STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395016	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hanover Hall for Nursing and Rehabilitation	267 Frederick Street Hanover, PA 17331

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 33305 Based on record review and staff interviews, the facility failed to get a resident out of bed when requested for one of four residents reviewed (Resident 2). Findings included: A review of the clinical record for Resident 2 revealed diagnoses that included diabetes mellitus (a form of diabetes that is characterized by high blood sugar, insulin resistance, and relative lack of insulin) and congestive obstructive pulmonary disease (COPD - disease process that causes decreased ability of the lungs to perform). A review of the care plan for Resident 2 dated July 2024, revealed that Resident 2 requires 2-person assist and his walker for transfers. Resident 2's care plan also had an intervention to keep Resident 2's routine consistent to decrease confusion due to Resident's fluctuating BIMs score (brief interview of mental status). A review of the nursing note for Resident 2 dated July 13, 2024, at 1:37 PM, stated, resident was unable to get out of bed before breakfast and was offered breakfast in bed but refused. Resident 2's wife (also his roommate) called a family member to complain, family member came in to complete care, and get resident up. Supervisor made aware of the situation. During an interview with the Director of Nursing (DON) on July 30, 2024, the DON informed the surveyor that she was covering as the dayshift supervisor on July 13, 2024, and revealed that she was informed that Resident 2 rang his call bell that morning so that he would be out of bed as usual for his breakfast. The DON confirmed that there was only one Nurse Aide (NA) working the unit on dayshift July 13, 2024. During an interview with the DON on July 30, 2024, the DON confirmed the NA staffing ratios did not meet regulation on July 13, 2024, and is aware of the staffing requirements. 28 Pa. Code 201.18(b)(1)(2)Management 28 Pa. Code 211.12(d)(1)(3)(4)(5)Nursing services

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: 395016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hanover Hall for Nursing and Rehabilitation	267 Frederick Street Hanover, PA 17331

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 33305 Based on review of staffing schedules, facility documentation, and staff interview, it was determined that the facility failed to ensure sufficient nursing staff to assure residents attain or maintain the highest practicable physical, mental, and psychosocial well-being for one of four residents reviewed (Residents 2). Findings include: A review of the clinical record for Resident 2 on July 30, 2024, revealed a nursing note that there was only one Nurse Aide (NA) working on Resident 2's unit, and when Resident 2 rang the call bell to get out of bed for breakfast, the Resident was offered to eat breakfast in bed because there was not a second NA working to assist in getting the Resident out of bed. Resident 2 requires 2-person assist with his walker for transfers. The spouse of Resident 2 had to call a family member in to the facility to dress and assist the Resident out of bed for the lunch meal. During an interview with the Nursing Home Administrator (NHA) on August 1, 2024, at 9:00 AM, the NHA confirmed the accuracy of the low staffing levels. 28 Pa Code 211.12 (d)(4) Nursing services 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(b)(1)(3) Management