

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Hanover Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>22653</p> <p>Based on review of the Payroll Based Journal (PBJ) report, review of schedules and time detail punches, and interview, the facility failed to ensure accuracy of information sent to Centers for Medicare and Medicaid (CMS). This had the potential to affect all 101 residents.</p> <p>Findings include:</p> <p>Review of the facility's PBJ report for the fourth quarter of 2024 revealed the facility had a one star staff rating and excessively low weekend staffing during the quarter.</p> <p>During review of staffing sheets and time punches with the Administrator on 03/04/25 between 10:45 A.M. and 1:45 P.M., the time punch detail report and the schedules for 01/17/25, 01/20/25, 01/24/25, 01/27/25, 02/03/25, 02/06/25, and 02/08/25 did not have matching information. The administrator identified an issue with time punches of employees no longer working for the facility not showing up on the time punch detail.</p> <p>On 03/04/25 at 2:57 P.M., the Administrator stated she was not employed during the fourth quarter (July to September) of 2024 so she could not give feedback into staffing levels at the time. The time punches submitted to corporate accountants were used for submission of the PBJ information. Based on her findings on 03/04/25 of time punches not including information from previous employees, it could be possible that hours of some of the employees might not have been submitted. Administrators did not get feedback into any alerts/information provided by PBJ regarding staffing.</p> <p>This deficiency is an incidental finding discovered during the complaint investigation.</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
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