

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396150	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/07/2025
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NAME OF PROVIDER OR SUPPLIER: ADVANCED HEALTH CARE OF HANOVER	STREET ADDRESS, CITY, STATE, ZIP CODE: 3370 HIGH POINT BOULEVARD BETHLEHEM, PA 18017
STATE LICENSE NUMBER: 50930201	

(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 0755 SS=D	Findings of an Abbreviated survey in response to a complaint completed on February 7, 2025, at Advanced Health Care Of Hanover, revealed that the facility 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 as they relate to the Health portion of the survey process.	F 0755		

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 0755 SS=D	Continued from page 1 483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 0755	F 755 Corrective Action for cited Resident: Resident #1 was identified and discharged the facility on January 10th, 2025. Other Residents at Risk: An Audit was completed for patients residing in the facility for pharmacy concerns and pharmacy concerns corrected Systemic Change: Licensed nurses educated on facility policy regarding the review of medication administration and the process to notify pharmacy and on call provider when medication is unavailable. Ongoing Monitoring: DON/designee will audit the EMAR administration record weekly x4 and monthly x2. The DON/Designee will provide in-service and training if deficient practice is noted. The DON/Designee will present the findings of these audits to the QA Committee for review and recommendations. DON is responsible for maintaining	Completion Date: 02/21/2025 Status: APPROVED Date: 02/19/2025

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F 0755 SS=D	Continued from page 2 This REQUIREMENT is not met as evidenced by:	F 0755	compliance.	

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F 0755 SS=D	Continued from page 3 Based on clinical record review, it was determined that the facility failed to ensure that physician ordered medications were provided timely for one of three residents sampled. (Resident 1) Findings include:g Clinical record review revealed that Resident 1 was admitted to the facility on December 26, 2024, with diagnoses that included chronic heart failure, gout and deconditioning. On January 3, 2025, a physician directed staff to administer a medication (Entresto) to treat chronic heart failure, twice a day. Reivew of the Medication Administration Record (MAR) for January 2025 revealed that the medication was not provided by the pharmacy until January 9, 2025. The resident had not received the medication from January 4, through January 8, 2025. 28 Pa. Code 211.12(d)(5) Nursing services.	F 0755		



Certified End Page

ADVANCED HEALTH CARE OF HANOVER

STATE LICENSE NUMBER: 50930201

SURVEY EXIT DATE: 02/07/2025

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