

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: 02/03/2025
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	F 0000		
F 0725 SS=D	Based on an Abbreviated Survey completed on February 3, 2025, it was determined that Hanover Hall for Nursing and Rehabilitation was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0725		

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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F 0725 SS=D	Continued from page 1 483.35(a)(1)(2) Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient 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 each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:	F 0725	1. R4 did receive a shower on 1/24, 1/31, 2/4, and 2/7, and a bed bath on 1/27. There were no adverse effects from not receiving shower on 1/17 and 1/21; he did receive AM and PM personal hygiene care on these days. 2. The facility will audit the last two weeks of shower schedules to ensure residents are receiving showers/bed bath as scheduled. 3. Re-education will be provided to nursing staff regarding documentation with bathing, as well as offering showers the next shift or day as necessary. Re-education will be provided on staffing ratios and minimum PPD. 4. DON/designee will conduct audits of 10 residents/week x4 weeks, and then 10 monthly x2 months to ensure residents are receiving showers/or bed baths as scheduled. Staffing levels will be monitored daily to ensure minimum requirements are being met. Results will be reviewed at QAPI to ensure compliance and ongoing quality care.	Completion Date: 03/03/2025 Status: APPROVED Date: 02/24/2025

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F 0725 SS=D	Continued from page 2 Based on document review, policy review, and resident and staff interviews, it was determined that the facility failed to ensure sufficient nursing staff to provided nursing and related services to assure resident safety and maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by individual plans of care for one of four residents reviewed (Resident 4). Findings Include: A review of the facility's policy, titled "Care Plans-Comprehensive Person-Centered," revised September 2022, read, in part, "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. " Review of the facility's policy, titled "Resident Rights," revised October 2022, read, in part, "Employees shall treat all residents with kindness, dignity and respect." The policy continued, residents	F 0725		

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F 0725 SS=D	<p>Continued from page 3</p> <p>have the right to "have the facility respond to his or her grievances."</p> <p>Review of Resident 4's interdisciplinary plan of care revealed a shower scheduled on Tuesday and Friday during 7-3, day shift.</p> <p>A review of the facility's Grievance and Concern Form, dated December 12, 2024, revealed a documented concern initiated by Resident 4's daughter that he was not receiving his scheduled showers.</p> <p>According to documentation, Resident 4's shower days had been on the evening shift but were changed to the day shift and the nursing staff received education.</p> <p>An interview with Resident 4 on February 3, 2025, at 1:35 PM, revealed ongoing concerns with receiving showers and other hygienic cares.</p> <p>A review of Resident 4's bathing documentation x</p>	F 0725		

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F 0725 SS=D	Continued from page 4 30 days revealed a bed bath provided on January 7 and 28, 2025. The documentation also revealed no documentation of Resident 4 receiving neither a shower or bed bath on January 17 and 21, 2025. An interview with the Director of Nursing (DON) on February 3, 2025, at 2:15 PM, revealed an interview with the Nurse Aide (Employee 4), revealed she did not provide bathing to Resident 4 on January 17 or 21, 2025, due to being short staffed and unable to provide bathing to Resident 4 as per his person-centered plan of care. A continued interview with the DON confirmed the facility to be short-staffed on those dates and staff were unable to provide care to Resident 4 per his person-centered plan of care. 28 Pa. Code 201.18 (b) (1) Management 28 Pa. Code 211.12 (d) (2) (5) Nursing services	F 0725		
F 0887 SS=D		F 0887		

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F 0887 SS=D	Continued from page 5 483.80(d)(3)(i)-(vii) COVID-19 Immunization §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses; (v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;	F 0887	1. Facility cannot retroactively correct this concern for R2. 2. The facility will complete an audit of residents who have not received this seasons Covid-19 vaccine and offer accordingly. 3. Re-education will be completed with licensed nursing staff to ensure residents are offered this at admission and then annually. 4. DON/designee will audit new admits x 2 months for offering of covid-19 vaccine to ensure those who consented will receive the vaccine. Audits will be reviewed at QAPI for compliance and quality assurance.	Completion Date: 03/03/2025 Status: APPROVED Date: 02/19/2025

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F 0887 SS=D	Continued from page 6 (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident; or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is not met as evidenced by:	F 0887		

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F 0887 SS=D	Continued from page 7 Based on clinical record review, policy and document review, and staff interview, it was determined that the facility failed to implement policies and procedures to ensure that each resident is offered the COVID-19 vaccine, when available, and if the vaccination requires multiple doses, the resident and/or representative has the opportunity to accept or refuse the COVID-19 vaccine for one of four residents reviewed (Resident 2). Findings Include: A review of the facility's policy, titled "Coronavirus (COVID-19) and COVID-19 Vaccine Policy," revised on February 18, 2022, read, in part, "The vaccine will be offered and administered to residents per the most current Manufacturers', CDC [Centers for Disease Control], Federal, State, and/or local guidance." The policy continued, "If a vaccine requires multiple doses, or an additional 3rd dose or more, or booster, educational information and consents will	F 0887		

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F 0887 SS=D	Continued from page 8 be completed for each dose administered." And "Documentation of vaccination for residents: Acceptance or refusal of the vaccine." A review of electronic mail correspondence from the facility's pharmaceuticals provider dated October 4, 2024, read, "Hello customers, we are pleased to announce that we have received the 2024-2025 Spikevax, a vaccine indicated for immunization to prevent COVID-19. "Also, "For individuals previously vaccinated with any COVID-19 vaccine, administer the dose of Spikevax at least 2 months after the last dose of COVID-19." A review of Resident 2's clinical record revealed diagnoses that included chronic obstructive pulmonary disease (COPD - a chronic lung condition that causes inflammation and narrowing of the airways, leading to ongoing breathing difficulties) and chronic kidney disease (CKD - long-term condition where the kidneys gradually lose their ability to filter waste products and excess fluid from	F 0887		

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F 0887 SS=D	Continued from page 9 the blood). A review of Resident 2's immunization documentation revealed the most recent COVID-19 vaccination was administered on February 29, 2024. A continued review of Resident 2's clinical record revealed no documentation of communication with the Resident and/or his Representative regarding the availability of the 2024-2025 Spikevax. Also, no documentation of Resident 2 receiving the most recent vaccine offered by the facility's pharmacy. Review of Resident 2's progress notes revealed he contracted the COVID-19 infection on December 8, 2024, and passed away on January 2, 2025. An interview with the Director of Nursing on February 3, 2025, at 1:10 PM, revealed the facility had not offered the most recent vaccine to Resident 2 or his Representative and stated, if the facility does not have enough resident or staff interest in the	F 0887		

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F 0887 SS=D	Continued from page 10 COVID-19 vaccine, the facility does not order it from the pharmacy due to cost and fear of waste of the vial of vaccine. 28 Pa. Code 201.18 (b) (1) Management 28 Pa. Code 211.12 (d) (2) (5) Nursing services	F 0887			

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P 5530	Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	<ol style="list-style-type: none"> 1. Facility cannot retroactively correct staffing deficiencies. 2. All residents are at risk for staffing levels that fail to meet minimum ratio requirements. 3. Facility continues to use recruiting services to fulfill staffing needs. Facility is currently re-evaluating LPN rates for hiring. Re-education will be provided to licensed nursing staff regarding staffing requirements and ratios. Facility continues to offer bonuses, use of agency, and mandate as needed to meet requirements. 4. NHA/DON will monitor daily staffing needs to ensure adequate licensed staffing is met. Audits will be reviewed at QAPI for ongoing compliance and quality assurance 	Completion Date: 03/03/2025 Status: APPROVED Date: 02/19/2025

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P 5530	Continued from page 1 Based on staffing document review and staff interview, it was determined that the facility failed to ensure a required minimum ratio of one Licensed Practical Nurse (LPN) per 30 residents on the evening shift for two of seven days reviewed (January 25 and 26, 2025) and one LPN per 40 residents on the overnight shift for one of seven days reviewed (January 26, 2025). Findings include: A review of the facility staffing ratio and resident census information for January 20-26, 2025, revealed the following LPN ratios, which did not meet the minimum ratio required for the facility census of residents on those shifts: January 25, 2025, evening shift- 109 residents and 4.31 LPNs, which did not meet the required ratio of 4.36 LPNs. January 26, 2025, evening shift- 109 residents and 4.31 LPNs, which did not meet the required ratio of 4.36 LPNs.	P 5530		

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P 5530	Continued from page 2 January 26, 2025, overnight shift- 108 residents and 2.06 LPNs, which did not meet the required ratio of 2.70 LPNs. An interview with the Director of Nursing, on February 3, 2025, at 11:15 AM, confirmed the facility had not met the minimum required LPN ratio on those dates.	P 5530		
P 5540		P 5540		

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P 5540	Continued from page 3 Nursing services. (5) Effective July 1, 2023, a minimum of 1 RN per 250 residents during all shifts. This REGULATION is not met as evidenced by:	P 5540	1. Facility cannot retroactively correct staffing deficiencies. 2. All residents are at risk for staffing levels that fail to meet minimum ratio requirements. 3. Facility continues to use recruiting services to fulfill staffing needs. Re-education will be provided to licensed nursing staff regarding staffing requirements and ratios, as well as education to ensure they do not leave the building before their relief has arrived. Facility continues to offer bonuses, use of agency, and mandate as needed to meet requirements. 4. NHA/DON will monitor daily staffing needs to ensure adequate licensed staffing is met. Audits will be reviewed at QAPI for ongoing compliance and quality assurance.	Completion Date: 03/03/2025 Status: APPROVED Date: 02/19/2025

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P 5540	Continued from page 4 Based on staffing document review and staff interview, it was determined that the facility failed to ensure a required minimum ratio of one Registered Nurse (RN) per 250 residents on all shifts for two of the seven days reviewed (January 24 and 25, 2024). Findings include: A review of the facility staffing ratio and resident census information for January 20-26, 2025, revealed the following RN ratios, which did not meet the minimum ratio required for the facility census of residents on those shifts: January 24, 2025, overnight shift- 109 residents and .88 RN ratio, which did not meet the required ratio of 1 RN. January 25, 2025, overnight shift- 109 residents and .81 RN ratio, which did not meet the required ratio of 1 RN. An interview with the Director of Nursing, on	P 5540		

Pennsylvania Department of Health

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: 02/03/2025
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	
P 5540	Continued from page 5 February 3, 2025, at 11:15 AM, confirmed the facility had not met the minimum required RN ratio on those dates.	P 5540			



Certified End Page

HANOVER HALL FOR NURSING AND REHABILITATION

STATE LICENSE NUMBER: 590102

SURVEY EXIT DATE: 02/03/2025

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