STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365292	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hanover Healthcare Center	435 Avis Avenue NW Massillon, OH 44646

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333 Based on observation, medical record review, interview, and facility policy review, the facility failed to ensure surgical wound treatments were completed per physician order. This affected one resident (#25) of three residents reviewed for wound care. The facility census was 96. Findings include: Review of the medical record for Resident #25 revealed an admitted [DATE] with diagnoses including dementia, unspecified mood affective disorder, anxiety disorder and major depressive disorder. Review of the quarterly Minimum Data Set (MDS) assessment completed on 09/26/24 revealed Resident #25 had severely impaired cognition and was independent but required substantial assistance with bathing. Further review of the MDS revealed Resident #25 had surgical wounds. Review of the physician orders revealed an order dated 10/02/24 for wound care for the mid-upper back daily every day shift and as needed (PRN). The treatment was to cleanse area with normal saline, apply skin prep to surrounding tissue or periwound, apply silver alginate to the base of the wound, and secure with boarded foam. Review of the physician orders revealed an order dated 10/02/24 for Resident #25 was to receive wound care for the right lateral shoulder daily every day shift and as needed (PRN). The treatment was to cleanse the area with normal saline, apply skin prep to surrounding tissue or periwound, apply silver alginate to the wound bed and cover with boarded gauze dressing. Observation on 10/17/24 at 9:20 A.M. revealed Resident #25 had a dressing to the right lateral shoulder and a dressing to the mid-upper back. Both dressings were dated 10/14/24. Interview Assistant Director of Nursing (ADON) #309, at the time of the observation, revealed she was also the facility wound nurse and confirmed both dressing were applied by her on 10/14/24. Review of the undated policy titled, Wound Care, revealed residents admitted with or who develop skin integrity issues would receive treatment as indicated. This deficiency represents non-compliance investigated under Complaint Numbers OH00158714 and OH00158447.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0772 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have an agreement with an approved laboratory to obtain services, if on-site laboratory services aren't provided. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35765 Based on medical record review and interview the facility failed to ensure laboratory testing (stools for occult blood) were obtained timely for Resident #101. This affected one resident (#101) of three residents reviewed for laboratory testing. Findings include: Review of the medical record revealed Resident #101 was admitted to the facility on [DATE]. Diagnoses included peripheral vascular disease, right and left lower extremity amputation, hypertension, and duodenal ulcer. The resident also had chronic anemia (a common type of anemia that occurs when the body has low levels of hemoglobin). Further review of the medical record revealed the resident had lab test results indicating a low hemoglobin level of 8.1 grams per deciliter of blood (g/dL of blood) on 07/22/24 and a level of 8.9 g/dL on 09/11/24. Per physician orders, three stools for occult blood (a stool sample obtained to determine if there is hidden blood in the stool) were initially ordered on 07/22/24. A second and third order for the samples were made by the physician on 08/15/24 and 09/12/24. One test was completed on 09/16/24. On 09/27/24 a new order was received for three stool specimens for occult blood testing. Review of the bowel movement record from 09/26/24 through 09/30/24 revealed Resident #101 had bowel movements on 09/26/24, 09/27/24, 09/28/24, and 09/29/24. However, there was no evidence the stool specimens were obtained or of the laboratory testing being completed as ordered during this time period. On 09/30/24 another order was received to obtain two stool specimens for occult blood testing. Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #101 had intact cognition. Further review revealed the resident required substantial/ maximum assistance with toilet hygiene and was frequently incontinent of bowel. Review of the laboratory test results revealed the two stool specimens were obtained on 10/01/24 and 10/06/24. On 10/22/24 at 4:00 P.M. an interview with the Director of Nursing confirmed the stool for the occult blood for Resident #101 was not obtained timely. On 10/24/24 at 10:25 A.M. an interview with Physician #400 revealed she would expect the occult stool to be done immediately and take no longer that two weeks to obtain. This deficiency represents non-compliance investigated under Complaint Number OH00158714 and OH00158447.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333 Based on observation, medical record review, interview and policy review the facility failed to maintain accurate medical records related to resident care. This affected one resident (#25) of three residents reviewed for wound care. The facility census was 96. Findings include: Review of the medical record for Resident #25 revealed an admitted [DATE] with diagnoses including dementia, unspecified mood affective disorder, anxiety disorder and major depressive disorder. Review of the quarterly Minimum Data Set (MDS) assessment completed on 09/26/24 revealed Resident #25 had severely impaired cognition and was independent but required substantial assistance with bathing. Further review of the MDS revealed Resident #25 had surgical wounds. Review of the physician orders revealed an order dated 10/02/24 for wound care for the mid-upper back daily every day shift and as needed (PRN). The treatment was to cleanse area with normal saline, apply skin prep to surrounding tissue or periwound, apply silver alginate to the base of the wound, and secure with boarded foam. Review of the physician orders revealed an order dated 10/02/24 for Resident #25 was to receive wound care for the right lateral shoulder daily every day shift and as needed (PRN). The treatment was to cleanse the area with normal saline, apply skin prep to surrounding tissue or periwound, apply silver alginate to the wound bed and cover with boarded gauze dressing. Observation on 10/17/24 at 9:20 A.M. revealed Resident #25 had a dressing to the right lateral shoulder and a dressing to the mid-upper back. Both dressings were dated 10/14/24. Interview with Assistant Director of Nursing (ADON) #309, at the time of the observation, revealed she was also the facility wound nurse and confirmed both dressing were applied by her on 10/14/24. Review of the treatment administration record (TAR) for October 2024 revealed Resident #25's two surgical wound dressings, one on his right lateral shoulder and one on the mid-upper part of the back, were documented as being completed on 10/15/24 and 10/16/24. This was verified by ADON #309 on 10/17/24 at 9:38 A.M. Interview on 10/17/24 at 9:54 A.M. with Registered Nurse (RN) #325 confirmed Licensed Practical Nurse (LPN) #314 documented the wound treatments were completed on 10/15/24 and 10/16/24 on the TAR but stated she forgot to complete the dressing changes because a lot was going those days. RN #325 stated this was not proper practice to sign off on the TAR before a dressing change was completed. It was proper practice to sign off on the TAR after treatment was completed. Review of the undated policy titled, Clinical Documentation Standards, revealed that nurses would follow the basic standard of practice for documentation including but not limited to providing a timely and accurate account of resident information in the medical record. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency represents non-compliance investigated under Complaint Number OH00158714 and OH00158447.