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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/22/2020 |
| NAME OF PROVIDER OF SUPPLIER HANOVER NURSING CENTER | | STREET ADDRESS, CITY, STATE, ZIP 410 W LAGRANGE RD HANOVER, IN 47243 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a sanitary, homelike environment related to insects and cleanliness of carpets in the hallways and resident rooms for 8 of 11 rooms observed. (Rooms 57, 58, 59, 60, 61, 62, 63, and 67) Findings include: During an observation on 7/20/20 at 1:30 P.M., the [MEDICAL CONDITION]'s Unit, Wing 4, had the following concerns noted: Carpet around the front of the nurses's station was observed with multiple large stained areas. The entrance way to rooms 57, 58, 60, 61 and 62 were observed with dark stains on the carpet. The carpet in rooms 57, 58, 59, 60, 61, 62, 63, and 67 were observed with multiple large, dark stains. In room [ROOM NUMBER], two flies were observed flying in the air. There were three flies on bed B's incontinent pad and two flies on bed A's incontinent pad. Both residents' mattresses were located directly on the floor. During an observation on 07/22/20 at 11:45 A.M., several flies were noted in the Wing 3 hallway. During an observation and interview on 07/22/20 at 11:50 A.M., Resident K was sitting in his wheelchair in the doorway of his room on Wing 4, holding a fly swatter. The resident indicated he did not have many flies in his room because he would swat them. During an interview on 07/22/20 at 11:47 A.M., RN 2 indicated the floors were often dirty and there were usually several flies in the building. During an anonymous interview, a staff member indicated there were many flies in the building and had noticed 10 dead ones in one resident's room. The floors were not clean under residents' beds. During an interview on 07/22/20 at 11:40 A.M., Housekeeper 3 indicated the staff member who maintained the floors had been off work for about 2 weeks. During an interview on 07/21/20 at 2:45 P.M. CNA (Certified Nurse Aide) 4 indicated they had worked on Wing 4. Resident B was on the floor a lot. The facility said they were Care Planned to be on the floor. Resident Care Plans were provided by the Administrator on 07/22/20 at 2:46 P.M. Residents B and C resided in room [ROOM NUMBER] of Wing 4. Resident B's Care Plan indicated the resident had a history of [REDACTED]. Mattress to floor for safety. Resident C's Care Plan indicated the resident had a history of [REDACTED]. The resident needs needs (sic) a safe environment. The current Quality of Life - Homelike Environment policy, with a revised date of 06/2017, indicated, Residents are provided with a safe, clean, comfortable and homelike environment. The current Environmental Services policy, with a revised date of 04/2006, indicated, Floors shall be maintained in a clean, safe, sanitary manner. The current PEST CONTROL PROGRAM policy, dated 01/2015, indicated, It is the policy of this facility to maintain an effective pest control program to ensure the facility is free of pests and rodents. This Federal tag relates to complaint IN 878. 3.1-19(f)(4) | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.