

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: 01/14/2025
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 January 14, 2025, it was determined that Hanover Hall for Nursing and Rehabilitation did not correct all the deficiencies cited during the survey of December 11, 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	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>1. Facility cannot retroactively correct this concern</p> <p>2. Current residents are at risk of being affected by staffing levels. Will review resident council meeting minutes for staffing related concerns.</p> <p>3. 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.</p> <p>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.</p>	<p>Completion Date: 02/07/2025</p> <p>Status: APPROVED</p> <p>Date: 01/28/2025</p>

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P 5520	Continued from page 1 Based on staffing documents 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 (January 6, 7, 9, 10, and 12, 2025), one NA per 11 residents on Evening shift January 6, 9, 11, and 12, 2025), and one NA per 15 residents on Night shift (January 6, 7, 8, 9, 11, and 12, 2025). Findings include: Review of facility staffing ratio and resident census information for January 6 through 12, 2025, revealed the following NA ratios, which did not meet the minimum NA ratio required for the resident census on the following shifts: January 6, 2025, day, evening, and night shifts - 102 residents and 9.10 NAs on day shift, which did not meet the required ratio of 10.20 NAs on day shift. Evening shift 102 residents and 4.50 NAs, which did not meet the required ratio 9.27. Night shift 102 residents and 5.47 NAs, which did not meet the	P 5520		

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P 5520	<p>Continued from page 2</p> <p>required ratio of 6.80 NAs.</p> <p>January 7, 2025, day and night shifts- 102 residents and 7.73 NAs, which did not meet the required ratio of 10.20 NAs on day shift. night shift 101 residents and 5.47 NAs, which did not meet the required ratio of 6.73 NAs.</p> <p>January 8, 2025, night shift - 102 residents and 6.43 NAs, which did not meet the required ratio of 6.80 NAs on night shift.</p> <p>January 9, 2025, day, evening, and night shifts- 102 residents and 8.92 NAs, which did not meet the requirement of 10.20 on day shift. Evening shift 104 residents and 4.47 NAs, which did not meet the required ratio 9.45. Night shift 104 residents and 5.47 NAs, which did not meet the required ratio 6.93.</p> <p>January 10, 2025, day shift- 105 residents and 10.30 NAs, which did not meet the requirement of 10.5 on day shift.</p>	P 5520		

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P 5520	Continued from page 3 January 11, 2025, evening and night shifts- 105 residents and 9.33 NAs, which did not meet the requirement of 9.55 on evening shift. Night shift 105 residents and 6.55 NAs, which did not meet the required ratio 7.00. January 12, 2025, day, evening, and night shifts- 105 residents and 9.73 NAs, which did not meet the requirement of 10.50 on day shift. Evening shift 105 residents and 8.30 NAs, which did not meet the required ratio 9.55. Night shift 105 residents and 6.00 NAs, which did not meet the required ratio 7.00. During an electronic mail correspondence with the Nursing Home Administrator January 14, 2025, at 10:10 AM, it was revealed that expectation that the facility should be staffed appropriately according to State Regulations.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 4 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. Current residents are at risk of being affected by staffing levels. Will review resident council meeting minutes for staffing related concerns. 3. 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. 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: 02/07/2025 Status: APPROVED Date: 01/28/2025

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P 5640	Continued from page 5 Based on a review of staffing documents and staff interview, it was determined that the facility failed to ensure the total number of nursing care hours provided in each 24- hour period met the required minimum of 3.20 hours of direct care per resident for five of seven days reviewed (January 6, 7, 9, 11, and 12, 2025). Findings include: Review of one week of facility staffing hours that included January 6 through 12, 2025, revealed that the facility provided less than the required 3.20 hours of direct care per resident on the following dates: January 6- 2.74 hours; January 7- 2.83 hours; January 9- 2.85 hours; January 11 - 3.18; and January 12 -2.94 hours. During an electronic mail correspondence with the Nursing Home Administrator January 14, 2025, at 10:10 AM, it was revealed that expectation that the facility should be staffed appropriately according to State Regulations.	P 5640		



Certified End Page

HANOVER HALL FOR NURSING AND REHABILITATION

STATE LICENSE NUMBER: 590102

SURVEY EXIT DATE: 01/14/2025

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