STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hanover Health and Rehabilitation Center	8139 Lee Davis Road Mechanicsville, VA 23111

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on staff interviews, record reviews and the Virginia Board of Nursing guidance, the facility failed to ensure competent nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of all 110 residents. This failure had the potential to affect the completion of nursing duties, including incident management, assessments, and fall monitoring and prevention, infection prevention and control, and medication administration.Findings include:Review of a personnel file provided by the facility revealed Registered Nurse Applicant (RNA) 1 was hired as a Graduated Nurse on 09/24/25 Further review of the file revealed RNA1 took her National Counsel Licensing Exam (NCLEX) on 10/13/25 and failed the exam. RNA1 did not notify the facility and continued to work as an RN until the facility received an anonymous email indicating she did not pass her exam and was not an RN. RNA1's personnel file revealed she was terminated on 12/19/25 when the administrator was made aware she could not work as an RN according to the Virginia board of nursing. RNA1's timesheets were reviewed and revealed she had worked 50 shifts at the facility including 42 after she failed her exam to become an RN. During an interview on 02/26/26 at 11:15 AM the Administrator revealed he had received an anonymous complaint on 12/19/25 that RNA1 failed her NCLEX on 10/13/25 and did not notify the facility. The Administrator confirmed RNA1 worked as a nurse from 10/02/25 to12/19/25 before she was terminated from her employment. The Administrator said he had a plan of correction in place to prevent any further incidents from happening again. Review of an undated document titled, Licenses and Letters to Test indicated, Upon hiring Licensed Practical Nurses applicants (LPN) and RN applicants were to inform the facility when they were testing for the board and report whether they passed the board immediately and HR (Human Resources) would follow up to ensure if applicants did not pass the board they would be removed immediately.Review of the reference from the Virginia Board of Nursing included the following: 1. A graduate who has filed a completed application for licensure in Virginia and has received an authorization letter issued by the board may practice nursing in Virginia from the date of the authorization letter. The period of practice shall not exceed 90 days between the date of successful completion of the nursing education program, as documented on the applicant's transcript, and the publication of the results of the candidate's first licensing examination. 3. The designations R.N. Applicant and L.P.N. Applicant shall not be used by applicants beyond the 90-day period of authorized practice or by applicants who have failed the examination. G. Applicants who fail the examination. 1. An applicant who fails the licensing examination shall not be licensed or be authorized to practice nursing in Virginia.

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, policy review, and interviews, the facility failed to discard six two-pound cartons of liquid eggs located in the walk-in cooler that were beyond the manufacturer's use by date of 02/09/26.Findings include: During the initial tour of the kitchen with the Dietary Manager (DM) on 02/23/26 at 10:30 AM revealed six two-pound cartons of liquid eggs that displayed manufacturer's use by date of 02/09/26 located in the walk-in cooler. The DM confirmed that all six cartons were beyond the use by date displayed and should have been discarded.Review of the facility's policy titled, Cold Food Storage with an effective date of 02/19/25 revealed that it is the center policy to ensure all Time/Temperature Control for Safety (TCS), frozen and refrigerated food items, will be appropriately stored following guidelines of the FDA Food Code.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure that each resident's medication regimen was free from unnecessary medications through monthly pharmacist review, physician oversight, and monitoring for adverse effects, and implementation of gradual dose reductions when appropriate for four of four residents, Resident (R)2, R4, R68, and R128, reviewed in the sampleFindings include:1. Review of R2's admission Record, located in the resident's electronic medical record (EMR) under the Resident Profile tab revealed the resident was admitted to the facility on [DATE] with diagnosis' to include but not limited to anxiety disorder, depression, chronic kidney disease, and personal history of other mental and behavioral disorders, unspecified dementia and unspecified severity behavioral disturbance, and psychotic disturbance.Review of R2's Orders, located in the resident's Electronic Medical Record (EMR) under the Orders tab, revealed the resident was prescribed Mirtazapine oral Tablet 15 milligram (MG), one tablet by mouth at bedtime for depression, and Fluoxetine Hydrochloride (HCI) Oral Tablet 20 (G), one tablet by mouth one time a day for depression.Review of R2's Medication Regimen Review (MRR) revealed there were no pharmacy reviews for 04/25, 06/25, 09/25, and 10/25. 2. Review of R4's admission Record, located in the residents' EMR under the Resident Profile tab revealed the resident was admitted to the facility on [DATE] with diagnoses to include but not limited to depression, stress disorder, and altered mental status.Review of R4's Orders located in the resident's EMR under the Orders tab revealed the resident was prescribed antidepressant, Buspar.5 MG twice daily.Review of R4's MMRs revealed there were no pharmacy reviews for 04/25, 06/25, 07/25, or 11/25.3. Review of R68's admission Record, located in the resident's EMR under the Resident Profile tab revealed the resident was admitted to the facility on [DATE] with diagnosis' to include but not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, type 2 diabetes without complications, and other disorder involving the immune mechanism, muscle weakness.Review of R68's Orders, located in the resident's EMR under the Orders tab revealed the resident was prescribed an antipsychotic., aripiprazole 10 MG every day.Review of R68's MMR's revealed pharmacy reviews for 12/25 and 02/26 with no reviews conducted 11/25 or 01/26. 4. Review of R128's admission Record, located in the resident's EMR under the Resident Profile tab revealed the resident was admitted to the facility on [DATE] with diagnoses to include but not limited to depressive disorder, and anxiety disorder, Review of R128's Orders located in the resident's EMR under the Orders tab revealed the resident was prescribed antidepressant, sertraline 200 MG, every day.Review of R128's MMR's revealed there were no pharmacy no reviews for 07/25, 08/25, 10/25, 11/25.During an interview on 02/26/26 at 11:30 AM, the Administrator and the Regional Nurse stated that the previous Director of Nursing (DON) had misplaced the binder that contained all pharmacy reviews for the past 12 months. The facility could not provide documentation that the attending physician responded to GDR's or that he provided a rationale not to reduce R2's medication. Review of the facility's policy titled, Medication Regimen Review, effective date 01/29/24 revealed .the drug regimen of each patient will be reviewed at least once per month by a licensed pharmacist. 1. The consultant pharmacist will provide Medication Regimen Review (MMR) reports to provider and Director of Nursing (DON), within 72 hours of completion.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policy, the facility failed to use appropriate infection control practices, specifically, to ensure Personal Protective Equipment (PPE) was utilized appropriately by housekeeping staff while providing environmental cleaning and disinfecting objects and surfaces in the resident rooms with contact precautions and when moving between resident rooms . who was on Enhanced Barrier Precautions (EBP) for two of two residents (Resident (R) 115) and in room [ROOM NUMBER] reviewed for EBP of 25 sample residents. This failure had the potential to cause the spread of infection to other residents who resided on the hall. Findings include:Review of R115's admission Record, located in the resident's electronic medical record (EMR) under the Resident Profile tab revealed the resident was admitted to the facility on [DATE].Review of R115's nursing Progress Note, dated 02/22/26 and located in the resident's EMR under the Progress Notes tab, revealed R115 was placed on contact precautions related to E. coli in the urine. Observations revealed on 02/23/26 at 11:20 AM a sign on the door of R115's room that indicated Contact Precautions and a cart with the required PPE was available outside the doorway.Continued observation revealed Housekeeping Staff (HK) 1 entered R115's room to provide mopping, environmental cleaning and disinfecting objects and surfaces in the resident's rooms without donning the required PPE before entry. Observation on 02/23/26 at 11:35 AM revealed HK1 exit R115's room carrying what appeared to be two spray bottles and immediately entered room [ROOM NUMBER], exited room [ROOM NUMBER] and immediately re-entered R115's room. As HK1 resumed mopping the floor, the Housekeeping Supervisor (HKS) walking down the hallway, stopped at the doorway of R115's room and told HK1 to put on a gown. The HKS told HK1 the gowns were in the cart. HK1 donned a gown and resumed mopping the floor in R115's room. HK1 did not wear any other PPE as required. During an interview on 02/23/26 at 12:10 PM with HKS, surveyor asked what her expectations were of her housekeeping staff. HKS said she expected her staff to wear the required PPE when entering resident rooms.During an interview on 02/24/26 at 2:20 PM, the Infection Preventionist (IP) stated it was her expectation that all facility department staff, including the housekeeping staff, use appropriate infection control practices, specifically, to ensure Personal Protective Equipment (PPE) was utilized appropriately.During an interview on 02/25/26 at 2:47 PM, the Administrator stated it was her expectation that all staff, including housekeeping, staff use appropriate infection control practice and utilize PPE appropriately when required.Review of the facility's policy titled, Transmission Based Precautions-General Practice, effective date 12/21 revealed, Transmission Based Precautions were initiated to protect other residents, employees, and visitors from the spread of a confirmed or suspected infection or contagious disease. 1. Standard Precautions combine the major features of universal precautions and body substance isolations and 2. are based on residents known or suspected of being infected with highly transmissible pathogens and instituted if there is a risk of spreading infection which are spread by direct or indirect contact with the patient or the patient's environment. 3. Donning PPE before entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination.