

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155208	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2017
NAME OF PROVIDER OR SUPPLIER HANOVER NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 410 W LAGRANGE RD HANOVER, IN 47243		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00247680.</p> <p>Complaint IN00247680 - Substantiated. Federal/State deficiency related to the allegations is cited at F925 .</p> <p>Survey date: December 6, 2017</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 57 Residential: 8 Total: 65</p> <p>Census Payor Type: Medicare: 5 Medicaid: 47 Other: 13 Total: 65</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 11, 2017.</p>	F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>	

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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F 0925 SS=E Bldg. 00	<p>483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, interview, and record review, the facility failed to provide a pest and rodent free living area for 10 of 10 resident rooms observed for environment. This had the potential to effect all 65 residents who reside in the building. (Rooms 33, 35, 36, 41, 44, 45, 46, 48, 50, and 67)</p> <p>On 12/06/17 at 10:30 A.M. during the initial tour there were multiple short black cylindrical substances observed on the floor and around the perimeter of the following resident rooms: (Rooms: 33, 46, 48, 50, and 67).</p> <p>On 12/06/17 at 11:05 A.M. during an interview with Resident B, he indicated he had seen mice in his room on several occasions.</p> <p>On 12/06/17 at 12:15 P.M., during an interview and observation with Resident D, she indicated she hadn't seen any mice in her room. There were several short black cylindrical substances observed on the floor and around the perimeter of the resident's room.</p>	F 0925	<p>F925 Requires the facility to the facility to provide a pest and rodent free living area.</p> <ol style="list-style-type: none"> 1. Pest control was notified and bait traps were placed by the facility. Rooms were deep cleaned. 2. All residents have the potential to be affected. Pest control will continue to service the facility to ensure that the facility is free of pest and rodents. No concerns were noted. See below for corrective measures. 3. The Pest Control policy and procedure was reviewed with no changes made. (See attachment A) The management staff was inserviced on the above procedure. 4. The administrator or his designee will conduct rounds monitoring for pest/rodents, as well as asking staff and residents for concerns with this issue. The 	12/19/2017

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	<p>On 12/06/17 at 12:50 P.M., during an interview and observation with Resident J, she indicated there were "mouse droppings" (short black cylindrical substances) in the bedside table drawer, but she hadn't seen any mice. There were multiple short black cylindrical substances and shredded paper observed in the resident's bedside drawers.</p> <p>On 12/06/17 at 12:55 P.M., during an interview with Resident K, he indicated there was "mouse droppings" in the bedside table bottom storage compartment and he had seen mice. The resident had observed as many as four mice in the room and had watched them as they ran from the closet behind the dresser into the bathroom. There were multiple short black cylindrical substances observed on the resident's floor.</p> <p>On 12/06/17 at 1:40 P.M., during an interview Staff D, indicated the vendor had outside traps for the mice to deter entry into the building. He has recently seen a mouse in the building.</p> <p>On 12/06/17 at 2:50 P.M., during an observation of the outside of the building, no bait traps were observed.</p> <p>On 12/06/17 at 3:00 P.M., during an interview and observastion with Staff E, she indicated there were multiple mouse droppings observed on the floor and mouse droppings mixed with shredded paper in the bedside table drawers located in rooms 44, 45, 35, and 36. In room 41, located in the resident's second drawm, was mouse droppings and a small white stuffed animal covered with dried yellow stains.</p> <p>On 12/06/17 at 3:20 P.M., during an interview Staff F indicated she has tried to keep the residents'</p>		<p>pest control company will continue to service the facility until problem is solved and then will continue as preventative maintenance. The administrator or his designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter to ensure 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality y assurance meetings and the plan of correction will be adjusted accordingly if warranted.</p> <p>5. The above corrective measures will be completed on or before December 19, 2017.</p>	

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	<p>snack food items in plastic containers with lids to help combat the problem.</p> <p>On 12/06/17 at 3:24 P.M., during an interview with Staff G, she indicated there has been a mouse problem since last summer.</p> <p>This Federal tag relates to Complaint IN00247680.</p> <p>3.1-19 (F)(4)</p>				