

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Mount Carmel Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  235 Myrtle 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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>Based on record review and interview, it was determined that the facility failed to inform the resident or the resident representative of the risk and benefits of psychotropic medications in 1 of 5 residents reviewed for unnecessary medications in a final sample of 22 residents (Resident identifier is #121). Findings include: Review on 7/23/25 of Resident #121's physician's orders revealed the following prescribed medications: Ativan 0.5 milligram (mg) 1/2 tablet twice a day and 1 tablet as needed for anxiety and restlessness (the as needed order was for 14 days only), Cymbalta 30 mg in the evening and 60 mg in the morning for depression, and Lexapro 10mg daily for depression, all orders dated 7/18/2025. Review on 7/23/25 of Resident #121's medical record revealed no documentation that Resident #121 or his/her representative was informed of the risk and benefits of the above-mentioned psychotropic medications. Interview on 7/24/2025 at approximately 9:00 a.m. with Staff A (Director of Nursing) confirmed that the Resident #121 or his/her representatives was not informed of the risk and benefits of the above-mentioned psychotropic medications.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Mount Carmel Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 235 Myrtle 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)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, it was determined that the facility failed to implement the facility's policy on COVID-19 immunizations for 2 of 5 residents reviewed for immunizations. (Resident identifiers are #48 and #79.) Findings include: Review on 7/24/25 of the facility policy titled, 2025 Updated Covid-19 Vaccination for Nursing Home Residents and Healthcare Personnel, Dated 3/1/25 revealed .14. People Ages 65 Years and Older: You are up to date when you have received: 1. 2 doses of any 2024-2025 COVID-19 vaccine 6 months apart .Resident #48 Review on 7/23/25 of Resident #48's COVID Vaccine Consent - 2024-2025 revealed, the resident gave consent for the immunization on 7/4/25. Review on 7/23/25 of Resident #48's Immunization Report revealed that Resident #48's birth year was in 1938 ([AGE] years old). Further review revealed Resident #48's last COVID immunization was administered on 10/1/24, Resident #48 had not received another dose after they consented on 7/4/25. Resident #79 Review on 7/23/25 of Resident #79's COVID Vaccine Consent - 2024-2025 revealed, the resident gave consent for the immunization on 6/23/25. Review on 7/23/25 of Resident #79's Immunization Report revealed that Resident #79's birth year was in 1944 ([AGE] years old). Further review revealed Resident #79's last COVID immunization was administered on 11/8/24 and Resident #79 had not received another dose after they consent on 6/23/25. Interview on 7/23/25 at approximately 10:30 a.m. with Staff A (Director of Nursing) confirmed Resident #48 and Resident #79 had not received a dose of the COVID-19 vaccine after consenting. Interview on 7/24/25 at approximately 10:45 a.m. with Staff C (Infection Preventionist) confirmed the above findings.</p>		