STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215020	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forestville Healthcare Center	7420 Marlboro Pike Forestville, MD 20747

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 42886 Based on record review and interview, it was determined that the facility failed to place a discharge summary on a resident's (#579) medical record after discharge. This was evident for 1 of 21 residents reviewed during the survey. The findings include: Review of resident #579's medical record on 5/31/24 at 12:50pm revealed no evidence of a physician discharge summary after the resident discharged from the facility on 4/7/22. Interview with the Director of Nursing (DON) on 6/3/24 at 8:36am revealed the resident had a planned discharged from the facility after successful rehabilitation. The surveyor pointed out the lack of a physician discharge summary on the resident's medical record. The DON reviewed resident #579's medical record and confirmed that he/she was unable to find a physician's discharge summary in the medical record.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215020	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forestville Healthcare Center	7420 Marlboro Pike Forestville, MD 20747

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 50385 Based on resident interviews, record review, review of other pertinent documentation, and staff interviews, it was determined that the facility failed to treat a resident who complained of severe pain resulting in harm to the resident. This was evident for 1 of 8 (Resident #91) residents reviewed for pain management. The findings include: During observation rounds on 5/20/24 at 10 am, Resident #91 stated while s/he was being transferred from his/her bed to the chair by the Physical Therapist (PT) #49, s/he heard a popping sound and I told her you broke my leg. S/he stated prior to the transfer s/he told staff #49; You cannot pick me up by yourself, it takes 2 people. The resident stated there were 2 Geriatric Nursing Assistants (GNA) in the room at the time; but Staff #49 told them Not to touch me. It is her job. After the resident was transferred into the chair, the resident told the nurse and the [Physical Therapist Staff #49], I was feeling pain in my right leg; however, neither one responded. When asked by the surveyor when this incident occurred the resident stated around November 22nd or the 23rd. The resident stated, I remember this because it was prior to Thanksgiving. The resident went on to state that s/he called 911 on 12/1/23 due to the pain in his/her right leg; however, the facility told 911 s/he had dementia, and they were not needed. On 5/28/24 at 9:00 am, the review of Resident #91's orders revealed Resident #91 was receiving Tramadol 50mg BID for pain (start date 11/9/23), Gabapentin 300mg three times a day for Neuropathic Pain (start date 11/9/23), Lidocaine Patch 4% (apply to right leg topically in the morning) and Cymbalta 20 mg in the evening for depression/pain (ordered 11/9/23). The resident was also ordered two 325 mg Acetaminophen Oral Tablet every 6 hours as needed for pain (ordered 12/12/22). The resident was receiving diathermy for chronic knee pain and to improve functional performance (ordered on 5/10/23). On 5/28/2024 at 9:45 am, the Medical Administration Record (MAR) was reviewed. The MAR revealed that Licensed Practical Nurse (LPN) #43 documented he administered a Tylenol 650 mg oral tablet on 11/22/23 at 5:29 am for a pain level of 2/10 pain. The following dates and times were documented by LPN #43: Tylenol 650 mg tablet given at 5:29 AM on 11/22/23 for a pain level of 2. Tylenol 650 mg tablet given at 5:48 AM on 11/23/23 for a pain level of 2. Tylenol 650 mg tablet given at 5:59 AM on 11/24/23 for a pain level of 2. Tylenol 650 mg tablet given at 5:05 AM on 11/25/23 for a pain level of 2. Tylenol 650 mg tablet given at 5:50 AM on 11/28/23 for a pain level of 2. Tylenol 650 mg tablet given at 5:36 AM on 11/30/23 for a pain level of 2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215020	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forestville Healthcare Center	7420 Marlboro Pike Forestville, MD 20747

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 0697 Level of Harm - Actual harm Residents Affected - Few	Tylenol 650 mg tablet given at 5:19 AM on 12/2/23 for a pain level of 2. Tylenol 650 mg tablet given at 5:16 AM on 12/3/23 for a pain level of 2. It should be noted that prior to 11/22/23 the resident had not requested Tylenol since September 9, 2023. Continued review of the medical record on 5/28/24 revealed the following: On 12/3/23 at 2:21 pm, the physical therapist (Staff #50) documented that Resident #91 reported a 10/10 pain level for right leg pain during the therapy session. There was no evidence that the pain was treated or that the pain was reported to the nursing staff. On 12/5/2023 at 3:34 pm, the Physical Therapist (Staff #49) documented that Resident #91 reported an 8/10 pain level for right leg pain during the session. There was no evidence that the pain was treated or that the pain was reported to the nursing staff. On 12/7/2023 at 3:33 pm, the Physical Therapist (Staff #49) documented that Resident #91 reported a 6/10 pain level for right leg pain during the session. There was no evidence that the pain was treated. Further review of the medical record on 5/29/24 at 10 am, revealed a physician progress note dated 12/13/23 at 3:12 pm which revealed the following: The resident reports right knee pain. S/he reports s/he hit her knee on the floor while working with a physical therapist. The physical therapist and nursing staff reported no fall and knee injury. The resident states his/her right knee was very swollen, and it has improved now. S/he reports the injury happened more than a week ago. S/he reports severe knee pain. Right knee is tender to touch, per resident. We will do right knee X Ray. Continue pain management. On 5/29/2024 at 2 pm, an interview was done with the physical therapist (PT), Staff #49. Staff #49 stated she does transfer the resident while performing therapy. Staff #49 stated the resident complained of pain as she documented. She stated, I notified the charge nurse on 12/5/23 and 12/7/23 that the resident was complaining of pain to his/her right leg. When asked by the surveyor if she documented notifying the nursing staff of Resident #91's pain, she responded no. Staff #49 also stated the fracture in question was declared to have happened on 11/30/2023 by the facility. On 5/29/24 at 3 pm, an interview was conducted with LPN #7. LPN #7 stated that no one reported to her that Resident #91 was in pain. Staff #7 stated the first time she knew of the incident was 12/13/23, when the physician ordered an x-ray. LPN # 7 was the day shift nurse who cared for Resident #91 on 11/21/2023 through 11/26/2023, 12/5/23, 12/7/23, 12/13/23, and 12/14/23 as documented on daily staffing sheets. On 5/29/24 at 3:30pm, An interview was conducted with LPN #43. When asked about the administration of the PRN Tylenol, LPN #43 stated, the resident was complaining of pain, and I was not sure if s/he received their pain medication as scheduled. When a resident complains of pain, I give them medication if it is ordered. When asked if he contacted the doctor since the resident was requesting PRN pain medication on top of the scheduled pain medications, he said No, maybe I should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215020	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forestville Healthcare Center	7420 Marlboro Pike Forestville, MD 20747

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 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ staff that are licensed, certified, or registered in accordance with state laws. 42863 Based on record reviews review of MD00201072 and interviews it was determined that the facility to ensure a new hire nursing staff had an active, valid registered nurse license. This was evident for 1 (#56) of 5 licensed healthcare professional employee files reviewed during the survey. The findings include: On 05.28.24 at 11:30 AM the surveyor reviewed the intake information related to MD00201072, a facility reported incident which indicated Staff #56 applied for a nursing position on the facility website for a registered nurse position at the facility. During an in-person interview by staff # 57 on 11.15.23 staff #56 was hired. At the time of the interview staff #56 presented a copy of a RN license, it was later determined on 12. 29.23 by the director of nursing (DON), staff #1 that the document was fraudulent and Staff # 56 was terminated. Based on review of the administrative documents provided by the facility the police were notified on 12.30.23, and OHCQ and the Ombudsman, and the Maryland Board of Nursing (MBON) were notified on 01.03.24 of the nurse impersonator allegation. On 05.29.24 at 1:30 PM the Director of Nursing (DON) and the Administrator were interviewed by the surveyor revealed the following information regarding staff #56. The human resources director, staff #57 verbally and in written format verified that staff #56's nursing license was not verified on the MBON website prior to the hiring interview or prior to the orientation of the employee which started on 11.15.23. The DON stated that she received a telephone call from the night shift nursing supervisor on 12.28.23 stating that she/he had concerns regarding staff # 56's clinical knowledge and clinical decision making. According to the DON, on the morning of 12.28.23, after reviewing staff #56 performance documentation, she then chose to verify employee #56's registered nurse license and discovered that there was not a RN license listed for staff # 56 on the MBON website. On 12.29. 23, staff #56 was instructed to report to the facility for an interview with the DON and other administrative staff during which the employee admitted verbally and in writing to the falsification of the copy of the RN license. Additionally, the DON stated the HR director, staff # 57 was recommended for termination as well on 12.30.23 via an email from the regional human resources business partner. The surveyor requested the DON and Administrator provide copies of the facility hiring policy and procedures. On 05.31.24 at 2:00 PM the surveyor reviewed additional records included in the facility incident packet provided by facility administrative staff. Staff #56 participated in classroom training on the following dates: 11. 15., 11.16., 11.17, and 11.21.23. Staff #56 participated in floor orientation with a nurse on the following dates: 11.22, 11.23, 11.24, 11.27, 11.28.23. Staff # 56 worked independently on 12.02, 12.03, 12.05, 12.06, 12.07, 12.08, 12.11, 12.13, 12.14,12.16, 12.17, 12.19, 12.20, 12.21, 12.22, 12.25, 12.26, and 12.27.23. The facility failed to verify of the registered licensure of an applicant as part of the pre-hiring staff qualification process.