the resident/patient, upo ppropriation of property. Immediate sus he investigation. Investigation 1. The Siate initiation of the reporting process. Intitate the Repainvestigative process. The investigations and reporting. 3. Initiate the Repainvestigative process. The investigations and family members who may be an 6. Document results of the investigation and content of the facility abuse policy revealed the State Survey Agency (SSA) and other investigation and corrective actions.	a] to report immediately, without mistreatment, and/ or any of residents/patients, or mistreatment and investigate on identification of suspected abuse, spension of suspected with the supervisor/Charge Nurse is 2. The Administrator and Director of cortable Event Report Investigation on should be thorough with witness interview able [sic] and have ion. 7. Conclusion must include ported the decision .Employee d no indicated reporting timeframes
	Resident #2 Review on 1/5/23 of Resident #2's	nurse's note revealed the following:	
	-12/27/22 at 10:19 p.m. and 10:52 had decreased arm strength to righ upper arm. Right upper arm had a firm center. Left elbow had 7x5 cm -12/28/22 at 10:32 a.m. The DPOA #2's bruising12/28/22 at 10:43 a.m. Upon investresident [Resident #2] was slumper omitted] has a positioning device in omitted] left side and [pronoun omited]	p.m. an Licensed Nursing Assistant (LI at arm and that during care LNA noted 9 [length] x [by] 6 [width] cm [centimete ecchymotic area. MD [Doctor of Medic H [Durable Power of Attorney for Healt stigation into bruising, .bruises were for dover in the chair. Upon inspection of a the side of the chair that lines up perfetted] elbow was resting on the side of con is PT [Physical Therapy] referral for	pruising to left elbow and right be properties on call was notified. The properties of the properties

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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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was notified about Resident #2's br he/she started an investigation on Resident #2's wheelchair positionin 12/28/22, approximately 12/24/22 to wheelchair. Staff A also stated that repositioning in bed by Staff F (LNA to provide documentation of re-edu 12/28/22, there were staff accusing was told to him/her was after agend they were hearsay. Staff A stated the and that there was no formal invest stated that the investigation related be related to wheelchair positioning. Interview with the Medical Examine performed and Resident #2 had un dislocation to the left shoulder) that Resident #6 Review on 1/5/23 of Resident #6's purple bruise above their right eye was yellow. Further review of the nime revealed that the bruise to right Review on 1/5/23 of Resident #6's bruise on right eye that he/she may Interview on 1/5/23 at approximately Staff A was unable to provide any of transfers. Interview on 1/6/23 at approximately Policy did not contain timeframes of responses, and corrective actions at 43408 Resident #1 Review on 1/5/23 at approximately Resident #1	er on 1/20/23 at aproximatley 1:30 p.m. explained injuries (a fracture and dislocate contributed to their death. nurse's notes revealed that on 12/26/2: measuring about 6 centimeter (cm) len urse's note dated 12/2622 revealed that cident report on Resident #6's bruise to eye had an unknown cause. nurse's note revealed that on 12/27/22 or have bumped their head on the cross by 2:30 p.m. with Staff A confirmed the corrective actions in regards to re-educity 2:00 p.m. with Staff B and Staff A reverting alleged violations, reporting	and of 12/28/22. Staff A stated that we that the bruising aligned with if that the weekend prior to mped over the left side while in the if not using a draw sheet for an was provided. Staff A was unable so revealed that at that time, raff names mentioned and what ere observed on residents and that the State Survey Agency (SSA) and to agency staff. Staff A also SSA as the bruises were found to revealed that an autopsy was cation to the right shoulder and a state of the hoyer lift. 2 Resident #6 was found to have a gth by 2 cm width, and periwound at Risk Management was noted. 3 right eye dated 12/26/22 at 9:22 a. 4 tate of the hoyer lift. 4 above findings on Resident #6. 5 ating staff on safe hoyer lift. 5 yealed that the facility's Abuse to SSA and other officials,

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Resident #1 reported that they did not want the young [pronoun omitted] who took care of [pronoun omitted] today to take care of [pronoun omitted] again. Resident #1 reported that [the LNA] slapped his buttocks, smacked them with plastic bags, and laughed about it. Resident #1 described the LNA by approximate age and hair color. Resident #1 also stated I wish to die if I am going to be beat, and the LNA responded by stating I wish you would die too. Further review of the facility investigation revealed that the Director of Nursing (DON) and the Nurse Unit Manager were notified at the time of filling out the report. Two staff statements were attached to the investigation. The statements were from Staff F and Staff G. Review on 1/5/23 at approximately 11:45 a.m. of Resident #1's medical record revealed the following		
	diagnosis on file: Dysphasia, oral pharyngeal phase, cognitive communication deficit, and acquired absence of the right and left leg below the knee. Further review of Resident #1's medical record revealed the following progress notes: 1/3/23 at 11:01 a.m., entered by Staff C (Nurse Unit Manager), I went and interviewed [Name omitted] and asked if anything had happened over the weekend [pronoun omitted] had no allegations [pronoun omitted]		
	has no bruising. [Pronoun omitted] stated multiple times that [pronoun omitted] had no complaints. 1/3/23 at 11:11 a.m., entered by Staff E (Social Worker), .voices no concerns-[pronoun omitted] denies any complaints or concerns in any way, with interactions with staff or caregivers .writer reinforced that should resident ever have any concerns that [pronoun omitted] make them known.		
	1/4/23 at 7:06 a.m., entered by Staff A .upon interviewing resident by Nurse Unit Manager and Social Worker resident denied that anything happened over the weekend or at any time. [Pronoun omitted] has behavior care plan that [pronoun omitted] is resistive to care and accusatory. Upon review by nurse [pronoun omitted] had no apparent bruises or abrasions.		
	Interview on 1/5/23 at approximately 1:00 p.m. with Staff C revealed they spoke to Resident #1 on the morning of 1/3/23 regarding incident reported on 1/2/23. Staff C stated they did not speak to any other staff or residents regarding any concerns with LNA's. Staff C stated they were not aware of anything else for the investigation as they handed this off to Staff A. Staff C stated the two statements were obtained as they are the only young [pronouns omitted] that worked the Dementia Unit on the day of the accusation. Interview on 1/5/23 at approximately 2:30 p.m. with Staff A revealed they were notified of 1/2/23 incident involving Resident #1 around 10:30 a.m. on 1/3/23. Staff A stated that Resident #1 denied allegations so not further investigation or reporting was necessary. Staff A confirmed that no education was provided after the conclusion of this incident as nothing was identified as a concern.		
	Resident #3		
	(continued on next page)		

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review on 1/5/23 at approximately 12/28/22 at 8:15 a.m. a grievance of grievance revealed the following: Noted resident I am the only one here Action Taken: 7-3 LNA assisted Rewith resolution. Signed by Staff D (Review on 1/5/23 at approximately on 12/27/22 into 12/28/22 revealed Interview on 1/5/23 at approximate they had rang for help around 1:00 in and said they were alone and hat he/she laid in bed and fell back to swoke back up and rang again and that they had feces in their bed and Interview on 1/5/23 at approximate the morning of 12/28/22 and resolv confirmed that they did not initiate a not identify the LNA in question but occurred after that. Interview on 1/5/23 at approximate investigation for Resident #3's grieven.	11:30 a.m. of facility's Grievance Repowas filed by Staff G for Resident #3 and lature of Concern: Resident asked for he and I have something going on I will obsident #3 with ostomy and A.M. care. I License Practical Nurse (LPN)), Staff A 11:30 a.m. of facility nursing schedule one LNA on for the entire shift and on ly 11:45 a.m. with Resident #3 revealed a.m., as they could not fix their ostomy do to help someone else and would be sleep waiting for the LNA to come back that is when the day LNA came in and don their abdomen from the ostomy lead to the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation, no reporting sent to Signature in the situation by having the day LNA can investigation by having the day LNA can in	ort for Resident #3 revealed that on a given to Staff C. Further review of the power of the powe

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F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Timely report suspected abuse, ne authorities. **NOTE- TERMS IN BRACKETS IN Based on interview and record reviviolations involving abuse were repfor 5 out of 6 allegations of abuse of Findings include: Resident #1 Review on 1/5/23 at approximately 1/2/23, with a time stamp of 22:20 Resident #1 reported that they did today to take care of [pronoun omited] bi #1 described the LNA by approxim to die if I am going to be beat, and the facility investigation revealed the notified at the time of filling out the statements were from Staff F (LNA Interview on 1/5/23 at approximate incident involving Resident #1 arou allegations so no further investigation report to the SSA was sent regal Interview on 1/6/23 at approximate on 1/2/23 they had called and spok investigation form. Resident #3 Review on 1/5/23 at approximately 12/28/22 at 8:15 a.m. a grievance of Manager). Further review of grievance back and never returned. Active the statement of the s	glect, or theft and report the results of the AVE BEEN EDITED TO PROTECT Color, it was determined that the facility favorted to the Administrator, State Survey eviewed (Resident identifiers are #1, #1:30 a.m. of facility investigation for F[10:20 p.m.], revealed the following: not want the young [pronoun omitted] witted] again. Resident #1 reported that the uttocks, smacked them with plastic bag ate age and hair color. Resident #1 ate the LNA responded by stating I wish you that the Director of Nursing (DON) and the report. Two staff statements were attactly and Staff G (LNA). Ity 2:30 p.m. with Staff A (DON) revealed and 10:30 a.m. on 1/3/23. Staff A states on or reporting was necessary. Staff A is incident as nothing was identified as a state of the state of	the investigation to proper ONFIDENTIALITY** 43408 ailed to ensure that alleged y Agency (SSA) and other officials 2, #3, #4, and #6). Resident #1 alleged abuse dated who took care of [pronoun omitted] he Licensed Nursing Assistant is, and laughed about it. Resident o stated that they had stated I wish but would die too. Further review of he Nurse Unit Manager were ched to the investigation. The dd they were notified of 1/2/23 I that Resident #1 denied confirmed that no education was a concern. Staff A confirmed that ctical Nurse (LPN)) revealed that sident #1 when they completed the t for Resident #3 revealed that on d given to Staff C (Nurse Unit re of Concern: Resident asked for nd I have something going on I will #3 with ostomy and A.M. care.

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For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0609 Level of Harm - Immediate jeopardy to resident health or safety	Interview on 1/5/23 at approximately 1:00 p.m. with Staff C revealed that they had met with Resident #3 on the morning of 12/28/22 and resolved the situation by having the day LNA take care of [pronoun omitted]. Staff C stated that they did not initiate an investigation and did not identify the LNA in question but handed the grievance report off to the DON and was unaware of what occurred after that.		
Residents Affected - Some	investigation for Resident #3's grie	ly 2:00 p.m. with Staff B revealed they wance as it was marked resolved on 12 the to the SSA regarding this incident.	
	Interview on 1/5/23 at approximately 2:30 p.m. with Staff A revealed that Resident #3 was satisfied with the day staff assisting him/her with ostomy and no further investigation was warranted. Staff A stated that they did not question the LNA that was on the night of 12/27/22. Staff A confirmed no report was made to the state survey agency regarding this incident.		
	Surveyor: Wee Sit, [NAME] C.		
	Resident #2		
	Interview on 1/4/23 at approximately 1:00 p.m. with Anonymous #1 revealed that Resident #2 had big dark purple bruises on their right upper arm, left upper arm, left elbow, left lateral side of chest underneath the left breast that was found approximately the fourth week of December 2022 (Anonymous #1 did not know exactly when bruises were initially found). Anonymous #1 stated that it was alleged by staff that Staff F was rough with residents and that the DON was aware and did not suspend or investigate allegations of rough handling by Staff F.		
	Review on 1/5/23 of Resident #2's	nurse's note revealed the following:	
	-12/27/22 at 10:19 p.m. and 10:52 p.m. nurse's notes revealed that an LNA reported that that Resident #2 had decreased arm strength to right arm and that during care LNA noted bruising to left elbow and right upper arm. Right upper arm had a 9x6 [length x width] cm [centimeter] ecchymotic [bruise] area and firm center. Left elbow had 7x5 cm ecchymotic area. MD [Doctor of Medicine] on call was notified. -12/28/22 at 10:43 a.m. nurse's notes revealed that upon investigation into bruising, .bruises were found a couple of days ago when resident [Resident #2] was slumped over in their chair. Upon inspection of [pronour omitted] chair, [pronoun omitted] has a positioning device in the side of their chair that lines up perfectly with the bruise to [pronoun omitted] left side. and [pronoun omitted] elbow was resting on the side of chair lining up with the bruise on [pronoun omitted] elbow. Intervention is PT [physical therapy] referral for positioning in wheelchair.		
	-1/1/23 at 9:46 p.m. nurse's note revealed resident [Resident #2] is presenting with a 10/10 pain aeb [as evidence by] facial grimacing, contraction of upper extremities, and increase respirations with holding of breath. bruises on right upper arm, left elbow, and left rib cage seems to have worsen aeb measuring 15+ [plus] x [by] 30+, black and purple in color, and increase in pain. Notified DON [Director of Nursing], gave resident [Resident #2] tylenol.		
	(continued on next page)		

SUMMARY STATEMENT OF DEFIC	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZII 49 Lyme Road Hanover, NH 03755 tact the nursing home or the state survey a	(X3) DATE SURVEY COMPLETED 01/25/2023 P CODE	
plan to correct this deficiency, please con	49 Lyme Road Hanover, NH 03755	P CODE	
plan to correct this deficiency, please con	49 Lyme Road Hanover, NH 03755		
SUMMARY STATEMENT OF DEFIC	tact the nursing home or the state survey a		
		agency.	
	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
#2's bruises, as mentioned above, at that time, there were staff accusi was told to him/her was after agend they were hearsay. Staff A stated they were hearsay. Staff A stated they were hearsay. Staff A stated they were hearsay. Staff related to the mentioned and so this was not report in the mentioned and so this was not report in the mentioned and so this was not report in the mentioned and so this was not report in the mentioned and so this was not report in the mentioned and so this was not report in the mentioned and the mentioned in the m	y 2:30 p.m. with Staff A revealed that he the morning of 12/28/22. Further interving agency staff and that there were no by staff started working more bruises what there were no reports submitted to coning and the improper repositioning be agency nursing staff was hearsay and orted to the SSA. Staff A also stated that observed the bruises on Resident #2. Indicate the anonymous email dated 1/4/25 out of the anonymous email dated 1/4/25 as witnessed by 3 other employees. The mitted were both in the room with [Staff Staff F name omitted] calls a stomach. [Staff F name omitted] calls are stomach. [Staff F name omitted] calls are stomach of the Staff A on 1/5/26 aff C. Intervel 1/5/23 for Resident #4 revealed that (23 at approximately 2:45 p.m. via fax, centioned on above email dated 1/4/23. The staff Q (LPN) revealed that last More than the staff R (LPN), Staff F, and Staff G, assist the staff F did and thought that what Staff the staff F did and thought that what Staff the this to the DON or the Administrator. The murse's notes revealed that on 12/26/22 recommended the nurse's note dated 12/2622 recommended that on Resident #6's bruise to be even had an unknown cause.	ne/she was notified about Resident few with Staff A also revealed that staff names mentioned and what ere observed on residents and that the SSA related to the bruising as it by staff. Staff A also stated that the there were no staff names at the staff should have reported to as sent to Human Resources (HR) are revealed. I am concerned with all and abusing to the residents. It about an incident with [Resident the nurses [Staff Q [LPN] name ff F name omitted]. slap [Resident the patient out their names extful. Review of the email threads 23 at 8:09 a.m. and forwarded at the initial report was sent to the which is more than 2 hours from anday (1/2/23) Resident #4 needed sted Staff Q. Staff Q stated that aff Q also stated that he/she felt ff F did was inappropriate. Staff F	
	was told to him/her was after agend they were hearsay. Staff A stated they were hearsay. Staff A stated they was related to the wheelchair positic accusation from staff related to the mentioned and so this was not reposit him/her that night that they initially a Resident #4 Review on 1/6/23 of an email threat on 1/4/23 at 5:56 p.m Further review [Staff F [LNA] name omitted]. [pronomitted] and [Staff R [LPN] name of the womitted] and independent the state of the womitted of the	was told to him/her was after agency staff started working more bruises w they were hearsay. Staff A stated that there were no reports submitted to was related to the wheelchair positioning and the improper repositioning be accusation from staff related to the agency nursing staff was hearsay and mentioned and so this was not reported to the SSA. Staff A also stated the him/her that night that they initially observed the bruises on Resident #2. Resident #4 Review on 1/6/23 of an email thread revealed that an anonymous email dated 1/4/23 [Staff F [LNA] name omitted]. [pronoun omitted] is extremely unprofession heard about the incident with [Resident #1's name omitted], and I was told #4's name omitted]. This incident was witnessed by 3 other employees. To omitted] and [Staff R [LPN] name omitted] were both in the room with [Staf4's name omitted] right across the stomach. [Staff F name omitted] calls [pronoun omitted] sweats at them, [pronoun omitted] is extremely disresper evealed than the email dated 1/4/23 was forwarded to the Staff A on 1/5/2 again on 1/6/23 at 10:30 a.m. to Staff C. Review on 1/6/23 of initial report dated 1/5/23 for Resident #4 revealed the State Survey Agency (SSA) on 1/5/23 at approximately 2:45 p.m. via fax, the reported alleged violation as mentioned on above email dated 1/4/23. Interview on 1/6/23 at 11:26 a.m. with Staff Q (LPN) revealed that last Motheir foley catheter change which Staff R (LPN), Staff F, and Staff G, assis he/she observed Staff F hit Resident #4's stomach with an open hand. Stauncomfortable after witnessing what Staff F did and thought that what Sta also stated that he/she did not report this to the DON or the Administrator. Resident #6 Review on 1/5/23 of Resident #6's nurse's notes revealed that on 12/26/22 revision on 1/5/23 of the facility's incident report on Resident #6's bruise to m. revealed that the bruise to right eye had an unknown cause.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIE	 =R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Hanover Terrace Health and Rehabilitation Center 49 Lyme Road Hanover, NH 03755		. 6052	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview on 1/5/23 at approximately 2:30 p.m. with Staff A confirmed that the bruise to the right eye with the unknown cause when initially found should have been reported to him/her on 12/26/22. Staff A stated that he/she was not aware of Resident #6's bruise to right eye when initially found on 12/26/22 and that this bruise to right eye with an unknown cause was not reported to the SSA. 40522		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Hanover Terrace Health and Rehabilitation Center		49 Lyme Road Hanover, NH 03755	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0610	Respond appropriately to all allege	d violations.	
Level of Harm - Immediate	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 43408
jeopardy to resident health or safety Residents Affected - Some	1	ew, it was determined that the facility fatheroughly investigated for 3 out of 6 and 4.60	9
Nesidents Anected - Come	Findings include:	u #0).	
	Resident #3		
	12/28/22 at 8:15 a.m. a grievance of and given to Staff C (Nurse Unit May of Concern: Resident asked for hell have something going on I will commit with ostomy and A.M. care. Follow Practical Nurse (LPN)), Staff A (Dir Review on 1/5/23 at approximately on 12/27/22 into 12/28/22 revealed Interview on 1/5/23 at approximately they had rang for help around 1:00 in and said they were alone and hall he/she laid in bed and fell back to swoke back up and rang again and if that they had feces in their bed and Interview on 1/5/23 at approximately the morning of 12/28/22 and resolv confirmed that they did not initiate a grievance report off to the DON and Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation for Resident #3's grievance Interview on 1/5/23 at approximately investigation	imately 11:30 a.m. of facility's grievance report for Resident #3 revealed that or vance was filed by Staff G (Licensed Nursing Assistant (LNA)) for Resident #3 Unit Manager). Further review of grievance report revealed the following: Natural for help with ostomy at 1:00 a.m., aide told resident I am the only one here an will come back and never returned. Action Taken: 7-3 LNA assisted Resident #5 Follow Up: Resident #3 is satisfied with resolution. Signed by Staff D (License F A (Director of Nursing (DON)) and Staff B (Administrator) and dated 12/28/22 simately 11:30 a.m. of facility nursing schedule for Dementia Unit for the night shevealed one LNA on for the entire shift and one nurse. In the provided HT of the incident HT of the night of the incident and 1:00 a.m., as they could not fix their ostomy and it was leaking. The LNA car and had to help someone else and would be back. Resident #3 stated that ack to sleep waiting for the LNA to come back. Around 7:00 a.m. Resident #3 in and that is when the day LNA came in and helped him/her. Resident #3 in and that is when the day LNA came in and helped him/her. Resident #3 on the resolved the situation by have the day LNA take care of him/her. Staff C nitiate an investigation and did not identify the LNA in question but handed the iON and was unaware of what occurred after that. In the provided HT of the revealed that Resident #3 was satisfied with the with ostomy and no further investigation was warranted. Staff A stated that they at was on the night of 12/27/22.	
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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER Hanover Terrace Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 49 Lyme Road Hanover, NH 03755	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE	CIENCIES full regulatory or LSC identifying informati	ion)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety	Resident #2 was observed to have	ly 11:00 a.m. with Anonymous #2 reve- large dark purple area to left elbow with purple area across the rib cage in alig about these bruises.	th swelling, dark purple bruise to
Residents Affected - Some	Interview on 1/4/23 at approximately 1:00 p.m. with Anonymous #1 revealed that Resident #2 had big dark purple bruises on their right upper arm, left upper arm, left elbow, left lateral side of chest underneath the left breast that was found approximately the fourth week of December 2022 (Anonymous #1 did not know exactly when bruises were initially found). Anonymous #1 stated that they were aware of occations that it was alleged by staff that Staff F (LNA) was rough with residents and that the DON was aware and did not suspend or investigate allegations of rough handling by Staff F.		
	Interview on 1/5/23 at approximately 11:00 a.m. with Staff K (LNA) and Staff L (LNA) revealed that they were aware of Resident #2's bruising on the right arm, left elbow, and left lateral side of chest underneath the breast. Staff K and Staff L stated that they were not aware of any incidents that would cause the bruises and that they were told it was related to the wheelchair positioning. Staff K and Staff L also stated that Resident #2 was dependent with staff and that Resident #2 would not be able to self-reposition themselves in the wheelchair. Staff K and Staff L also stated that Resident #2 only had a positioning wedge in between their legs.		
	Interview on 1/5/23 at approximately 1:19 p.m. with Staff N (Therapy Manager) revealed that there was a physical therapy referral for Resident #2 on 12/29/22 for wheelchair positioning. Staff N stated that the evaluation was not completed as Resident #2 was in bed and not able to get out of bed due to decline in condition and pain. Staff N also stated that there were no discussion with the nursing team regarding the possible correlation of the bruising, as mentioned above, with the wheelchair positioning.		
	aware that last week (fourth week of arm, left lateral side of chest under Staff O and Staff P also stated that	ly 1:20 p.m. with Staff O (LPN) and Sta of December 2022) Resident #2 had br the breast. Staff O and Staff P stated to the Staff A and Staff C had asked staff sing and that both Staff O and Staff P v	ruising to right elbow, right upper that Staff A and Staff C were aware. f if anybody witnessed any
	-12/27/22 at 10:19 p.m. and 10:52 had decreased arm strength to right upper arm. Right upper arm had a	nurse's note revealed the following: p.m. nurse's notes revealed that an LN nt arm and that during care LNA noted of 9x6 (length x width) cm [centimeter] echymotic area. MD [Doctor of Medicine]	bruising to left elbow and right chymotic [bruise] area and firm
	-12/28/22 at 10:32 a.m. nurse's note revealed that the Durable Power of Attorney for Health (DPOAH) was updated regarding Resident #2's bruising.		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF DROVIDED OR SUDDIUS		STREET ADDRESS, CITY, STATE, ZI	P CODE
	NAME OF PROVIDER OR SUPPLIER		PCODE
Hanover Terrace Health and Reha	dination Center	49 Lyme Road Hanover, NH 03755	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	couple of days ago when resident [omitted] chair, [pronoun omitted] ha the bruise to [pronoun omitted] left	tes revealed that upon investigation into (Resident #2] was slumped over in thei as a positioning device in the side of the side and [pronoun omitted] elbow was tted] elbow. Intervention is PT [physica	r chair. Upon inspection of [pronoun eir chair that lines up perfectly with resting on the side of chair lining
	-1/1/23 at 9:46 p.m. nurse's note revealed Resident [Resident #2] is presenting with a 10/10 pain aeb [as evidence by] facial grimacing, contraction of upper extremities, and increase respirations with holding of breath. bruises on right upper arm, left elbow, and left rib cage seems to have worsen aeb measuring 15+ [plus] x [by] 30+, black and purple in color, and increase in pain. Notified DON [Director of Nursing], gave resident [Resident #2] Tylenol.		
	-1/2/23 at 7:12 a.m. nurse's notes revealed that Large fluid filled pockets noted on bilateral upper arms near bruises areas. Resident [Resident #2] continues to display signs of pain when arms are touched or moved. prn [as needed] Tylenol given with no effect. Noted in MD [Doctor of Medicine] communication book, oncoming nurse aware.		
	-1/2/23 at 9:56 a.m. nurse's note revealed Writer spoke with On Call Provider [provider name omitted] regarding increase in pain. MD [Doctor of Medicine] sent order to [pharmacy name omitted] for 2.5 mg [milligram] Oxycodone po [by mouth] q3h [every 3 hours] prn, MD stated if 2.5 [mg] was not effective in 30 minutes to call back and [pronoun omitted] would increase dose to 5 mg po prn q3h. Orders entered. Writer spoke with POA [Power of Attorney] who agreed to have resident try the Oxycodone to keep [pronoun omitted] comfortable. Resident resting in bed, anytime writer or other staff attempt to reposition resident [pronoun omitted] [sic] expresses 10/10 pain in right arm.		
	-1/2/23 at 11:22 a.m. nurse's note [late entry, created date of 1/5/23 at 11:24 a.m.] revealed that .lt was noted by nurse that resident existing bruising had become larger and was causing more pain to the resident. Nurse gave prn Tylenol with good results. Resident is at end of life and is starting the mottling process. Bruising has spread die to poor circulation. MD and family notified. Will continue to monitor. Further review of the nurse's note revealed no other documentation regarding Resident #2's bruises. Review on 1/5/23 of Resident #2's incident report dated 12/27/22 10:00 p.m. revealed that the LNA reported bruising noted to the left elbow and right upper arm, which Resident #2 was unable to provide description. Further review of the incident report revealed predisposing physiological factors were impaired memory, confusion, and incontinent. Review on 1/5/23 of Resident #2's incident report dated 1/1/23 at 9:57 p.m. revealed that Resident #2 had increase pain and bruising. Resident #2 was unable to provide description, DON was notified and prn [as needed] Tylenol was given. Pain assessment revealed that resident had occasional labored breathing, short period of hyperventilation, occasional moaning or groaning, facial grimacing, rigid fist clenched, knees pulled up, and distracted or reassured by voice or touch.		
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Printed: 12/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023	
NAME OF PROVIDER OR SUPPLIER Hanover Terrace Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 49 Lyme Road Hanover, NH 03755		
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
(Y/) ID DDEELY TAG SLIMMADY STATEMENT OF DEFICIENCIES				

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES

(Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0610

Level of Harm - Immediate ieopardy to resident health or safety

Residents Affected - Some

Review on 1/5/23 of Resident #2's paper chart revealed a therapy form with dated 5/26/21 that stated Patient has been evaluated by therapy and is being provided with the following posture/position in wheelchair . Implement the following: .ensure foot [NAME] in place to separate feet .when positioning patient, ensure butt positioned all the way back on wheelchair .check by placing hand underneath, behind back rest to see where coccyx located .Other Recommendations: .Ensure Velcro on bottom of cushion to reduce sliding .Alert maintenance to put Velcro for foot [NAME] and/or cushion when needed .

Interview on 1/5/23 at approximately 2:30 p.m. with Staff A revealed that he/she was notified about Resident #2's bruises, as mentioned above, the morning of 12/28/22. Staff A stated that he/she started an investigation on 12/28/22, observed the bruises and saw that the bruising aligned with Resident #2's wheelchair positioning as there was a statement from a staff that the weekend prior to 12/28/22, approximately 12/24/22 to 12/25/22, staff noted Resident #2 slump over the left side while in the wheelchair. Staff A also stated that the bruising to right arm was a result of not using a draw sheet for repositioning in bed by Staff F and Staff G and that education was provided. Staff A was unable to provide documentation of staff re-education on safe repositioning practices. Further interview with Staff A also revealed that at that time, 12/28/22, there was staff accusing agency staff and that there were no staff names mentioned and what was told to him/her was after agency staff started working more bruises were observed on residents and that they were hearsay. Staff A stated that there were no reports submitted to the State Survey Agency (SSA) and that there was no formal investigation on the accusations made by staff related to agency staff. Staff A also stated that the investigation related to the bruises was not reported to the SSA as the bruises were found to be related to wheelchair positioning.

Interview on 1/6/23 at 10:10 a.m. with Staff U (Advanced Practical Registered Nurse (APRN)) revealed that Staff U evaluated Resident #2 on 1/3/23 and at that time Resident #2 was actively dying and that he/she did not evaluate Resident #2's bruising. Staff U stated that the focus was comfort for Resident #2. Staff U stated that he/she did not have a discussion with the DON nor Nurse Unit Manager about the cause of Resident #2's bruises.

Interview on 1/6/23 at 11:00 a.m. with Staff M (LNA) revealed that he/she had observed Staff F being rough during a transfer. Staff M stated that Staff F was hoyering Resident #2 with another staff out of bed and that the hoyer pad was not placed correctly. Staff M also stated that Staff F pulled the hoyer pad out under Resident #2 where Resident #2 hit the railing. Staff M also stated that this incident happened approximately 2 & 1/2 months ago and that he/she reported this to the nurse.

Interview on 1/6/23 at 11:45 a.m. with Staff R (LPN) revealed that he/she called Resident #2's on call provider about Resident #2 having increase pain to right arm and increase bruising. Staff R stated that he/she asked the provider if x-rays were needed and that the provider told Staff R that it was not needed at that time. Staff R also stated that he/she had notified Resident #2's Durable Power of Attorney (DPOA) about Resident #2's pain and that bruises were larger, but did not go into detail of extent of the bruises. Staff R also stated that Resident #2's DPOA wanted to know what had happened to Resident #2's bruises and also wanted Resident #2 to be comfortable.

Interview on 1/6/23 at approximately 1:00 p.m. with Staff S (LPN) that he/she got report from the prior shift nurses that Resident #2 had bruises to right arm and left elbow, let rib cage which was reported immediately to the DON. Staff S stated that the DON responded that he/she was aware of the bruising. Staff S also stated that a few nights ago the areas on arms had increased fluid pocketing, Resident #2 also had grimacing, whimpering and guarding with touch and movement of the arms.

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FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

If continuation sheet Page 16 of 23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Hanover Terrace Health and Reha	bilitation Center	49 Lyme Road Hanover, NH 03755	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review on 1/6/23 of Resident #2's telephone encounter. Resident #2's and chest under L [left] breast sinc has fluid filled pockets just distal to Severe pain, respiratory rate 40's person for rashes and blisters. Interview on 1/6/23 at 1:28 p.m. wire Resident #2's bruising and that plater provided to the nurse was adjustment in person to determine cause and a Resident #2. Staff T also stated that Interview on 1/9/22 at approximate that Resident #2 had bruising in the #2 had increase pain and bruising. Resident #2's bruises and that he/s stated that if he/she was aware of what had happened. Interview with the Medical Examine performed and Resident #2 had undislocation to the left shoulder) that Resident #6 Review on 1/5/23 of Resident #6's purple buries above their right eye periwound was yellow. Further reviews noted. Review on 1/5/23 of the facility's in m. revealed that the bruise to right Interview on 1/5/23 at approximate the right eye. Staff J stated that he the bruise initially and was told it wincident reports, once opened gets hoyer lift transfers. Review on 1/5/23 of Resident #6's Resident #6 has a bruise on right elift. Interview on 1/5/23 at approximate the first reports, once opened gets hoyer lift transfers.	provider note dated 1/2/23 that Staff T is provider note dated 1/2/23 revealed of elast week, no clear cause. Now they elbows. R [right] arm seems very weal GOC [goal of care] are comfort-focused the Staff T revealed that he/she received not care for Resident #2 was comfort feent of pain regimen. Staff T stated that at that time Resident #2 was actively dy at there were no discussions about the ly 10:00 a.m. with Resident #2's DPOA er arms fourth week of December 2022. Resident #2's DPOA stated that he/she was told the Resident #2's bruises, he/she was told the Resident #2's br	(Doctor of Medicine) had a Developed bruises on both arms are bigger and [pronoun omitted] k-but this is where most pain is. d. Will need to be evaluated in d. a call from the facility about ocused and so interventions the bruising needs to be evaluated ving so the focus was comfort for cause of bruising. A revealed that he/she was notified and also last week when Resident the was not aware of the extent of the bruises. Resident #2's DPOA also she would have wanted to know revealed that an autopsy was cation to the right shoulder and a 2 Resident #6 was found to have a notify by 2 cm [width], and the evealed that Risk Management 2 right eye dated 12/26/22 at 9:22 a. 3 that Resident #6's had a bruise on the Staff J did not know the cause of the instant J did not know the cause of the staff J also stated the at 1:55 p.m. revealed that thead on the cross bar of the hoyer above findings on Resident #6.
	(continued on next page)		
	T. Control of the Con		

			10. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, Z	IP CODE
Hanover Terrace Health and Reha	bilitation Center	49 Lyme Road Hanover, NH 03755	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety	yellowish discoloration above the ri	ately 1:00 p.m. with Staff I (LNA) reveatight eye near the eye brow. Staff I state at Resident #6 was a hoyer lift for transtation on safe hoyer lift transfers.	ed that he/she usually takes care of
Residents Affected - Some			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLII	FD	STREET ADDRESS, CITY, STATE, Z	P CODE
Hanover Terrace Health and Rehabilitation Center 49 Lyme Road			PCODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	accidents. 43408	refree from accident hazards and provident from accident hazards and provident from accident hazards and provident from the from	
	resident's environment remains as bruising (Resident identifier is #5). Findings include: Review on 1/5/23 at approximately 11:25 a.m., revealed that staff note Review on 1/5/23 at approximately 12/26/22 at 11:35 a.m., entered by bruising over left upper arm and for discomfort. 12/27/22 at 2:14 p.m., entered by Somitted] has small bruises on his/his Observation on 1/5/23 at approximate to upper and lower left and right arm Interview on 1/5/23 at approximate bruising to Resident #5 on 12/27/23 arms on the side rails when they winjury being initiated to Resident #5 Interview on 1/6/22 at approximate	free of accident hazards as possible for the facility incident report of scattered small bruises on residents the facility incident report of scattered small bruises on residents the facility incident report of scattered small bruises on residents the facility incidents are facility incidents. Staff H (Licensed Practical Nurse), Refearm. Risk management completed. Note that the facility is according to the facility incident facility incidents are facility incidents. Staff C (Nurse Unit Manager) IDT [interer LFA [left forearm] [pronoun omitted] attely 12:55 p.m. of Resident #5 reveals	or 1 of 3 residents reviewed for It dated 12/26/22, with a time of left forearms and left upper arm. Inotes revealed the following entries: Issident noted to have scattered lo signs/symptoms of pain or Idisciplinary team] Skin: [name may be bumping it on bed rails. In the disciplinary team of the lot and it is possible they hit their less to prevent future bruising or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hanover Terrace Health and Reha	bilitation Center	49 Lyme Road Hanover, NH 03755		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0725 Level of Harm - Minimal harm or potential for actual harm	Provide enough nursing staff every charge on each shift. 40522	day to meet the needs of every reside	nt; and have a licensed nurse in	
Residents Affected - Some		ew, it was determined that the facility for dance with the facility assessment for tifier is #3).	•	
	Findings include:			
	Interview on 1/4/23 at approximately 1:30 p.m. with Anonymous #1 revealed that for the past 4 weeks, night shift (11:00 p.m. to 7:00 a.m. shift) has been staffed with one Registered Nurse (RN) or Licensed Practical Nurse (LPN) and one Licensed Nursing Assistant (LNA) on each unit. Anonymous #1 stated that the Reflection Unit has between 30-40 residents which most residents were dependent on staff with transfers, incontinence care, and personal care. Anonymous #1 also stated that the LNA would be responsible for all residents on the unit for care needed at night such as rounding and incontinent care.			
	Interview on 1/5/23 at approximately 10:31 a.m. with anonymous #3 revealed that staffing was short on night shift. Anonymous #3 stated that there would be one nurse and one LNA on the unit and at times the LNA would go to the other unit to help out.			
	Review on 1/5/23 of the facility's assessment with review date of 12/15/22 revealed that Part 1: Our Resident Profile Numbers 1.1 .There are two separate units in the facility. The Reflections Unit is a 49 bed secure memory unit, composed of mainly long term care residents with varying stages of dementia. Resident who are an elopement risk primarily also resident on this unit. 1.2. Indicate your average daily censes: 63.6. The average daily census is 80. Of theses residents the average daily Medicare A census is 10 .Staffing plan 3.2 Licensed nurses providing direct care .Total Number Needed or Average or Range .evening shift [3:00 p.m. to 11:00 p.m. shift] 1 RN and 3 LPNS [sic], night shift 1 RN and one LPN * [sic] an RN may be replaced with an LPN and an LPN may be replaced with an LMNA [Licensed Medication Nursing Assistant] this staffing changes with census and acuity requirements .Nurse aides .Total Number Needed or Average or Range . evening shift 8 LNAs, night shift 4 LNAS *subject to change based on acuity and census .			
	Review on 1/5/23 of the facility nurs nursing staff on the Reflection Unit:	sing staff scheduled from 12/10/22 to 1	/5/23 revealed the following	
	Evening Shift			
	12/11/22 1.5 LPNs (1 LPN from 3:0	00 p.m. to 7:00 p.m.), 3.5 LNAs,		
	12/12/22 1.5 LPNs (1 LPN from 3:00 p.m. to 7:00 p.m.), 2 LPNs call outs, and 3.5 LNAs,			
	12/13/22 1.5 LPNs (1 LPN from 3:00 p.m. to 7:00 p.m.), 1 LMNA from 7:00 p.m. to 11:00 p.m., 3.5 LNAs from 3:00 p.m. to 7:00 p.m., and down to 2 LNAs from 7:00 p.m. to 11:00 p.m. with a census of 63 residents,			
	(continued on next page)			

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
305020	A. Building B. Wing	01/25/2023
NAME OF PROVIDER OR SUPPLIER Hanover Terrace Health and Rehabilitation Center		P CODE
olan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
		on)
12/17/22 1 LPN from 3:00 p.m. to 7 11:00 p.m., 4 LNAs from 3:00 p.m. to 7:00 p.m., 4 LNAs from 3:00 p.m. to 7:00 12/24/22 1 LPNs from 3:00 p.m. to LNAs from 7:00 p.m. to 11:00 p.m., 12/25/22 2 LPNs from 3:00 p.m. to p.m. to 7:00 p.m., and down to 2 LN 12/26/22 2 LPNs from 3:00 p.m. to facility from 7:00 p.m. to 11:00 p.m., 12/27/22 1 LPN, 1 LPN from 3:00 p.m. to facility with no other licensed nurse Night Shift 12/11/22 1 LPN, 1 LNA, and 1 LNA 12/13/22 1 LMNA, 1 LNA, no call-oa census of 63 residents, 12/17/22 1 LPN scheduled for the vialuation of the vialuation o	2:00 p.m., 1 LMNA for 3:00 p.m. to 7:00 to 7:00 p.m., and down to 2 LNA from p.m., and down to 2 LNAs from 7:00 p.m., and down to 1 LPN from 7:00 p. 7:00 p.m., down to 1 LPN from 7:00 p. 7:00 p.m., down to 1 LPN from 7:00 p. 7:00 p.m., and 1 LMNA from 7:00 p.m., rough p.m., and 1 LMNA from 7:00 p.m., with no other licensed nurse), p.m. to 7:00 p.m., 4 LNAs from 3:00 p.m. to 11:00 p.m., rough p.m., and 1 LMNA from 7:00 p.m. from 7:00 p.m., and 1 LMNA from 7:00 p.m. from 7:00 p.m. to 11:00 p.m.) with a condition of the p.m. to 11:00 p.m. with a condition of the p.m. to 1 LPN scheduled for the night support of the p. The p.m. to 1 LPN scheduled for the night support of the p.m. to 1 LPN scheduled for the night supp	D.p.m., 1 LMNA from 7:00 p.m. to 7:00 p.m. to 11:00 p.m., M. to 11:00 p.m., D.m. to 7:00 p.m., and down to 2 m. to 11:00 p.m., 3 LNAs from 3:00 to 11:00 p.m. (1 RN for the whole m. to 7:00 p.m. down to 2 LNAs to 11:00 p.m. (1 LPN for the whole ensus of 62 residents. hight shift for the whole facility, censed nurse, censed nurse, censed nurse,
)	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by 12/17/22 1 LPN from 3:00 p.m. to 7 11:00 p.m., 4 LNAs from 3:00 p.m. to 7:00 p.m., 4 LNAs from 3:00 p.m. to 7:00 p.m. to 12/23/22 5 LNAs 3:00 p.m. to 11:00 p.m., 12/25/22 2 LPNs from 3:00 p.m. to p.m. to 7:00 p.m. to 11:00 p.m., and down to 2 LN 12/26/22 2 LPNs from 3:00 p.m. to p.m. to 7:00 p.m., and down to 2 LN 12/26/22 2 LPNs from 3:00 p.m. to facility from 7:00 p.m. to 11:00 p.m., and 2 12/27/22 1 LPN, 1 LPN from 3:00 p.m. to facility with no other licensed nurse Night Shift 12/11/22 1 LPN, 1 LNA, and 1 LNA 12/13/22 1 LMNA, 1 LNA, no call-oa census of 63 residents, 12/17/22 1 LPN scheduled for the vice 12/24/22 1 LPN scheduled for the vice 12/25/22 1 LPN scheduled for the vice 12/27/22 1 LPN, 1 LMNA, and 1 LNA 12/30/22 1 LPN 12/30/22 1 LPN, 1 LMNA, and 1 LNA 12/30/22 1 LPN	Jan to correct this deficiency, please contact the nursing home or the state survey SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information of p.m., and the preceded by full regulatory or LSC identifying information p.m., and down to 2 LNA from 12/23/22 1 LPN from 3:00 p.m. to 7:00 p.m., and down to 2 LNA from 12/23/22 5 LNAs 3:00 p.m. to 7:00 p.m., and down to 2 LNAs from 7:00 p.m., and down to 1 LPN from 3:00 p.m. to 7:00 p.m., and down to 1 LPN from 3:00 p.m. to 7:00 p.m., and down to 1 LPN from 3:00 p.m. to 7:00 p.m., and down to 1 LPN from 7:00 p.m., and to 7:00 p.m., and down to 2 LNAs from 7:00 p.m., and down to 2 LNAs from 7:00 p.m., and down to 2 LNAs from 7:00 p.m., and 1:206/22 2 LPNs from 3:00 p.m. to 7:00 p.m., and 1 LMNA from 7:00 p.m., acidity from 7:00 p.m. to 11:00 p.m., with no other licensed nurse), 12/27/22 1 LPN, 1 LPN from 3:00 p.m. to 7:00 p.m., and 1 LMNA from 3:00 p.m. from 7:00 p.m. to 11:00 p.m., and 2 LNA call outs, 12/28/22 2 LPNs from 3:00 p.m. to 7:00 p.m., and 1 LMNA from 7:00 p.m. facility with no other licensed nurse from 7:00 p.m. to 11:00 p.m.) with a considerable of the p.m. and 1 LNA call-out, 12/13/22 1 LPN, 1 LNA, and 1 LNA call-out, 12/13/22 1 LMNA, 1 LNA, no call-out, and only 1 LPN scheduled for the night of the service of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Hanover Terrace Health and Reha	ver Terrace Health and Rehabilitation Center 49 Lyme Road Hanover, NH 03755		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 1/6/23 at approximately 2:00 p.m. with Staff B (Administrator) confirmed the above findings on the facility assessment. Staff B stated that the census for the past 4 weeks has been between 60-64 residents. Staff B also stated that they have capped their census at 64 residents per the facility staffing. Further interview with Staff B also revealed that the facility assessment was based on a census of 80 residents, despite the facility assessment noted average daily census of 63.6 as mentioned above. Staff B was unable to provide an updated facility assessment to reflect the average daily census of 63.6. Interview on 1/6/23 at approximately 2:00 p.m. with Staff A (Director of Nursing (DON)) revealed that the		
	to have 2 LNAs. Staff A also stated	stated that the night shift at times has that there were call-outs and Staff A w unable to provide updated defined nurs resident census.	vas unable to provide protocols for
	Resident #3		
	12/28/22 at 8:15 a.m. a grievance r (Nurse Unit Manager). Further revi- Resident asked for help with ostom 7:00 a.m.] told resident I am the on returned. Action Taken: 7-3 LNA as	11:30 a.m. of facility grievance report is report was filed by Staff G (LNA) for Resew of grievance report revealed the follow at 1:00 a.m., aide [LNA scheduled frolly one here and I have something goin essisted Resident #3 with ostomy and A tion. Signed by Staff D (LPN), Staff A a	esident #3 and given to Staff C lowing: Nature of Concern: om 12/27/22 11:00 p.m. to 12/28/22 g on I will come back and never .M. (morning) care. Follow Up:
	they had rang for help around 1:00 stated that the LNA came in and sa Resident #3 also stated that he/she Around 7:00 a.m. Resident #3 wok	ly 11:45 a.m. with Resident #3 revealer a.m., as they could not fix their ostomy aid they were alone and had to help sore laid in bed and fell back to sleep waiting the up and rang their call light and that is sim/her. Resident #3 stated that they have	y and it was leaking. Resident #3 meone else and would be back. ing for the LNA to come back. when the day (7:00 a.m. to 3:00 p.
		ly 2:30 p.m. with Staff A revealed that I comy and no further investigation was won the night of 12/27/22.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER Hanover Terrace Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 49 Lyme Road Hanover, NH 03755	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner of 40522 Based on interview and record reviresidents to maintain or attain their Findings include: Interview and record review revealeneglect. Reference F600 Free from Interview, record review, and policy abuse policy for alleged abuse and Interview and record review revealewere thoroughly investigated. Reference interview, observation, and interview remains as free of accident hazard	ew, the facility failed to be administered highest practicable well being. ed the facility failed to ensure that reside Abuse and Neglect. review, revealed the facility failed to deneglect. Reference F607 Develop/Impled the facility failed to ensure that all all rence F610 Invesitgate/Prvent/Correct were revealed the facility failed to ensure s. Reference F689 Free of Accident Hard the facility failed to provide sufficients.	d in a manner permitting all dents were free from abuse and develop and implement the facility's plement Abuse/Neglect Policies. dleged violations of abuse or neglect Alleged Violations. that the resident's environment azards/Supervision/Devices