

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>Based on policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure each resident the right to formulate an advance directive for one of three residents reviewed (Resident 39). Findings Include: An Advance Directive is defined as a written instruction, such as a living will or durable power of attorney for health care, recognized under State law, relating to the provision of health care when the individual is incapacitated. Review of the facility's policy, titled Advance Directives, revised September 2022, reads, in part, 1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members, and/or his or her legal representative, about the existence of any written advance directives. 2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. 3. Written information about the right to accept or refuse medical or surgical treatment, and the right to formulate an advance directive, is provided in a manner that is easily understood by the resident or representative. 4. Written information includes a description of the facility's policies to implement advance directives and applicable state law. Review of Resident 39's physician orders revealed diagnoses that included hypertension (elevated blood pressure) and chronic kidney disease (a disease characterized by progressive damage and loss of function in the kidneys). Review of Resident 39's most recent Brief Interview for Mental Status (BIMS) assessment, dated December 27, 2025, revealed the Resident scored a 15/15. This score denotes intact cognition. Continued review of Resident 39's clinical record revealed no documentation to support staff review of the Resident's right to formulate an Advance Directive. An interview with Employee 3 (Social Worker) on January 14, 2026, at 12:35 PM, revealed that she had no documentation of the Resident being offered the opportunity to formulate an Advance Directive. An additional interview with the Nursing Home Administrator on January 14, 2026, at 1:53 PM, revealed that the social work staff will be educated regarding the implementation of the facility's Advance Directives policy. 28 Pa. Code 211.12 (d) (5) Nursing services</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
---	-------	-----------

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on review of facility policy, record review, and staff interview, it was determined that the facility failed to provide side effect monitoring for one of five residents reviewed (Residents 56). Findings include: Review of facility provided policy, titled Policy for Psychotropic Medication Use, revised February 2025, revealed, Residents receiving psychotropic medication are monitored and the response to treatment is documented. Review of Resident 56's clinical record revealed diagnoses that included down syndrome (a genetic condition caused by having an extra copy of chromosome 21, affecting brain and body development) and dementia (a general term for severe mental function loss). Review of Resident 56's physician orders revealed an order for Risperidone (antipsychotic medication) 0.25 mg, given by mouth, twice daily, starting on December 2, 2025. Review of Resident 56's Care plan revealed a focus are of, the Resident uses psychotropic medications, with a date initiated of November 3, 2025, an intervention to monitor/record/report to MD, as needed, side effects of antipsychotic medications, which may include, but are not limited to: Dystonia, Tremors, Confusion, Restlessness, pacing, anxiety, Tardive Dyskinesia, Dry mouth, Blurred Vision, Constipation, Hypotension, Sedation/Drowsiness, Increased falls, Appetite/Weight change, Headache, Insomnia, Sore throat, Seizures, Sweating/Rash, Urinary Retention, with a date Initiated of November 3, 2025. Review of Resident 56's medical record failed to reveal any documented side effect monitoring for antipsychotic medication. Interview with the Director of Nursing on January 14, 2026, at 11:45 AM, revealed that Resident 56 did not have any side effect monitoring documented. 211.12(d)(1)(3)(5) Nursing services</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on facility policy review, observations, clinical record review, and resident and staff interviews, it was determined that the facility failed to develop and implement a person-centered care plan for two of 23 residents reviewed (Residents 39 and 75). Findings Include: Review of the facility's policy, titled Care Plans, Comprehensive Person-Centered, revised March 2022, read, in part, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physician, psychosocial, and functional needs is developed and implemented for each resident. Review of Resident 39's clinical record revealed diagnoses that included hypertension (elevated blood pressure) and hemiparesis (weakness on one side of the body, affecting the arm, leg, and sometimes face, making it difficult to perform daily tasks like walking or grasping objects, often due to brain damage from conditions like stroke, tumors, or injury). An observation of Resident 39 in his bed on January 11, 2026, at 11:05 AM, revealed bilateral enabler bars attached to his bed. An immediate interview with Resident 39 revealed that he uses them to help position himself in his bed. Review of Resident 39's interdisciplinary plan of care revealed none developed to address Resident 39's use of the enabler bars based on his diagnoses and bed mobility status. An interview with the Nursing Home Administrator (NHA) on January 13, 2026, at 1:26 PM, confirmed no care plan was developed for Resident 39's use of enabler bars. Review of Resident 75's clinical record revealed diagnoses that included gastro esophageal reflux disease (a chronic digestive disease where the liquid content of the stomach refluxes into the esophagus, the tube connecting the mouth and stomach), hyperlipidemia (high blood cholesterol), and dementia (a general term for severe mental function loss). Observation of Resident 75 in his bed on January 11, 2026, at 10:58 AM, revealed bilateral enabler bars attached to his bed. Review of Resident 75's clinical record revealed a bed rail evaluation and a consent form were completed on October 23, 2025. Review of Resident 75's care plan failed to reveal a plan of care developed to address Resident 75's use of the enabler bars based on his diagnoses and bed mobility status. During an interview with the NHA on January 14, 2026, at 11:24 AM, revealed she would expect Resident 75 to have a care plan developed for his use of bed rails. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.11(d)(3)(5) Nursing services</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on facility policy review, observation, and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards for one resident reviewed (Resident 94). Findings include: Review of facility policy, titled Administering Medications, last reviewed July 25, 2025, read, in part, Medications are administered in a safe and timely manner, and as prescribed. Review of Resident 94's clinical record revealed diagnoses that included gastro esophageal reflux disease (a chronic digestive disease where the liquid content of the stomach refluxes into the esophagus, the tube connecting the mouth and stomach), muscle weakness, and hypertension (high blood pressure). Observation in Resident 94's room January 11, 2026, at 11:10 AM, revealed a cup containing 11 medications on her bedside table. During an interview with Employee 4 (Licensed Practical Nurse) on January 11, 2026, at 11:11 AM, the surveyor inquired about the medications being left at Resident 94's bedside. Employee 4 stated when she went to pass Resident 94's medications, the Resident was eating breakfast, so she left them on her bedside table. She further revealed she signed them off as administered at 8:51 AM, and Resident 94 should have taken her medications by then. Interview with the Director of Nursing on January 14, 2026, at 11:21 AM, revealed she would expect Resident 1's medications not to be left at the bedside, and she would expect medications to not be signed off as administered until after they are taken by a resident. 28 Pa. Code 201.18(b)(1) Management 28 Pa Code 211.12(c)(d)(1)(5) Nursing Services</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to monitor a resident's weight status in accordance with facility policy and clinical standards of practice for three of five residents reviewed (Residents 5, 8, and 85). And failed to consistently monitor a resident's weight status and implement timely interventions to maintain adequate weight resulting in actual harm as evidenced by continued weight loss for one of five residents reviewed (Resident 8). Findings include: Review of facility policy, titled Weight Assessment and Intervention, revised March 2019, read, in part, the nursing staff will measure residents' weight on admission, and then weekly for four weeks. Any weight change of 5 pounds or more since the last weight assessment will be retaken for confirmation. If the weight is verified, nursing will notify the Physician and Dietitian. Review of the facility's policy, titled Weight Assessment and Interventions, revised March 2019, reads, in part, The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents. The policy continued, The nursing staff will measure resident weight on admission, and then weekly for four weeks. Also, the Dietician and/or Certified Dietary Manager will review the individual weight records to follow individual weight trends over time, making recommendations as appropriate. The Physician and the multidisciplinary team will identify conditions and medications that may be causing anorexia, weight loss, or increasing the risk of weight loss .for example, increased need for calories and/or protein. Weight loss is calculated using a formula to determine the percentage of weight loss. In one month, a 5 % weight loss is considered significant loss and greater and 5 % is severed loss. Over a three month period, 7.5 % is significant loss and greater than that is considered severe weight loss. Review of Resident 5's clinical record revealed diagnoses that included dysphagia (difficulty swallowing). Further clinical record review revealed Resident 5 was transferred to the hospital on December 5th, 2025, and returned to the facility on December 10, 2025. Review of Resident 5's weight history revealed that the weight on November 5, 2025, was 130.5 lb and on December 10, 2025, was 143 lb; a weight change of more than five pounds. The next weight on January 11, 2026, was 128 lb; a weight change of more than five pounds. Further review of the weight history revealed that the weight was not retaken after the five-pound change. Interview with Employee 1 (Registered Dietitian) on January 14, 2026, at 11:57 AM, it was revealed that a reweight wasn't obtained for Resident 5 and it should've been. Employee 1 stated the expectation was that a re-weight would be obtained within 48 hours. Interview with the Nursing Home Administrator (NHA) on January 13, 2026, at 1:45 PM, it was revealed that a reweight wasn't obtained for Resident 5 and it should've been. Review of Resident 8's physician orders revealed diagnoses that included hypertension (elevated blood pressure) and a history of falling. Review of Resident 8's clinical record revealed an admission date of October 13, 2025. Review of Residents 8's weights revealed the following weekly weights: October 14, 2025- (Admission) 121.9 lb October 21, 2025- No weight obtained October 28, 2025- 120.7 lb November 2, 2025, 110 lb November 5, 2025- 110 lb November 11, 2025- No weight obtained November 27, 2025- 111.6 lb December 5, 2025- 107 lb December 11, 2025- 98.8 lb January 2, 2025- 96.6 lb January 3, 2025- 96.5 lb Review of Resident 8's admission Nutritional Risk Assessment, dated October 16, 2025, revealed that the Resident was at risk for weight loss due to the healing process associated with a femur fracture. Review of the progress notes for Resident 8 revealed a WEIGHT WARNING on November 3, 2025, alerting staff to a noted weight loss. Review of Employee 1's (Registered Dietician) progress notes dated November 13, 2025, confirmed the Resident had significant weight loss of 11 lb, which equals a 9.1 % weight loss. Employee 1 recommended fortified foods, liquid protein to aid in wound healing and weigh weekly for four</p> <p>(continued on next page)</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>weeks. Nursing and the physician were made aware. Review of Resident 8's physician orders revealed that on November 13, 2025, Employee 1 also requested an order that read, Fortified Foods, diet Regular Texture, Thin consistency. Review of the facility's policy, titled Fortified Foods [Foods First] Program, read, The Fortified Foods 'Food First' program is a program for weight loss prevention and pressure ulcer prevention and treatment that helps meet the individual nutritional needs in small volumes. The policy continued, The focus on Food First aims to fortify the foods your facility already serves rather than add to the volume and cost of food by providing additional supplements. According to the policy, Fortified Foods are calorie boosters that include margarine or butter, peanut butter, fortified milk, whole milk, and fortified soup. Review of the Dietary Note from Employee 1 on December 13, 2025, noted another WEIGHT WARNING for a 10 % weight loss of 11 lb over 30 days. The notes stated, [Resident] continues on a fortified food, regular texture, thin liquids diet consuming 51-100% of meals. Will weight weekly x 4 weeks to best monitor. An additional Dietary Note on January 5, 2026, noted another WIEGHT WARNING for a 9.3 % weight loss of 10 lb over 30 days. The note stated, [Resident] continues on a fortified food, regular texture, thin liquids diet consuming 51-100% of meals. Will continue interventions as ordered and extend weekly weights x 4 weeks to best trend weight status. Review of Resident 8's meal ticket dated January 14, 2026, for her lunch meal revealed a regular diet without special instructions for the addition of fortified foods. An interview with Employee 1 on January 14, 2026, at 11:49 AM, confirmed she ordered weekly weights x 4 in November 2025 and December 2025, and was aware staff were not documenting the weights per the physician orders and Employee 1's recommendations. The interview also revealed that Employee 1 neglected to add the special instructions for Resident 8's diet and meal ticket to include fortified foods beginning November 13, 2025, per the recommendation and the physician's order. During the interview on January 14, 2026, Employee 1 made changes to Resident 8's clinical record, specifically the meal ticket, to include the special instructions for the addition of Fortified Foods. Employee 1 stated an awareness that Resident 8 weighed 121 lb at admission on [DATE], and at the most recent documented weight, dated January 3, 2026, Resident 8 weighed 96.6 lb; a total of 24.4 lb in less than three months. According to Employee 1, the ideal weight for Resident 8 would be calculated between 104 and 131 lb. Review of Resident 8's clinical record revealed that weekly weights at admission on [DATE], ordered in November 2025 and December 2025, were not obtained weekly. Clinical record review, meal ticket review, and an interview with Employee 1 revealed that the physician-ordered fortified foods were not provided to Resident 8 until January 14, 2026. According to calculations, Resident 8 experienced a non-physician-prescribed weight loss of 20.1%. An interview with the Director of Nursing on January 13, 2026, at 1:27 PM, confirmed the weekly weights ordered for Resident 8 were inconsistent. An interview with the NHA on January 14, 2026, at 12:48 PM, confirmed the fortified foods should have been added when introduced by Employee 1 and ordered by the physician on November 13, 2025. Resident 8 was identified as at risk for weight loss. The Resident had a continuous downtrend in weights. She was ordered weekly weights that were not consistently obtained and ordered fortified foods which were not put into place. Based on her nutritional assessments, her nutritional needs were based off her consumption of the fortified foods, but she was not receiving those extra nutrients, which contributed to continued weight loss totaling 24.4 lb (or 20.1%) in three months. There was no dietary assessment from Employee 1 since January 5, 2026, and no additional weight obtained since January 3, 2026. Review of Resident 85's clinical record revealed diagnoses that included dysphagia and dementia (a condition characterized by progressive loss of intellectual functioning, impairment of memory and abstract thinking). Further review of the clinical record documented Resident 85 was admitted to the facility on [DATE]. Review</p> <p>(continued on next page)</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>of Resident 85's December 2025 Physician orders failed to document weekly weights for four weeks following admission. Review of Resident 85's weight history revealed: December 5, 2025, - 167 lb; and January 5, 2026, - 168 lb. Interview with Employee 1 on January 14, 2026, at 11:57 AM, it was revealed that Resident 85's weight was obtained upon admission; however, nursing failed to enter the physician order for a weekly weight for four weeks after admission and, therefore, Resident 85's weight wasn't obtained weekly for four weeks after admission. Interview with the NHA on January 14, 2026, at 11:45 AM, it was revealed that weekly weights for four weeks after admission weren't obtained for Resident 85, and they should've been. 28 Pa Code 201.18(b)(1) Management 28 Pa Code 211.12(c)(d)(1)(2)(3)(5) Nursing services</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on review of select facility documentation and staff interview, it was determined that the facility failed to ensure that nurse aide performance evaluations were completed at least once every 12 months for three of five nurse aides reviewed (Employee 7, 8, and 9). Findings include: Review of facility job description documentation for nurse aides revealed annual evaluations are to be completed by their supervisor. Review of select facility documentation revealed a list of nurse aides that had worked at the facility for greater than a year. Employees 7, 8, and 9 were selected from the list to review their last annual nurse aide performance evaluations. Review of Employee 7's last annual nurse aide performance evaluation provided revealed it was dated October 11, 2022. Review of Employee 8's last annual nurse aide performance evaluation provided revealed it was dated July 18, 2023. Review of select facility documentation provided revealed Employee 9 had a hire date of August 19, 2024. Employee 9 did not have an annual evaluation in 2025 for review. During an interview with the Nursing Home Administrator on January 14, 2026, at 11:19 AM, she revealed she was unable to locate annual evaluations in the past 12 months for Employees 7, 8, and 9, and she would expect them to be available and located in their employee files. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observations and staff interviews, it was determined that the facility failed to post the nurse staffing data on a daily basis at the beginning of each shift, including an accurate resident census, on January 11 and 12, 2026. Findings include: During entrance to the facility on January 11, 2026, at 9:26 AM, the posted staffing was reviewed and observed to be dated January 9, 2025. Employee 2 (Director of Rehabilitation) came over and removed the two sheets of January 9 and 10, 2026, that were overtop of the staffing data sheet from January 11, 2026. Further observation of the posted staffing information for January 11, 2026, revealed a census number of 120 residents. During an interview with the Nursing Home Administrator (NHA) on January 11, 2026, at 10:13 AM, she revealed the facility census was 114 residents. Observation on January 12, 2026, at 1:28 PM, the posted staffing was reviewed and observed to be dated January 11, 2026; there was no sheet available for January 12, 2026. During an interview with the NHA on January 13, 2026, at 1:27 PM, she revealed she would expect daily staffing to be posted per the federal regulation. 28 Pa. Code 201.14(a) Responsibility of licensee</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure the drug regimen of each resident was reviewed at least once a month by a licensed pharmacist, and failed to ensure any irregularities were responded to in a timely manner by the attending physician or prescriber for three of five residents reviewed for unnecessary medications (Residents 2, 11, and 56). Findings include: Review of facility policy, titled Medication Regimen Review (Monthly Report), last reviewed July 25, 2025, read, in part, The consultant pharmacist performs a comprehensive medication regimen review (MRR) at least monthly. Recommendations are acted upon and documented by the facility staff and or the prescriber. Review of Resident 2's clinical record revealed diagnoses that included gastro esophageal reflux disease (a chronic digestive disease where the liquid content of the stomach refluxes into the esophagus, the tube connecting the mouth and stomach), hyperlipidemia (high blood cholesterol), and dementia (a general term for severe mental function loss). Review of Resident 2's clinical record revealed failed to reveal a monthly MRR was completed during the month of April 2025. Review of Resident 2's MRR completed on June 26, 2025, revealed a recommendation to ensure Omeprazole was administered on an empty stomach, 30-60 minutes before a meal. Review of Resident 2's clinical record failed to reveal the June 2025 MRR had a response to the recommendation or that the recommendation had been implemented. Review of Resident 2's MRR completed on August 27, 2025, revealed a recommendation for routine lab values. Review of Resident 2's clinical record failed to reveal the August 2025 MRR had a response to the recommendation or that the recommendation had been implemented. Review of Resident 2's MRR completed on December 23, 2025, revealed the same recommendation to ensure Omeprazole was administered on an empty stomach, 30-60 minutes before a meal. Interview with the Director of Nursing (DON) on January 14, 2026, at 11:23 AM, revealed she would expect monthly MRRs to be completed and available for review, and she would expect a physician to review and respond to the medication regimen review in a timely manner. Review of Resident 11's clinical record revealed diagnoses that included repeated falls and dementia. Review of Resident 11's clinical record revealed failed to reveal a monthly MRR was completed during the month of April 2025. Review of Resident 11's MRR completed on September 19, 2025, revealed a recommendation to add a specific amount of grams (unit of measure) that should be applied to her diclofenac gel (topical pain relief gel) order. Review of Resident 11's clinical record failed to reveal the September 2025 MRR had a response to the recommendation or that the recommendation had been implemented. Review of Resident 11's MRR completed on December 23, 2025, revealed the same recommendation to add a specific amount of grams that should be applied to her diclofenac gel order. Interview with the DON on January 14, 2026, at 11:23 AM, revealed she would expect monthly MRRs to be completed and available for review, and she would expect a physician to review and respond to the medication regimen review in a timely manner. Review of Resident 56's clinical record revealed diagnoses that included down syndrome (a genetic condition caused by having an extra copy of chromosome 21, affecting brain and body development) and dementia. Review of Resident 56's physician's orders reveal a physician's order for Pantoprazole Sodium (a prescription proton pump inhibitor (PPI) that reduces stomach acid to treat GERD) 20 mg, once daily, with a start date of May 28, 2025. Review of Resident 56's medical record revealed a medication regimen review completed on October 28, 2025, with a recommendation to ensure the Pantoprazole Sodium is administered on an empty stomach, 30-60 minutes before a meal. Further review of the medication review revealed it was not addressed until January 13, 2026. Interview with the DON on January 14, 2026, at 10:45 AM, revealed that they would expect a physician to review and respond to the</p> <p>(continued on next page)</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medication regimen review in a timely manner.28 Pa Code 211.9(a)(1) Pharmacy Services 28 Pa. Code 211.10(c) Resident care policies28 Pa. Code 211.12(d)(3)(5) Nursing services		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of select Resident Council meeting minutes, resident and staff interviews, observations, and completion of one meal test tray, it was determined that the facility failed to provide foods that are palatable, attractive, and at appetizing temperatures. Findings include: Review of the Resident Council Meeting minutes for October 29th, 2025, and December 26, 2025, revealed residents voiced concerns with cold food and dry meat. During the initial pool process, Residents 75, 97, and 107 voiced concerns about the meals to include food temperature, texture, taste, and portion size. Review of the Culinary and Nutrition Test [NAME] form, not dated, documented point of service temperatures as follows: hot entree and starch greater than 135 degrees Fahrenheit (F), cold entree and dessert less than 41 degrees F. A test tray completed on January 12, 2026, revealed adequate portions size for all meal items; however, the chicken tenders, mixed vegetables, and potato salad weren't palatable for temperature, and the potato salad wasn't palatable for texture or taste (potatoes were hard and the dressing was thin consistency, bland and stark white in color). The test tray was placed on a meal cart and delivered to D2 unit with other trays being delivered at that time; 14 minutes had elapsed between the time the test tray was delivered to the unit and presented for evaluation. Employee 6 (Food Service Director) took temperatures of the food items at the time the test tray was served for evaluation. The following were the recorded highest temperatures: Chicken tenders - 115 degrees F potato salad - 44 degrees F mixed vegetables - 123 degrees F chocolate pudding 42 - degrees F milk - 44 degrees F Interview with Employee 6 during the test tray evaluation on January 12, 2026, at 11:59 AM, it was revealed that the facility made the potato salad in house. Review of the recipe for the potato salad included potatoes, vegetable oil, cider vinegar, lemon juice, yellow mustard, salt, black pepper, and mayonnaise. Interview with Employee 6 on January 12, 2026, at 12:40 PM, it was revealed that the menu, extension sheets, and recipes utilized are from the contracted Foodservice Distributer. It was revealed that mustard should've been used in the potato salad and noted there wasn't a significant amount of mustard in the recipe. 28 Pa. Code 201.14. Responsibility of licensee 28 Pa code 211.6 - Dietary Services</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, review of facility policy, and staff interview, it was determined that the facility failed to store and serve food/beverages in accordance with professional standards for food safety in the kitchen and in four of four nourishment pantries. Findings include: Review of facility policy, titled Food Storage, revised February 15, 2020, read, in part, un-served leftovers shall be labeled, dated and stored for a period not to exceed three days, bulk items should be labeled and dated clearly and appropriately. All foods should be covered, labeled and dated. When taking dietary supplements out of the freezer to defrost, they should be labelled with a use by date. Health shakes/Nutritious juice are to be used within 14 days. Review of facility policy, titled Food from Outside Sources, revised July 2023, read, in part, visitors will label food and beverages with the resident's name, room number and date. Observation in the walk-in Freezer with Employee 6 on January 11, 2026, at 10:48 AM, revealed one and a half frozen pizzas were in an open plastic bag and not date marked. At that time, Employee 6 revealed the bag should be securely closed and date marked. Observation in the walk-in refrigerator with Employee 1 on January 11, 2026, at 10:50 AM, revealed the following: 46-ounce containers of juice were open and not date marked with an open or use by date: two apple juice, and one cranberry juice. At that time, Employee 6 revealed the juice should be marked with an open date. Observation in the C1/D1 nourishment pantry on January 11, 2026, at 10:52 AM, with Employee 6, revealed the following: health shakes/juices were thawed and not date marked with a thawed or use by date: two- orange, five-vanilla. At that time, Employee 6 revealed the Styrofoam cup of chocolate pudding on the same tray was date marked January 9th, 2026, and stated that, because it was on the same tray, the health shakes/juices were pulled from the freezer on January 9th, 2026. Another tray in the same refrigerator contained the following: thawed health shakes/juices that weren't date marked: 16- chocolate, nine-orange, and eight-vanilla. At that time, Employee 6 revealed the tray was date marked January 11th, 2026, and, therefore, the nourishments were pulled from the freezer that morning. Observation in the drawer in the bottom of the refrigerator revealed the following: health shakes/juices were thawed and not date marked: five- chocolate, and seven-orange. The following items were not marked with a resident identifier: one individual serving of Greek yogurt, butter pecan ice cream, chocolate mocha creamer, and a plastic bag with blueberries and vanilla yogurt. At that time, Employee 6 revealed that the aforementioned items were not provided by the facility and are resident items, and they should be marked with a resident identifier. Observation in the A1/B1 nourishment pantry on January 11, 2026, at 10:56 AM, with Employee 6, the following items were not marked with a resident identifier: 1- pint vanilla bean ice cream, one box strawberry mochi, 3.5-ounce caramel cone ice cream, and one plastic container of coleslaw. The following items in the cabinet were not labeled and date marked: 2-quart container of thickener, one Styrofoam cup of hot chocolate mix, one bowl of rice Krispies, one bowl of corn flakes, and one 4-pound jar of peanut butter (expiration date October 29, 2024). In the refrigerator, the following nutritional shakes/juices were thawed and not date marked: 20- orange, 1- chocolate. Inside the refrigerator, there was a died yellow substance on the top shelf and a dried brown liquid on the bottom shelf. At that time, interview with Employee 6 revealed the aforementioned items should contain a resident identifier and a date, the nutritional shakes/juices should be date marked, and the refrigerator should be cleaned. Observation in the B2 nourishment pantry on January 11, 2026, at 11:05 AM, with Employee 6, the following items and thawed health shakes/juices were not date marked: one half chicken salad sandwich, six - orange, nine- chocolate, and seven-vanilla. The bottom shelf in the refrigerator contained a dried dark orange liquid. At that time, interview with</p> <p>(continued on next page)</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employee 6 revealed the sandwich, and health shakes/juices should be date marked, and the refrigerator should be cleaned. Observation in the C2/D2 nourishment pantry on January 11, 2026, at 11:10 AM, with Employee 6, the following items didn't contain a resident identifier and weren't date marked: two boxes ice cream sandwiches, one box creamsicles, one fudge bar, one box cheese ravioli, one chicken nugget and macaroni and cheese dinner, barbeque stake and potato dinner, three-quarters box popsicles, and one hot pocket. Observation in the refrigerator revealed one carton caramel macchiato creamer and one carton mint mocha creamer. The following items and thawed nutritional shakes/juices weren't date marked: 2 cups apple sauce, five- chocolate, seven- vanilla, and four - orange. On the bottom shelf in the refrigerator the was dried red liquid and spilled apple sauce, and on the back wall was spilled chocolate pudding. At that time, interview with Employee 6 revealed the applesauce and nutritional shakes/juices should be date marked, and the refrigerator should be cleaned. Observation of the dry storage on January 14, 2026, at 10:54 AM, revealed the following cans were not date marked: four cans of diced carrots, six cans of three bean salad, five cans of peas, three cans of crushed tomatoes, and six cans of black beans. Interview with the Nursing Home Administrator on January 13, 2026, at 1:45 PM, it was revealed the expectation was that food would be stored to meet regulatory standards. 28 Pa code 211.6(f) - Dietary Services</p>		

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hanover Hall for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>Based on staff interview, clinical record review, and facility policy review, it was determined the facility failed to develop a timely hospice baseline care plan, document a hospice physician order, or have an authorized hospice agreement for one of three residents reviewed for hospice services (Resident 13). Findings include: Review of the facility policy, titled Hospice Program, last reviewed July 25, 2025, stated, the agreement with the hospital provider will be signed by the facility representative and a representative from the hospice agency before hospice services are furnished to the resident. Review of the clinical record for Resident 13 revealed clinical diagnoses that included cerebral infarction (a.k.a. stroke-brain tissue death from a blocked blood vessel), atrial fibrillation (irregular heart rhythm), and hospice status (end of life services focusing on comfort, pain management, and quality of life when a cure isn't possible). Review of Resident 13's admission Minimum Data Set (MDS-periodic assessment and care screening) dated December 3, 2025, reveals a BIMS (brief interview of mental status) score of 11, indicating moderately impaired cognitive status. Section O- Special Treatments, Procedures and Programs, of the MDS indicated the Resident was hospice status on admission to the facility November 26, 2025. Review of Resident 13's baseline care plan revealed that it was created December 4, 2025, (8 days post-admission) and not within 48 hours of admission. Review of Resident 13's physician orders for November 2025; December 2025; and January 2026 failed to reveal an order for hospice services. On January 13, 2026, the facility was requested to provide a hospice agreement for the specific hospice agency providing care to Resident 13. The facility was unable to provide an agreement until January 14, 2026, and that agreement was not signed by the hospice agency. During an interview with the Nursing Home Administrator (NHA) on January 14, 2026, the NHA confirmed the baseline care plan was not developed within 48 hours of admission, no physician order for hospice in the medical record, and the hospice agreement was never authorized by the facility and hospice agency prior to services being initiated at the facility. 28 Pa, Code 201.18(b)(1)(3) Management 28 Pa Code 211.2(d)(3) Medical Director</p>		