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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2023
NAME OF PROVIDER OR SUPPLIER Hanover Hill Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Hanover Street Manchester, NH 03104	
For information on the nursing home's	plan to correct this deficiency, please cont	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	 45419 Based on interviews and record revelopsease Control (CDC) return to we for 3 of 3 healthcare personnel revelopsease Control (CDC) return to we for 3 of 3 healthcare personnel revelopsease of the CDC Internation or Exposure to SARS-CoNHCP [Health Care Personnel] with moderately to severely immunocom At least 7 days have passed since hours prior to returning to work (or least 24 hours have passed since I g. [for example], cough, shortness *Either a NAAT (molecular) or antignegative test obtained on day 5 and infection and are not moderately to criteria have been met: At least 7 diviral test* is obtained within 48 hour positive test at day 5-7). *Either a NHCP should have a negative test of Review on 8/30/23 at 10:30 a.m. of Staff A (Licensed Nursing Assistant Staff B (LNA) tested positive for the Staff C (Activities/Social Service) test 	by full regulatory or LSC identifying information) ion prevention and control program. review, it was determined that the facility failed to follow the Center for work guidelines for healthcare personnel who were positive for COVID-19 eviewed for COVID-19 infection. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 CoV-2, updated September 23, 2022, revealed, . Return to Work Criteria for th SARS-CoV-2 Infection. HCPs with mild to moderate illness who are not compromised could return to work after the following criteria have been met: to symptoms first appeared if a negative viral test* is obtained within 48 or 10 days if testing is not performed, or if a positive test at day 5-7), and at e last fever without the use of fever-reducing medications, and symptoms (e. ss of breath) have improved. Intigen test may be used. If using an antigen test, HCP should have a and again 48 hours later. HCPs who were asymptomatic throughout their to severely immunocompromised could return to work after the following 7 days have passed since the date of their first positive viral test if a negative ours prior to returning to work (or 10 days if testing is not performed or if a a NAAT (molecular) or antigen test may be used. If using an antigen test, t obtained on day 5 and again 48 hours later . . of the facility's COVID-19 Outbreak Line List revealed the following: ance (LNA)) tested positive for the COVID-19 virus on 8/23/23 the COVID-19 virus on 8/21/23) tested positive for the COVID-19 virus on 8/24/23 DVID-19 Outbreak Line List revealed no information regarding symptom	

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

Facility ID: 305009

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Interview on 8/30/23 at approximate	MMARY STATEMENT OF DEFICIENCIES ch deficiency must be preceded by full regulatory or LSC identifying information)		
COVID-19 test that was completed Interview on 8/30/23 at approximate headache, and sore throat and test work on 8/29/23 (Day 6). Staff C sta (Day 5). Interview on 8/30/23 at approximate Staff E stated that Staff C had an or on 8/24/23. Staff E confirmed that S returned to work on 8/29/23 (Day 5) home was positive on 8/23/23 and in Review on 8/30/23 of Employee Put following: Staff A's first shift worked after test Staff B's first shift worked after test Staff C's first shift working after test Review on 8/30/23 at 3:00 p.m. of t page 3 Entry of Healthcare Personn following a positive COVID-19 viral providers) with SARS-CoV-2 infecti presence immunocompromising co	ely 12:55 p.m. with Staff B revealed that to work on 8/26/23 (Day 5). Staff B sta at home on 8/26/23. ely 1:30 p.m. with Staff C revealed that ed positive for COVID-19 on 8/23/23. Stated that they completed one negative ely 2:45 p.m. with Staff E (Administraton nset of COVID-19 symptoms on 8/23/2 Staff C completed one negative COVID and Staff A had symptoms of COVID- returned to work on 8/28/23 (Day 7). Inch Reports for August 20, 2023 through ing positive for COVID-19 was on 8/28/ ting positive for COVID-19 was on 8/28/ ting positive for COVID-19 was on 8/28/ ting positive for COVID-19 was on 8/28/ he facility's policy dated 05/12/23 titled hel and Other Providers of Service sec test shall follow the CDC Return To W ions guidance which includes criteria bin inditions.	the/she tested positive for ated that he/she had one negative he/she started with a cough, Staff C stated that they returned to COVID-19 test at home on 8/28/23 r) confirmed the above information. 3 and tested positive for COVID-19 -19 home test on 8/28/23 and 19 on 8/21/23, one self-test at gh August 30, 2023, revealed the (23 (Day 7) (23 (Day 5) (23 (Day 6)) COVID-19 - Comprehensive . tion B. Staff returning to work ork Criteria for HCP (healthcare ased on severity of symptoms and	
V () ()	work on 8/29/23 (Day 6). Staff C sta Day 5). Interview on 8/30/23 at approximate Staff E stated that Staff C had an o on 8/24/23. Staff E confirmed that S returned to work on 8/29/23 (Day 5 nome was positive on 8/23/23 and Review on 8/30/23 of Employee Pu following: Staff A's first shift worked after test Staff B's first shift worked after test Staff C's first shift worked after test Staff C's first shift working after test Review on 8/30/23 at 3:00 p.m. of t bage 3 Entry of Healthcare Personn following a positive COVID-19 viral providers) with SARS-CoV-2 infection presence immunocompromising co- nterview on 8/30/23 at approximate	work on 8/29/23 (Day 6). Staff C stated that they completed one negative Day 5). Interview on 8/30/23 at approximately 2:45 p.m. with Staff E (Administrato Staff E stated that Staff C had an onset of COVID-19 symptoms on 8/23/2 on 8/24/23. Staff E confirmed that Staff C completed one negative COVID returned to work on 8/29/23 (Day 5) and Staff A had symptoms of COVID- nome was positive on 8/23/23 and returned to work on 8/28/23 (Day 7). Review on 8/30/23 of Employee Punch Reports for August 20, 2023 throu ollowing: Staff A's first shift worked after testing positive for COVID-19 was on 8/28/ Staff B's first shift worked after testing positive for COVID-19 was on 8/28/ Staff C's first shift working after testing positive for COVID-19 was on 8/28/ Staff C's first shift working after testing positive for COVID-19 was on 8/28/ Staff C's first shift working after testing positive for COVID-19 was on 8/28/ Staff C's first shift working after testing positive for COVID-19 was on 8/29/ Review on 8/30/23 at 3:00 p.m. of the facility's policy dated 05/12/23 titled bage 3 Entry of Healthcare Personnel and Other Providers of Service section following a positive COVID-19 viral test shall follow the CDC Return To W providers) with SARS-CoV-2 infections guidance which includes criteria bages presence immunocompromising conditions. Interview on 8/30/23 at approximately 2:45 p.m. with Staff E confirmed that	