

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395016 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 12/11/2024 |
|---|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER: HANOVER HALL FOR NURSING AND REHABILITATION | | STREET ADDRESS, CITY, STATE, ZIP CODE: 267 FREDERICK STREET HANOVER, PA 17331 | | |
| STATE LICENSE NUMBER: 590102 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE) | (X5) COMPLETE DATE |
| F 0000 | INITIAL COMMENT Based on a Revisit Survey completed on December 11, 2024, it was determined that Hanover Hall for Nursing and Rehabilitation did not correct all of the deficiencies cited during the survey of November 13, 2024, under the requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations. | F 0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| P 5520 | Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by: | P 5520 | <ol style="list-style-type: none"> 1. Facility cannot retroactively correct this concern 2. All residents are at risk of being affected by staffing levels. An audit of the grievance log on the days cited below staffing ratios will be audited for any grievances related to staffing. 3. Facility continues to partner with company in recruiting for the CNA classes. Will continue to offer bonuses when ratios are below minimum and attempt to mandate when call outs and absences occur. CNA agency rates were recently increased to assist with CNA coverage. Facility is limiting daily admissions as well. 4. NHA/designee will monitor staffing ratios and PPD daily to ensure appropriate levels are being met. Audits will be reviewed at QAPI to ensure compliance and quality care. | Completion Date: 01/06/2025 Status: APPROVED Date: 12/23/2024 |

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| P 5520 | Continued from page 1 Based on staffing document review and staff interview, it was determined that the facility failed to ensure a required minimum of one Nurse Aide (NA) per 10 residents on day shift for six of six days reviewed (December 5, 6, 7, 8, 9, and 10, 2024), one NA per 11 residents on evening shift for four of six days reviewed (December 5, 6, 7, and 10, 2024), and one NA per 15 residents on night shift for two of six days reviewed (December 5 and 9, 2024) as calculated by full time equivalent (FTE - Number of staff required calculated by determining the required number of hours of full time shifts worked to meet the minimum staff to resident ratio). Findings include: Review of staffing information for the day shift on the following days revealed the following: December 5, 2024, revealed a resident census of 115, which resulted in a minimum NA FTE of 11.50; submitted information revealed the facility provided 5.37. December 6, 2024, revealed a resident census of | P 5520 | | |

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| P 5520 | Continued from page 2 114, which resulted in a minimum NA FTE of 11.40; submitted information revealed the facility provided 9.87; December 7, 2024, revealed a resident census of 112, which resulted in a minimum NA FTE of 11.20; submitted information revealed the facility provided 9.97; December 8, 2024, revealed a resident census of 112, which resulted in a minimum NA FTE of 11.20; submitted information revealed the facility provided 9.70; December 9, 2024, revealed a resident census of 111, which resulted in a minimum NA FTE of 11.10; submitted information revealed the facility provided 6.23; December 10, 2024, revealed a resident census of 112, which resulted in a minimum NA FTE of 11.20; submitted information revealed the facility provided 9.50. Review of staffing information for the evening shift on the following evenings revealed the following: December 5, 2024, revealed a resident census of | P 5520 | | |

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| P 5520 | <p>Continued from page 3</p> <p>115, which resulted in a minimum NA FTE of 10.36; submitted information revealed the facility provided 7.10.</p> <p>December 6, 2024, revealed a resident census of 114, which resulted in a minimum NA FTE of 10.27; submitted information revealed the facility provided 7.07;</p> <p>December 7, 2024, revealed a resident census of 112, which resulted in a minimum NA FTE of 10.18; submitted information revealed the facility provided 8,60;</p> <p>December 10, 2024, revealed a resident census of 112, which resulted in a minimum NA FTE of 10.09; submitted information revealed the facility provided 7.83.</p> <p>Review of staffing information for the night shifts on the following nights revealed the following:</p> <p>December 5, 2024, revealed a resident census of 115, which resulted in a minimum NA FTE of 7.60; submitted information revealed the facility provided 3.37.</p> <p>December 9, 2024, revealed a resident census of</p> | P 5520 | | |

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| P 5520 | Continued from page 4 111, which resulted in a minimum NA FTE of 7.40; submitted information revealed the facility provided 6.03. During an email exchange with the Nursing Home Administrator on December 11, 2024, at 10:47 AM, she confirmed that the facility did not meet the nurse aide staffing ratios due to challenges related to illness. | P 5520 | | |
| P 5640 | | P 5640 | | |

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| P 5640 | Continued from page 5 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by: | P 5640 | 1. Facility cannot retroactively correct this concern 2. All residents are at risk of being affected by staffing levels. An audit of the grievance log on the days cited below staffing PPD will be audited for any grievances related to staffing. 3. Re-education was previously completed with nursing staff on staffing and minimum requirements. Will continue to offer bonuses when PPD is below minimum and attempt to mandate staff when call outs and absences occur. Agency rates for aides were recently increased to assist with staffing challenges. Facility is limiting daily admissions at this time. 4. NHA/designee will monitor staffing ratios and PPD daily to ensure appropriate levels are being met. Audits will be reviewed at QAPI to ensure compliance and quality care. | Completion Date: 01/06/2025 Status: APPROVED Date: 12/23/2024 |
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| P 5640 | Continued from page 6 Based on facility staffing documentation review and staff interview, it was determined that the facility failed to meet the minimum of 3.20 hours of direct resident care for each resident for five of six days reviewed (December 5, 6, 7, 9, and 10, 2024). Findings include: Review of facility submitted staffing information revealed the following dates had not met the minimum of 3.20 hours of direct resident care for each resident: December 5, 2024, the facility provided 2.18; December 6, 2024, the facility provided 2.62; December 7, 2024, the facility provided 3.08; December 9, 2024, the facility provided 2.92; December 10, 2024, the facility provided 2.95. During an email exchange with the Nursing Home Administrator (NHA) on December 11, 2024, at 10:47 AM, she confirmed that the facility did not meet the minimum hours of direct resident care. The NHA stated it was the expectation of the facility to | P 5640 | | |

Pennsylvania Department of Health

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| P 5640 | Continued from page 7 meet required direct resident care hours but had staffing challenges due to illnesses. | P 5640 | | | |



Certified End Page

HANOVER HALL FOR NURSING AND REHABILITATION

STATE LICENSE NUMBER: 590102

SURVEY EXIT DATE: 12/11/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY