STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305094	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morrison Nursing Home	6 Terrace Street Whitefield, NH 03598

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 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, it was determined that the facility failed to provide the resident and/or resident's representative a Notice of Medicare Non-Coverage (NOMNC) form CMS-10123 for 3 of 3 residents reviewed for Beneficiary Notification. (Resident identifiers are #3, #31, and #51).Findings include:Resident #3 Review on 1/7/26 of the Beneficiary Notice-Residents Discharge Within the Last Six Months form, completed by the facility, revealed that Resident # 3's last covered day of Medicare Part A Services was on 7/31/25 and she/he remained in the facility with days remaining. Review on 1/7/26 of Resident #3's SNF (Skilled Nursing Facility) Beneficiary Notification Review for Residents who Received Medicare Part A Services, form CMS-20052, revealed that Resident #3 was not provided with the NOMNC form CMS-10123. Resident #31 Review on 1/7/26 of the Beneficiary Notice-Residents Discharge Within the Last Six Months form, completed by the facility, revealed that Resident # 31's last covered day of Medicare Part A Services was on 7/9/25 and she/he remained in the facility with days remaining. Review on 1/7/26 of Resident #31's SNF Beneficiary Notification Review for Residents who Received Medicare Part A Services, form CMS-20052, revealed that Resident #31 was not provided the NOMNC form CMS-10123. Resident #51 Review on 1/7/26 of the Beneficiary Notice-Residents Discharge Within the Last Six Months form, completed by the facility, revealed that Resident # 51's last covered day of Medicare Part A Services was on 11/18/25 and she/he did not remain in the facility with days remaining. Review on 1/7/26 of Resident #51's SNF Beneficiary Notification Review for Residents who Received Medicare Part A Services, form CMS-20052, revealed that Resident #51 was not provided with the NOMNC form CMS-10123. Interview on 1/7/26 at approximately 11:00 a.m. with Staff G (Physical Therapy Director) confirmed the above findings that Resident #3, #31, and #51 and/or their representatives were not provided a Notice of Medicare Non-Coverage.

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: 305094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to ensure that food was stored in accordance with professional standards for food storage temperatures for 1 out of 2 kitchen refrigerators and 1 of 3 kitchenette refrigerators observed. Findings include:Observation on 1/6/26 at approximately 9:25 a.m. of the [NAME] Wing Kitchenette Resident refrigerator revealed a temperature of 46 degrees F (Fahrenheit).Observation on 1/6/26 at approximately 10:50 a.m. of the Cook's refrigerator in the Main kitchen with Staff A (Dietary Manager) revealed that the temperature of 41.4 degrees F.Interview on 1/6/26 at approximately 10:50 a.m. with Staff A confirmed the above findings. Staff A further revealed that he/she was unaware of the out-of-range temperatures for the [NAME] Wing Kitchenette refrigerator or the Cook's refrigerator.Observation on 1/6/26 at approximately 12:55 p.m. of the Cook's refrigerator in the Main kitchen with Staff C (Dietary Aide) revealed that the temperature was 43.9 degrees F. Interview on 1/6/26 at approximately 12:55 p.m. with Staff C confirmed the above findings.Review on 1/8/26 of refrigerator temperature logs for the [NAME] Wing kitchenette revealed the following temperatures that were outside the acceptable range of 33-41 degrees Fahrenheit:12/1/25 42 degrees, 12/7/25 42 degrees, 12/8/25 44 degrees, 12/9/25 42 degrees, 12/11/25 42 degrees, 12/18/25 42 degrees, 12/19/25 42 degrees, 12/21/25 43 degrees, 12/22/25 42 degrees, 12/23/25 44 degrees, 12/25/25 42 degrees, 12/27/25 48 degrees, 12/28/25 50 degrees, 12/29/25 45 degrees, 12/30/25 48 degrees, 12/31/25 44 degrees, 1/1/26 44 degrees, 1/2/26 44 degrees, and 1/5/26 44 degrees.Interview on 1/8/26 at approximately 10:25 a.m. with Staff A revealed that he/she was not aware of any out-of-range temperatures for the [NAME] Wing Kitchenette refrigerator for December 2025 or January 2026Review on 1/7/26 of the Facility's policy title Preventing Foodborne Illness- Food Handling, revised August 2017, revealed the following: .5. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented according to state-specific requirements. Federal standards require refrigerated food be stored below 41 degrees F .Review on 1/7/25 of the facility's policy titled Refrigerators and Freezers Policy, undated, revealed the following: . Kitchenettes . If fridge temp is not within proper range (33F-41F), it must be reported to the dietary manager and the maintenance personnel immediately If the fridge is above acceptable range (33F-41F) .Review on 1/8/26 of the Food and Drug Administration (FDA) Food Code, dated 2022, retrieved from: https://www.fda.gov/media/164194/download, revealed the following: Certain foodborne pathogens that are anaerobes or facultative anaerobes are able to multiply under either aerobic or anaerobic conditions. Therefore special controls are necessary to control their growth. Refrigerated storage temperatures of 5 C (41 F) may be adequate to prevent growth and/or toxin production of some pathogenic microorganisms.

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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 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. Based on observation, interview, and policy review, it was determined that the facility failed to have smoking policies in regards to smoking safety for 1 out of 1 residents reviewed for accidents. (Resident identifier is #29.) Findings include:Interview on 1/7/26 with Resident #29 at approximately 12:00 p.m. revealed that he/she goes across the street with his/her cane several times per day to smoke independently. Interview on 1/7/26 with Staff E (Registered Nurse), at approximately 12:30 p.m. revealed that Resident #29 goes off campus several times per day to smoke and that Resident #29 comes to the nurse to obtain lighter and returns it to the nurse when he/she returns to the facility. Interview on 1/7/26 at approximately 2:15 p.m. with Staff D (Administrator) confirmed that Resident #29 goes off campus to smoke and there was no smoking assessment completed for Resident #29. Review on 1/7/26 of Resident #29's medical record revealed no assessment of residents ability to smoke independently. Observation on 1/7/26 at approximately 2:30 p.m. of Resident #29 revealed Resident #29 obtained cigarette lighter from nurse and exited the unit using cane in one hand and carrying a portable chair in the other. Resident #29 was later observed sitting in the chair across the street on the sidewalk smoking a cigarette. Review on 1/8/26 of facility policy titled Smoking Policy, revised September 2017, revealed no policies for assessing resident safety with smoking, designated areas, or management of smoking materials.