

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: 03/19/2025
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 March 19, 2025, it was determined that Hanover Hall did not correct all of the deficiencies cited during the survey of February 3, 2025, 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 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 utilizes recruiting services to fulfill staffing needs. Facility is currently re-evaluating LPN rates for hiring and has recently increased agency LPN rates. Recent re-education was provided to licensed nursing staff regarding staffing requirements and ratios. Bonuses continue to be offered to assist with filling open position. Administrative nurses will also assist as needed to meet minimum ratio 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: 04/08/2025 Status: APPROVED Date: 04/01/2025

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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 25 residents on the day shift for seven of 14 days reviewed (March 4, 7, 8, 9, 10, 11, and 15, 2025) and one LPN per 40 residents on the overnight shift for three of 14 days reviewed (March 7, 11, and 13, 2025). Findings include: A review of the facility staffing ratio and resident census information for March 3-16, 2025, revealed the following LPN ratios, which did not meet the minimum ratio required for the facility census of residents on those shifts: March 4, 2025, day shift- 113 residents and 4.22 LPNs, which did not meet the required ratio of 4.52 LPNs. March 7, 2025, day shift- 115 residents and 4.44 LPNs, which did not meet the required ratio of 4.56 LPNs.	P 5530		

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P 5530	Continued from page 2 March 8, 2025, day shift- 112 residents and 4.06 LPNs, which did not meet the required ratio of 4.48 LPNs. March 9, 2025, day shift- 112 residents and 2.94 LPNs, which did not meet the required ratio of 4.48 LPNs. March 10, 2025, day shift- 111 residents and 4.34 LPNs, which did not meet the required ratio of 4.44 LPNs. March 11, 2025, day shift- 113 residents and 4.31 LPNs, which did not meet the required ratio of 4.52 LPNs. March 15, 2025, day shift- 110 residents and 3.09 LPNs, which did not meet the required ratio of 4.40 LPNs. March 7, 2025, night shift- 114 residents and 2.81 LPNs, which did not meet the required ratio of 2.85 LPNs. March 11, 2025, night shift- 113 residents and 2.41 LPNs, which did not meet the required ratio of 2.83 LPNs. March 13, 2025, night shift- 111 residents and 2.69	P 5530		

Pennsylvania Department of Health

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P 5530	Continued from page 3 LPNs, which did not meet the required ratio of 2.78 LPNs. An email exchange with the Nursing Home Administrator on March 18, 2025, at 7:48 PM, confirmed the facility had not met the minimum required LPN ratio on those dates.	P 5530			



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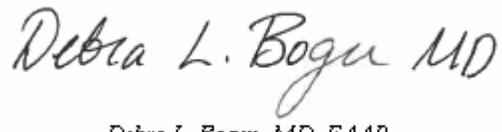
HANOVER HALL FOR NURSING AND REHABILITATION

STATE LICENSE NUMBER: 590102

SURVEY EXIT DATE: 03/19/2025

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