STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396150	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health Care of Hanover	3370 High Pointe Boulevard Bethlehem, PA 18017

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of employee personnel and education records and staff interview, it was determined that the facility failed to implement and maintain an effective training program so that each staff member received 12 hours of in-service training annually for five of seven staff members reviewed. (Employees 6, 8, 9, 11, and 12)Findings include:Review of the facility's Facility assessment dated [DATE], reveals that all staff were to be in-serviced and receive mandatory training annually on topics that included resident abuse, neglect and exploitation, trauma informed care, and dementia management. In an interview on May 7, 2026, at 10:40 a.m., the Administrator confirmed that staff are required to complete 12 hours of in-service training a year. Review of Employee 6's (E 6) personnel record revealed that the facility hired them on November 21, 2023. Review of facility training records dated May 7, 2025, to May 7, 2026, revealed that E 6 completed only 7.5 hours of in-service education. Review of Employee 8's (E 8) personnel record revealed that the facility hired them on October 1, 2023. Review of facility training records dated May 7, 2025, to May 7, 2026, revealed that E 8 completed only one hour of in-service education.Review of Employee 9's (E 9) personnel record revealed that the facility hired them on November 20, 2023. Review of facility training records dated May 7, 2025, to May 7, 2026, revealed that E 9 completed only 5.25 hours of in-service education.Review of Employee 11's (E 11) personnel record revealed that the facility hired them on August 22, 2024. Review of facility training records dated May 7, 2025, to May 7, 2026, revealed that E 11 completed only 2.25 hours of in-service education.Review of Employee 12's (E 12) personnel record revealed that the facility hired them on October 22, 2024. Review of facility training records dated May 7, 2025, to May 7, 2026, revealed that E 12 completed only 2.00 hours of in-service education.In an interview on May 7, 2026, at 10:40 a.m., the Administrator confirmed that Employees 6, 8, 9, 11, and 12 had not completed the required annual in-service training.28 Pa. Code 201.19(7) Personnel policies and procedures.28 Pa. Code 201.20(a) Staff development.

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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(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. Based on staff interview and clinical record review, it was determined that the facility failed to ensure physicians' orders were implemented for two of 12 sampled residents. (Residents 8 and 71)Findings include: In an interview on May 6, 2026, at 12:45 p.m., the Director of Nursing stated if vital signs were ordered by the physician with a medication, that staff were to obtain vital signs prior to medication administration and document it in the vital sign section of the clinical record. Clinical record review revealed that Resident 8 had diagnoses that included hypertension (high blood pressure). On April 17, 2026, the physician ordered staff to administer two blood pressure medicines. One was (amlodipine) once a day and the other was (carvedilol) twice a day. Staff were not to administer both medications if the resident's systolic blood pressure (the first measurement of blood pressure when the heart beats and the pressure is at its highest) was less than 100 millimeters of mercury (mm Hg). Review of Resident 8's April and May 2026 Medication Administration Records revealed that staff administered the amlodipine 15 times and the carvedilol 18 times with no documentation that the blood pressure was assessed prior to each medications' administration per physician's order. Clinical record review revealed that Resident 71 had diagnoses that included hypertensive heart disease with congested heart failure (CHF). On April 28, 2026, the physician ordered staff to weigh resident daily and to notify physician if there was a weight gain greater than five pounds in one week or three pounds in one day. Review of resident 71's clinical record revealed daily weights were not obtained on May 1, 2, and 3, 2026. In an interview on May 7, 2026, at 10:06 a.m., the Director of Nursing confirmed there was no documented evidence that the weights were obtained on the previously mentioned dates and that there was no documented evidence that the blood pressure was taken prior to the medications administration per physician's order and it should have been. CFR 483.25 Quality of carePreviously Cited 6/18/25 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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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 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, it was determined that the facility failed to dispose of trash and refuse properly.Findings include:Observation of the dumpster area on May 5, 2026, at 11:05 a.m., revealed there were more than 15 used plastic gloves, crushed carrots, a cornstarch box, a cracked medicine cup, a specimen sample cup, a glycerin swab box, used cigarettes, a smashed plastic bag with debris in it, used paper towels, and multiple used plastic cups on the ground around the dumpster. 28 Pa Code 201.18(b)(3) Management.