

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  04/09/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43061</p> <p>Based on observation and interview, the facility failed to ensure infection control was maintained during incontinence care. This affected one resident (Resident #94) of three residents reviewed for incontinence care. The facility census was 100.</p> <p>Findings included:</p> <p>Review of the medical record for Resident #94 revealed an admitted [DATE]. Diagnosis included Alzheimer's Disease, quadriplegia, tracheostomy status, and dysphagia.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #94 was rarely or never understood, dependent on staff for all activities of daily living (ADL'S), and was incontinent of bladder and bowel.</p> <p>Observation on 04/07/25 at 9:25 A.M. of incontinence care for Resident #94 revealed Certified Nursing Assistant (CNA) #283 and #311 gathered supplies, provided privacy, washed hands and donned gloves. CNA #311 removed Resident #94's brief soiled with medium stool and urine. CNA #311 provided peri care, then with the same gloves on she touched the barrier cream container and put barrier cream on her gloves and applied to Resident #94's peri area. CNA #311 then turned resident and performed care to her buttocks. CNA #311 then applied a new brief with the same soiled gloves. Once done CNA #283 and #311 removed their gloves and washed their hands.</p> <p>Interview on 04/07/25 at 9:44 A.M. with CNA #311 confirmed she didn't change her soiled gloves and perform hand hygiene after she cleaned up the stool and urine and before she applied barrier cream to her peri area. CNA #311 said she should have removed her gloves after cleaning up the stool, washed her hands, and applied new gloves before she applied barrier cream to the peri area of Resident #94.</p> <p>Interview on 04/07/25 at 9:48 A.M. with Registered Nurse/Unit Manager (RN) 260 confirmed for peri care CNA #311 should have removed her soiled gloves and washed her hands and donned new gloves before touching barrier cream container and before she applied barrier cream to Resident #94's peri area.</p> <p>Interview on 04/07/25 at 10:12 A.M. with Director of Nursing (DON) confirmed for peri care CNA #311 should have removed her soiled gloves and washed her hands and donned new gloves before touching barrier cream container and before she applied barrier cream to Resident #94's peri area.</p> <p>(continued on next page)</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy, Standard Precautions, undated revealed when to perform hand hygiene to include before and after direct contact with a resident's intact skin, after contact with body fluids or excretions, and after glove removal.</p>