

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2024
NAME OF PROVIDER OR SUPPLIER  Potomac Valley Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1235 Potomac Valley Road Rockville, MD 20850	

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)
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>42886</p> <p>Based on medical record review and interview, the facility failed to provide a psychiatric evaluation for a resident that alleged abuse (resident #15). This is evident in 1 of 17 residents reviewed during a complaint survey.</p> <p>Findings includes:</p> <p>Review of Resident #15's medical records on 12/20/24 at 9:20am revealed the resident alleged that LPN #31 abused him/her on 8/24/22. Continued review resident #15's medical records revealed no evidence that the resident was offered a psychiatric evaluation/consultation after the alleged 8/24/22 abuse event.</p> <p>On 12/20/22 at 10:30am, the Director of Nursing (DON) confirmed that there was no evidence of a psychiatric evaluation/consultation offered to the resident after the alleged 8/24/22 abuse event.</p>

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43648</p> <p>Based on interview, record review, and facility policy review, the facility failed to retain a complete medical record for five years from the resident discharge date for 1 (Resident #16) of 17 sampled residents.</p> <p>Findings included:</p> <p>A facility policy titled, Medical Record Management, dated 01/09/2020, indicated, 1. Closed patient medical records are to be filed by discharge date . Keep until ten (10) years from discharge. 2. Closed patient medical records are to be kept [AGE] years plus five years from the date of majority (Date of majority is determined by state law. It is currently [AGE] years).</p> <p>An Admission Record revealed the facility admitted Resident #16 on 09/14/2020. Per the Admission Record, the resident discharged from the facility on 02/16/2021.</p> <p>Resident #16's medical record revealed no evidence of the resident's treatment administration records (TARs), medication administration records (MARs), or certified nursing assistant (CNA) task records for the period the resident was in the facility.</p> <p>During an interview on 12/19/2024 at 8:15 AM, the Director of Nursing (DON) stated she reached out to corporate and medical records because the electronic medical record system would not allow her to go back into 2020 for TARs, MARs, or CNA documentation. Per the DON, the facility had a change in ownership in 2020 and not all information migrated over in the electronic medical record system.</p> <p>During an interview on 12/19/2024 at 3:30 PM, the Executive Director stated it was the facility's responsibility to have residents' medical record for review for a minimum of what the federal requirement currently was, which was five years.</p>		