

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45849</b></p> <p>Based on interview, record review, facility document review, and facility policy review, the facility failed to report allegations of abuse within the required timeframe for 3 (Residents #13, #27, and #32) of 19 residents reviewed for abuse allegations.</p> <p>Findings included:</p> <p>The facility policy titled, Abuse, Neglect, Exploitation, revised on 09/12/2024, indicated, The facility strictly prohibits abuse, mistreatment, neglect, or exploitation of all residents, or the misappropriation of resident property. The facility will report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes.</p> <p>1. Resident #27's Admission Record indicated the facility admitted the resident in October 2018. According to the Admission Record, the resident had a medical history that included diagnoses of end stage renal disease, hemiplegia and hemiparesis, and hypertension.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/06/2023, revealed Resident #27 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident had severe cognitive impairment.</p> <p>A Self-Report Form, dated 12/22/2022 at 12:00 PM, indicated the facility was informed of an abuse allegation that occurred on 12/22/2022 at 6:00 AM. A family member alleged two nursing assistants had slapped Resident #27's hand while getting the resident ready for dialysis.</p> <p>A review of an email from the Administrator to the state survey agency, dated 12/22/2022, indicated the facility notified the state survey agency of the abuse allegation on 12/22/2022 at 3:10 PM, which was not in compliance with the required reporting timeframe.</p> <p>In an interview on 12/12/2024 at 8:22 AM, the Administrator (ADM) stated he was unaware the 12/22/2022 incident had been reported late. The ADM stated he would like to review the report to determine why the report might have been late.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/16/2024 at 10:35 AM, the ADM stated the previous DON had submitted the 12/22/2022 report and he was unable to reach her. The ADM stated he did not know why the report was late but based on the time on the forms, it was submitted late.</p> <p>In an interview on 12/16/2024 at 2:30 PM, the ADM stated he did not recall specifics of the incidents with Resident #27, but the abuse allegation should have been submitted within two hours.</p> <p>2. Resident #32's Admission Record indicated the facility admitted the resident in May 2021. According to the Admission Record, the resident had a medical history that included diagnoses of hemiplegia and hemiparesis following cerebral infarction, type 2 diabetes mellitus, dementia, and cognitive communication disorder.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/31/2022, revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment.</p> <p>A review of Resident #32's Progress Notes, revealed a change in condition note, dated 03/24/2022 at 3:37 PM, indicating the resident had alleged abuse, and an investigation was in progress.</p> <p>A facility Self-Report Form, dated 03/24/2022 at 5:45 PM, indicated Resident #32 alleged the geriatric nursing assistant that provided care to the resident on the evening of 03/23/2022 picked up the resident's legs and dropped them. The report did not indicate the time the facility was informed of the allegation.</p> <p>A review of an email from the facility to the state survey agency, dated 03/24/2022, indicated the facility notified the state survey agency of the abuse allegation on 03/24/2022 at 6:22 PM, which was not in compliance with the required reporting timeframe.</p> <p>In an interview on 12/11/2024 at 12:02 PM, the Director of Nursing (DON) stated the facility needed to notify the police and report any allegation of abuse to the state within two hours. The DON was not working at the facility at the time of the allegation.</p> <p>In a concurrent interview on 12/11/2024 at 12:02 PM, the Administrator (ADM) stated his expectation was to report in the required timeframe. The ADM stated he was unsure why the allegation related to Resident #32 was reported to the state later than two hours after the allegation. The ADM stated he would review the investigation to confirm the late submission.</p> <p>In a follow-up interview on 12/12/2024 at 8:22 AM, the ADM stated the abuse allegation incident report was completed with an effective time of 4:04 PM, which was what he had used as the start time for the two-hour reporting.</p> <p>46258</p> <p>3. Resident #13's Admission Record, indicated the facility admitted the resident in January 2023. The Admission Record revealed the resident's medical history included diagnoses of paraplegia and end stage renal failure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A quarterly Minimum Data Set, dated [DATE], revealed Resident #13's Brief Interview for Mental Status (BIMS) score was 15, which indicated the resident had no cognitive impairment.</p> <p>An untitled document, dated 12/04/2023, revealed Resident #13 made a complaint to a corporate representative alleging that on 11/30/2023, the night supervisor asked them to shut up and told them they talked too much. The resident added the staff did not help them with their broken bed.</p> <p>During a telephone interview on 12/11/2024 at 9:40 AM, the Corporate Representative stated she did not remember an abuse allegation email from Resident #13. She added if she got an email with any kind of allegations, she would immediately forward the email to the Administrator.</p> <p>A Maryland Department of Health, Office of Health Care Quality, Facility Reported Incident Initial Report Form, dated 12/04/2023, indicated the facility was informed of an abuse allegation on 12/04/2023 at 6:07 AM. Resident #13 had alleged the night supervisor told the resident to shut up and that the resident talks too much, which occurred on 11/20/2023. The form indicated the facility notified the state survey agency of the abuse allegation on 12/04/2023 at 2:00 PM, which was not in compliance with the required reporting timeframe.</p> <p>During an interview on 12/16/2024 at 2:30 PM with the Administrator and the Director of Nursing (DON), the DON stated Resident #13 alleged RN #5 yelled at them while trying to fix their bed. The DON stated the incident should have been reported to the state within two hours of them becoming aware of the incident. The Administrator and the DON confirmed it had not been turned in on time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46258</b></p> <p>Based on interview, record review, facility document review, and facility policy review, the facility failed to conduct a thorough investigation into an allegation of neglect by failing to conduct interviews with facility staff assigned to care for the resident. This affected 1 (Resident #13) of 19 residents reviewed for abuse and neglect.</p> <p>Findings included:</p> <p>A facility policy titled, Abuse, Neglect, Exploitation, revised [DATE], specified, The facility will perform an investigation that focuses on whether abuse or neglect occurred and to what extent, clinical evaluation for any signs of injury, causative factors, and interventions to prevent further injury.</p> <p>Resident #13's Admission Record indicated the facility admitted the resident in [DATE]. According to the Admission Record, the resident had a medical history that included diagnoses of paraplegia, end stage renal disease, pressure ulcer, and dependence on renal dialysis.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [DATE], revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.</p> <p>A Progress Note, dated [DATE], indicated the resident was transferred to the hospital on [DATE]. Resident #13 was no longer residing in the facility at the time of survey and was deceased .</p> <p>A Maryland Department of Health, Office of Health Care Quality, Facility Reported Incidents Initial Report Form, dated [DATE], indicated the facility was informed of a neglect allegation on [DATE] at 1:00 PM. Further, the form revealed a family member alleged, via a certified letter, that [The facility] did not provide/administer safely and proper medical regarding the services of [Resident #13]. The date and time when the allegation occurred was noted as [DATE] through [DATE]. The report indicated the resident had been transferred to the hospital on [DATE] and a full investigation was pending. There were no specific details about the alleged facility's failure to provide/administer safely and proper medical.</p> <p>A review of the facility's investigation documents revealed interviews were conducted with interviewable residents regarding abuse, and observations were conducted with non-interviewable residents regarding abuse. A review of a document titled Witness Statements for [Resident #13], indicated nursing staff were interviewed about Resident #13. There were 10 witness statements, all of whom indicated they had not assigned to care for Resident #13 between [DATE] - [DATE]. No interviews from staff that worked with Resident #13 were found.</p> <p>A Maryland Department of Health, Office of Health Care Quality, Facility Reported Incident Follow-up Investigation Report Form, submitted [DATE], indicated the facility was unable to verify the allegation, due to the witness statements.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on [DATE] at 9:02 AM, the Administrator stated he thought all the interviews were included in the investigation documents, and he indicated he did interview staff that worked with Resident #13 within the last 72 hours of residence in the facility. He no longer had the certified letter from the family member that prompted the investigation.</p> <p>During an interview with the Administrator and the Director of Nursing (DON) on [DATE] at 2:30 PM, the Administrator confirmed he was unable to find the rest of the investigation interviews, adding the staff that worked with Resident #13 should have been interviewed, and he thought he had done that.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45849</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure necessary treatment and services were provided to promote healing of pressure ulcers for 2 (Resident #3 and Resident #21) of 13 residents reviewed for pressure ulcers. Specifically, the facility failed to ensure weekly wound assessments were consistently completed and documented as per the care plan and to promptly consult with the attending physician or wound nurse practitioner (NP) regarding deterioration of a pressure ulcer for Resident #3. Additionally, the facility failed to provide wound treatments as ordered for Resident #21.</p> <p>Findings included:</p> <p>A facility policy titled, Resident Participation - Assessment/Care Plans, revised 10/2019, indicated, The resident and his or her representative are encouraged to participate in the resident's assessment and in the development and implementation of the resident's care plan. The policy further indicated, The resident/representative's right to participate in the development and implementation of his or her plan of care includes the right to: Request meetings, and Have access to and review the care plan.</p> <p>A facility policy titled, Notification of Changes, revised 08/23/2023, indicated, The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification.</p> <p>A facility policy titled, Pressure Injury Prevention and Management, revised 05/26/2023, indicated, The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate. The policy also specified, g. Compliance with interventions will be documented in the weekly summary charting. 5. Monitoring a. The RN [registered nurse] Unit Manager, or designee, will review all relevant documentation regarding skin assessments, pressure injury risks, progression towards healing, and compliance at least weekly, and document a summary of findings in the medical record. b. The attending physician will be notified of: i. The presence of a new pressure injury upon identification. ii. The progression towards healing, or lack of healing, of any pressure injuries weekly. iii. Any complications (such as infection, development of a sinus tract, etc. [et cetera]) as needed.</p> <p>A facility policy titled, Provision of Quality of Care, revised 03/14/2023, indicated, Based on comprehensive assessments, the facility will ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice the comprehensive person-centered care plans, and the resident's choices. The policy also specified, 4. Qualified persons will provide the care and treatment in accordance with professional standards of practice, the resident's care plan, and the resident's choices.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled, Provision of Physician Ordered Services, revised 09/22/2023, indicated, The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality. The policy also indicated, 2. Qualified nursing personnel will submit timely requests for physician ordered services and interventions to the appropriate entity.</p> <p>1. Resident #3's Admission Record indicated the facility admitted the resident on 04/30/2024. According to the Admission Record, the resident had a medical history that included diagnoses of type 2 diabetes mellitus, hyperlipidemia, age-related physical debility, peripheral vascular disease, hypertension, nicotine dependence, and cellulitis. The Admission Record indicated the facility discharged the resident on 09/11/2024.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/06/2024, revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS revealed Resident #3 had limited range of motion to bilateral lower extremities. The MDS revealed Resident #3 was at risk of developing pressure injuries and had two Stage III pressure ulcers present upon admission.</p> <p>Resident #3's care plan included a problem statement, initiated 05/01/2024, that indicated the resident had impairment to skin integrity of both heels. The focus area was revised on 08/24/2024 to include skin impairment to the left buttock. Interventions directed staff to keep pressure-relieving devices in place while in bed or in a chair; assess the resident's skin weekly and document findings on a weekly skin assessment; turn and reposition the resident; and complete weekly treatment documentation, to include measurements of each area of skin breakdown, type of tissue and exudate, and any other notable changes or observations.</p> <p>A Wound Assessment Report, dated 07/31/2024 by the wound NP, indicated both heel wounds, which were classified as diabetic ulcers, were improving; however, a new Stage II pressure injury was noted to Resident #3's left buttock. According to the report, the wound to the buttock measured 1 centimeter (cm) in length by (x) 1.2 cm in width and was comprised of 100% epithelial tissue. The report indicated the recommended treatment was to cleanse the wound with normal saline (NS) and apply Xeroform and a bordered foam dressing. Resident #3's physician order history and August 2024 Treatment Administration Record (TAR) indicated the wound NP's recommendations were followed, beginning on 08/02/2024. There was no documentation that a wound assessment was conducted by the wound NP the following week on 08/07/2024 or that the facility nurses conducted any wound assessments between 07/31/2024 and 08/14/2024, nor was there any documentation that the facility nurses consulted the wound NP or physician regarding any changes in the size or condition of the wound between 07/31/2024 and 08/14/2024.</p> <p>Resident #3's Progress Notes included a Skin and Wound Note, dated 08/14/2024 by the wound NP, that indicated the pressure injury to the resident's left buttock had deteriorated and was now unstageable. The note indicated the wound base was 100% slough, the peri-wound area was fragile, and the wound was producing a moderate amount of serosanguineous drainage. The note also indicated, Stage 2 PI [pressure injury] to left buttock now unstageable and expanded to sacrum.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The corresponding Wound Assessment Report dated 08/14/2024 by the wound NP revealed Resident #3's buttock wound measurements had increased to 4 cm in length x 1.5 cm in width, and the wound was comprised of 100% slough tissue. The report recommended the treatment be changed to cleanse with NS, apply medical grade honey and calcium alginate, and cover with bordered foam. Resident #3's physician order history and August 2024 TAR indicated the wound NP's recommendations were followed, beginning on 08/15/2024.</p> <p>A Wound Assessment Report, dated 08/21/2024 by the NP, revealed the buttock wound had continued to worsen and now measured 6 cm in length x 5 cm in width, with no depth. According to the report, the wound was comprised of 100% eschar and continued to produce a moderate amount of serosanguineous drainage. The recommended treatment was changed to cleanse with NS, apply Santyl and saline-soaked gauze, and cover with bordered foam.</p> <p>Resident #3's physician order history revealed an order dated 08/27/2024 to cleanse the resident's left buttock wound with NS, apply Santyl and saline-soaked gauze, and cover with bordered foam every shift. This order was received six days after the wound NP recommended the change in treatment; however, there was no evidence the wound deteriorated further during that timeframe.</p> <p>Resident #3's August and September 2024 TARs indicated the resident's sacrum/left buttock wound was treated with NS, Santyl, saline-soaked gauze, and bordered foam three times daily from 08/27/2024 through 09/10/2024 and once on the morning of 09/11/2024 (date of discharge).</p> <p>Wound Assessment Reports dated 08/29/2024 and 09/03/2024 indicated Resident #3's buttock wound was stable and no treatment changes were recommended.</p> <p>In an interview on 12/05/2024 at 12:45 PM, wound care NP #42 stated she had started coming to the facility on [DATE], after NP #44 had left the company. NP #42 stated because the wound NPs were consultants, they only made recommendations for care/treatment, and she discussed her recommendations with the unit manager who rounded with her. The NP stated they coordinated care with the primary care team if something systemic was required, such as antibiotics or outside referrals.</p> <p>In an interview on 12/11/2024 at 10:15 AM, RN #21 stated she rounded with the wound care NP weekly. RN #21 stated Resident #3's sacral wound started small but would show some improvement and then worsen. RN #21 stated they would change the treatment, and the wound would show some improvement and then worsen again.</p> <p>In a telephone interview on 12/16/2024 at 11:20 AM, wound care NP #38, who was the wound consultant company's Divisional Director of Operations, stated the wound care consultant NPs rounded at the facility weekly with an employee of the facility. NP #38 stated the wound care NP saw everyone with a wound and all new admissions. NP #38 stated the process for implementing the wound NP's recommendations was different at different facilities, but generally, she expected the wound care recommendations to be implemented. NP #38 stated if nursing was doing the treatments and noted that the wound worsened between the wound NP's visits, she expected nursing to contact the primary care physician or the wound NP. NP #38 confirmed that there was no record of a wound care NP visit and wound assessment on 08/07/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/16/2024 at 1:07 PM, Medical Director (MD) #31 stated the wound care NP did not enter the orders, so the orders went through him. MD #31 stated he usually went with the recommendations of the wound care NP because they had assessed the wound and knew what the wound looked like.</p> <p>In an interview on 12/17/2024 at 9:20 AM, primary care NP #32 stated that the primary care physician team would review the wound care NP's recommendations and would usually agree with them. The NP stated they would occasionally continue treatment for an additional week before changing to a new treatment, depending on the resident's overall condition. NP #32 stated if a wound worsened, staff should reach out to her or the wound care NP. NP #32 stated it was rare that the wound care NP did not visit weekly. NP #32 stated she would be made aware of a wound worsening. NP #32 stated that unless something changed, the facility would continue the previous treatment if the wound care nurse did not come to the facility. NP #32 stated the facility contacted her when the resident required antibiotics for their wound. After reviewing the buttock wound measurements and wound deterioration documented for Resident #3 between 07/31/2024 and 08/14/2024, NP #32 stated the facility nurses may not have identified the changes, as the NP was better trained to identify any worsening of the wound.</p> <p>In a phone interview on 12/17/2024 at 12:23 PM, LPN #39 stated if she noticed any change to a wound, she would notify her supervisor and document it in the progress notes.</p> <p>In an interview on 12/17/2024 at 2:05 PM, the DON stated the facility discussed residents with skin breakdown at a weekly at-risk meeting but did not have any documentation of the discussions. The DON stated when the wound NP made recommendations for a change in wound treatment, the nurse who rounded with the wound care NP would notify the attending physician to clear the existing order, and then enter the new order into the electronic health record (EHR). The DON expected the nurses to know if the wound was getting worse and to let someone know and complete a change in condition form. The DON indicated when the nurse was doing the wound care, if the wound was not showing signs of infection, they may not realize the wound was worsening.</p> <p>In an interview on 12/18/2024 at 11:35 AM, LPN #6 stated he was trained in wound care by the previous wound care physician. LPN #6 stated if a wound got larger, started to smell bad, or went from epithelial to slough, he would have to notify the NP. LPN #6 stated he did not know why the NP was not notified of Resident #3's wound getting worse between 07/31/2024 and 08/14/2024. LPN #6 reviewed Resident #3's medical record and confirmed he did not see any documentation of the wound being measured or that the NP was notified of the worsening wound between 07/31/2024 and 08/14/2024.</p> <p>In an interview on 12/18/2024 at 11:50 AM, LPN #12, whose initials on Resident #3's August 2024 TAR indicated she provided the ordered wound care for the resident on 08/02/2024, 08/04/2024, 08/05/2024, 08/07/2024, 08/08/2024, 08/10/2024 through 08/12/2024, 08/14/2024, 08/15/2024, 08/19/2024 through 08/22/2024, and 08/26/2024 through 08/30/2024, stated if a wound changed color, had increased slough, or was getting bigger, the nurse needed to notify the NP. LPN #12 stated she cared for Resident #3 but could not recall the specifics of the resident's wounds. LPN #12 stated if the wound got larger and developed slough, this should have been reported to the wound NP. LPN #12 stated she would measure wounds for new admissions, but otherwise, the wound care NP did the wound measurements.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/18/2024 at 12:08 PM, RN #21 stated she felt the facility nurses were competent to assess wounds. RN #21 stated if the wound NP could not come to the facility, the primary care NP would come and assess the wound or tell them to continue the plan of care. If the primary NP did not assess the wound, the nurses would assess the wound and continue the plan of care. After reviewing the documentation of Resident #3's increased buttock wound measurements and wound deterioration from epithelial to slough tissue between 07/31/2024 and 08/14/2024, RN #21 confirmed there was a change in condition, and not a good one. RN #21 stated she did not know why the NP was not notified.</p> <p>In an interview on 12/18/2024 at 12:48 PM, the DON stated training on wound care and assessing wounds was completed annually by the Assistant Director of Nursing (ADON). The DON stated the NP should be notified immediately if the nurses identified a change in a resident's wound. The DON stated if the wound care NP did not come in, the facility nurses would review the wound on a weekly basis. The DON stated either she, the ADON, or RN #21 would measure the wound. The DON confirmed if a wound increased in size, changed from a Stage II to unstageable, and/or changed from epithelial tissue to 100% slough tissue, this would be considered a change. The DON confirmed that she did not see any documentation of the NP being notified of changes in the size or condition of the wound between 07/31/2024 and 08/14/2024.</p> <p>28196</p> <p>2. An Admission Record revealed the facility initially admitted Resident #21 on 03/07/2023 and readmitted the resident on 10/24/2023. According to the Admission Record, the resident had a medical history that included diagnoses of multiple sclerosis, transient cerebral ischemic attack, type 2 diabetes mellitus without complications, peripheral vascular disease, Stage IV pressure ulcer of the sacral region, non-pressure chronic ulcer of the left and right heel and midfoot, and paraplegia.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/13/2023, revealed Resident #21 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated the resident required extensive assistance for bed mobility, transfer, and toilet use. According to the MDS, the resident was frequently incontinent of bowel and bladder and had one Stage IV pressure ulcer present upon admission/readmission. The MDS indicated the resident received a pressure-reducing device for the chair and bed, received a nutrition or hydration intervention to manage skin problems, and received pressure ulcer/injury care and applications of ointments/medications other than to the feet.</p> <p>Resident #21's care plan included a problem statement, initiated 03/08/2023, that indicated the resident had actual impairment of skin integrity related to a sacral wound. Interventions directed staff to follow facility protocols for treatment of the injury, apply a pressure-reducing device to the wheelchair if the wheelchair was in use, and refer the resident for wound consults. The care plan also included a problem statement, initiated 03/08/2023, that indicated Resident #21 had an activities of daily living (ADL) self-care performance deficit. Interventions directed staff to assist the resident to turn and reposition in bed every two hours and as needed.</p> <p>Resident #21's Order Summary Report included an order dated 03/23/2023 to cleanse the wound to the resident's sacrum with normal saline (NS), apply calcium alginate, apply Nystatin powder to the peri-wound area, and cover with a dry dressing daily and as needed (PRN).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #21's Progress Notes included a Nursing Admission Note, dated 06/29/2023 that indicated the resident was readmitted from the hospital. According to the note, the resident had a pressure ulcer to the sacrum that measured 1.0 centimeter (cm) in length by (x) 1 cm in width and had no depth. The Progress Notes also included a Care Plan Note, dated 06/29/2023 that indicated the resident was seen by the wound physician and that the previous treatments and recommendations were to be continued.</p> <p>Resident #21's June 2023 Treatment Administration Record (TAR) was not initialed by nursing staff to indicate a treatment was provided to the resident's sacral wound on 06/30/2023.</p> <p>A Skin Pressure Ulcer form, dated and signed by the Director of Staff Development on 07/07/2023, indicated Resident #21 had a Stage II pressure injury to the sacrum that was first identified upon admission on 06/29/2023. The form indicated the wound was comprised of 100% epithelial tissue and measured 1 centimeter (cm) in length by (x) 1 cm in width and had no depth.</p> <p>Resident #21's Progress Notes included a Summary for Providers note that indicated the resident had a change in condition and had generalized weakness and an inability to participate in activities or engage in conversation. The note indicated the nurse practitioner (NP) and responsible party (RP) were notified and lab work was ordered. The Progress Notes also included a Nurses Note, dated 07/10/2023, that indicated the resident was transferred to the hospital. An additional Nurses Note, dated 07/11/2023, indicated a call was made to the local hospital and the hospital charge nurse reported that the resident had been admitted for a cerebrovascular accident (stroke).</p> <p>Resident #21's Progress Notes included a Nursing Admission Note, dated 07/13/2023, that indicated the resident was readmitted from the hospital via stretcher. The note indicated the wound to the resident's sacrum measured 7 cm in length x 4 cm in width x 0.3 cm in depth upon readmission.</p> <p>A Surgical Note, dated 07/20/2023, revealed the wound physician saw Resident #21 to evaluate the resident's sacral wound after the resident was readmitted to the facility from the hospital. The note indicated the sacral wound was now a Stage IV pressure injury comprised of slough and unhealthy granulation tissue. According to the note, the wound physician debrided the wound, and the measurements post debridement were 7.2 cm in length x 7.1 cm in width x 0.4 cm in depth. The wound physician documented that the resident's wound would potentially worsen due to chronic comorbidities and restricted mobility and that the prognosis of the sacral wound was poor.</p> <p>Surgical Notes dated from 07/25/2023 through 08/24/2023 revealed Resident #21 was seen by the wound physician weekly during which the sacral wound was debrided weekly.</p> <p>Resident #21's Order Summary Report included an order dated 08/24/2023, with a start date of 08/25/2023, that directed nursing staff to cleanse the wound to the resident's sacrum with NS, apply a Dakin's 1/4 moistened dressing twice a day (BID). An order dated 09/02/2023 continued this wound care order. Resident #21's August 2023 and September 2023 TARs indicated Resident #21 received the physician-ordered treatment only once daily instead of BID from 08/25/2023 through 09/02/2023, for a total of nine ordered treatments missed.</p> <p>A Wound Consult Note, dated 09/07/2023 indicated Resident #21's sacral wound had decreased in size and treatment would continue as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #21's Order Summary Report included an order dated 09/28/2023, with a start date of 09/29/2023, that directed staff to cleanse the wound to the resident's sacrum with Vashe solution, apply a Vashe solution-moistened dressing to the wound, and cover with a bordered gauze dressing BID and PRN. The October 2023 TAR indicated the treatment was provided as ordered, with the exception of one treatment scheduled on Saturday, 10/07/2023. There were no nurses' initials documented to indicate the treatment was provided on that date.</p> <p>Resident #21's Progress Notes revealed the resident was hospitalized again from 10/17/2023 to 10/24/2023.</p> <p>Resident #21's Order Summary Report included an order dated 10/24/2023, with a start date of 10/25/2023, that directed nursing staff to cleanse the wound to the resident's sacrum with NS and apply a Dakin's 1/4 moistened dressing BID. Resident #21's October 2023 TAR indicated the treatment was not initiated until 10/27/2023, for a total of five treatments not provided in accordance with the physician's orders.</p> <p>A Surgical Note dated 10/26/2023 indicated Resident #21 was seen by the wound physician. According to the note, the sacral wound had no signs of infection and was slightly improved since the last visit. The note indicated bone tissue debridement was performed. A Surgical Note dated 11/02/2023 indicated Resident #21's sacral wound had decreased in size.</p> <p>Resident #21's Progress Notes included a Nurse Practitioner Note, dated 11/05/2023, that indicated the resident had presented with slurred speech and was admitted to the hospital. The Progress Notes also included a Nurses Note, dated 11/05/2023 that indicated the resident was alert and oriented times three and vital signs within normal limits; however, the resident's family member visited the resident that afternoon and called 911 without checking with facility staff as to the resident's condition. The note indicated upon paramedics' arrival at the facility, the resident stated they were feeling fine and did not want to go to the hospital. The note indicated the resident's family member insisted that the resident be transported to the hospital. According to the note, the resident's responsible party of record was notified of the transfer. Resident #21's Admission Record indicated the facility discharged Resident #21 on 11/05/2023.</p> <p>During an interview on 12/12/2024 at 11:49 AM, RN #17 stated she remembered doing wound treatments for Resident #21 but was not aware of any missed treatments. She indicated that on the day shift, the nurses did the routine and PRN wound treatments. She indicated the only time a wound treatment would be missed was if a resident refused, and then the nurse would notify the physician. She stated that Resident #21 would not refuse treatments but would ask to delay them and the nurses would always get them done the same day.</p> <p>During an interview on 12/12/2024 at 12:07 PM, Geriatric Nurse Aide (GNA) #13 stated she remembered Resident #21 and that the resident had wounds. She indicated the nurses were treating the resident's wounds, and the resident was also seen by the wound clinic.</p> <p>During an interview on 12/16/2024 at 11:45 AM, wound Nurse Practitioner (NP) #38 stated she did not have any notes on Resident #21. She stated, based on the increase in wound measurements after hospitalization s, the resident must have had a lot going on with their wound in the hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/16/2024 at 3:15 PM, the Director of Nursing (DON), with the (ADM) present, stated she was not aware of Resident #21's wound treatments not being provided as ordered or of any missing treatments. She indicated her expectation was for wound treatments to be provided as ordered</p> <p>During an interview on 12/16/2024 at 3:25 PM, the ADM stated he did not have anything to add to the DON's statement.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47914</p> <p>Based on observation, interview, record review, facility document review, and facility policy review, the facility failed to ensure a physician-ordered intervention for bed rails was consistently implemented to assist the resident with safe bed mobility and minimize the risk of falls out of bed for 1 (Resident #4) of 5 residents reviewed for falls.</p> <p>Findings included:</p> <p>The facility policy titled, Fall Prevention Program, revised on 09/05/2023, indicated, Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls.</p> <p>The facility policy titled, Use of Bed Rails, initiated on 03/14/2023, indicated, It is the policy of this facility to utilize a person-centered approach when determining the use of bed rails. Appropriate alternative approaches are attempted prior to installing or using bed rails. If bed rails are used, the facility ensures correct installation, use, and maintenance of the rails. The policy also indicated, Informed consent from the resident or resident representative must be obtained after appropriate alternatives have been attempted prior to installation and use of bed rails. This information should be presented in an understandable manner, and consent given voluntarily, free from coercion.</p> <p>An Admission Record indicated the facility admitted Resident #4 on 03/21/2023. According to the Admission Record, the resident had a medical history that included diagnoses of sequelae of cerebral infarction (complications of stroke), end-stage renal disease (ESRD), essential hypertension, chronic gout of the left ankle and foot with tophus (swollen growth under the skin) due to renal impairment, peripheral vascular disease, dependence on renal dialysis, anemia, and dementia.</p> <p>Resident #4's Care Plan included a focus area, initiated on 06/22/2023, that indicated the resident was at risk for falls related to gait/balance problems and incontinence. Interventions directed staff to anticipate and meet the needs of the resident, be sure the call light was within reach and encourage the resident to use it for assistance, and encourage the resident to participate in activities that promoted exercise and physical activity for strengthening and improved mobility.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/18/2024, revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident was dependent for mobility and utilized a wheelchair. The MDS also indicated the resident had no falls in the last one to six months prior to admission or reentry and had no falls since admission, reentry, or the prior assessment.</p> <p>A Fall Risk Assessment, dated 03/16/2024, revealed Resident #4 was at low risk for falls.</p> <p>A Bed Rail Evaluation, dated 03/16/2024, revealed no bed rails were to be used.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Change in Condition Evaluation dated 03/18/2024 revealed that during shift change, the oncoming nurse found the resident on the floor next to their bedside in a lying position. According to the evaluation, when asked what happened, the resident stated they were trying to position themselves and accidentally ended up on the floor. The evaluation indicated the call light was within reach and the resident was reeducated on using the call light when needing assistance. The evaluation indicated the resident was able to move all extremities without any difficulty and there were no apparent injuries.</p> <p>A Fall Risk Assessment, dated 03/19/2024, revealed Resident #4 was at moderate risk for falls.</p> <p>A Consent Form for Bed Rail Enablers, dated 03/19/2024, revealed consent for the use of bed rails was given to the facility by Resident #4's responsible party.</p> <p>Resident #4's Care Plan included a focus area, initiated on 06/17/2024, that indicated the resident was to have a 1/4 side rail for turning and repositioning. Interventions directed staff to ensure the side rail was placed on the bed to enable support during repositioning and to promote independence while in bed.</p> <p>A Bed Rail Evaluation, dated 06/18/2024, revealed a determination that bed rails would be used due to the resident wanting side rails for turning and repositioning.</p> <p>An Order Summary Report for active orders as of 12/02/2024, included a physician's order dated 06/17/2024 for bilateral 1/4 side rail as enablers to promote independence every shift.</p> <p>Treatment Administration Records dated June 2024 through December 2024 included the physician's order dated 06/17/2024 for bilateral 1/4 side rails. Nursing staff initials were documented every shift to indicate the side rails were in place.</p> <p>A Work Order, dated 06/06/2024, revealed Resident #4's bed and television were not working. A note documented on the work order revealed the bed was replaced while the facility was waiting on a part to come in, and the work order was updated on 06/06/2024 at 7:38 AM.</p> <p>A Work Order, dated 11/11/2024, revealed Resident #4's bed was not working. The work order indicated the head of the bed did not go up or down. The work order was updated to a status of complete on 11/12/2024.</p> <p>During an observation on 12/03/2024 at 11:05 AM, Resident #4 was on the phone. The resident's bed had no side rails. The resident stated the facility was supposed to put bed rails on the bed but had never done so.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/03/2024 at 3:10 PM, Licensed Practical Nurse (LPN) #20 stated she had only worked at the facility for three months, and the resident had not had any falls since she had been employed. LPN #20 stated if the resident had side rails, she would look to see if the resident was able to grab onto the rail and turn themselves. LPN #20 stated some residents needed assistance to direct them to hold the bed rails. During the interview, LPN #20 walked into Resident #4's room to observe the side rails and, upon observation, stated the rails were not there. LPN #20 stated the bed was recently changed, but she could not remember when. When asked about what she would document in the electronic health record for the bed rail order, LPN #20 stated she would document 'yes' if the resident could turn and grab onto the rail. LPN #20 confirmed that she did not watch Resident #4 grab onto the rail before she documented 'yes' that day. When asked if she should have documented 'yes' if there were no bed rails on the bed, LPN #20 stated no.</p> <p>During an interview on 12/03/2024 at 3:37 PM, Registered Nurse (RN) #36 stated Resident #4's bed broke down recently, and the new bed did not come with side rails. RN #36 stated the rails had been ordered. RN #36 stated they would leave a message on TELS (building management/maintenance system) to get side rails. RN #36 stated that when she documented 'yes' in the electronic health record, it was to verify that the side rails were there. When asked if she should have documented 'yes' if the side rails were not in place, she stated no. RN #36 stated the facility ordered new beds recently and switched out a lot of them, and Resident #4's bed was one of the new ones they switched out. RN #36 stated they were ordering new side rails.</p> <p>During an interview on 12/03/2024 at 3:44 PM, Resident #4 stated someone came in a few minutes prior to put rails on the bed, but they did not fit.</p> <p>During a concurrent interview and observation on 12/04/2024 at 8:06 AM, Resident #4 stated they had received a new bed with bed rails installed the previous day, and they were very appreciative. Quarter length (1/4) bed rails were observed on the bed.</p> <p>During an interview on 12/10/2024 at 1:38 PM, the Assistant Director of Nursing (ADON) stated she remembered Resident #4's responsible party calling about the bed rails and getting the bed rail consent. The ADON stated bed rails were installed when Resident #4's responsible party gave consent, and she was not aware of any time that the resident did not have them on the bed. The ADON stated she knew the beds were swapped out sometimes, but she was not sure if that was the case for Resident #4.</p> <p>During an interview on 12/11/2024 at 12:02 PM with the DON and Administrator, the DON stated bed rail assessments were done upon admission. The DON also stated that if a consent was given, the bed rails were usually put on the following day. The Administrator stated if someone came in and the assessment for the side rails did not trigger, they would not do another assessment unless it was requested. The Administrator stated therapy was involved if the bed rails were for transfers, but not if they were for bed mobility or sitting at the edge of the bed.</p> <p>During a follow-up interview on 12/12/2024 at 9:45 AM, Resident #4 stated they were not sure if the other beds that were switched out had bed rails on them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/2024 at 3:50 PM, the Maintenance Director stated he had worked at the facility since 05/05/2023. The Maintenance Director stated Resident #4's bed had been replaced two or three times and, if he recalled correctly, on the first occasion, the bed was not operating and they ordered another one. He indicated the second time, the motor went out, and a new control box was ordered. The Maintenance Director stated all the beds that he had replaced for Resident #4 had bed rails on them except for the last one that he had just replaced. At approximately 4:00 PM, the Maintenance Director returned to the surveyor to clarify that the first bed replacement for Resident #4 was when the control box went out in June 2024.</p> <p>During an interview on 12/16/2024 at 9:09 AM, the Maintenance Director stated that for bed rails, they would have to get a consent from the resident if they were alert and oriented or from the guardian if they were not alert and oriented. The Maintenance Director stated that once he had the consent, he would put the rails on the bed.</p> <p>During an interview with the DON and Administrator on 12/16/2024 at 2:56 PM, the DON stated fall risk assessments were completed at admission, quarterly, and after a fall and, for residents who were at risk for falls, they would put the bed in a low position and call lights within reach and would complete a bed rail assessment. The DON did not remember any specifics with Resident #4 having falls but stated if a resident had an order for bed rails, when the nurses documented in the system, 'yes' meant they checked and made sure the bed rails were in place. The DON stated Resident #4 had bed rails on the bed that had been switched out. The DON stated if bed rails were not on the bed, staff should be documenting that they were not there.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	

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 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>28196</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure the complete medical record was retained for a minimum of five years from the date of the residents' discharge for 2 (Resident #33 and Resident #34) of 45 residents whose medical records were reviewed.</p> <p>Findings included:</p> <p>A facility policy titled, Maintenance of Electronic Clinical Records, revised on 03/14/2023, indicated, Policy: This facility will maintain electronic records for each resident in accordance with acceptable standards of practice. The Policy Explanation and Compliance Guidelines specified, 5. Records will be retained in the electronic database per state law or five years from the date of discharge when there is no requirement in state law.</p> <p>1. Resident #33's Admission Record indicated the facility admitted the resident on 08/13/2021. According to the Admission Record, the resident had a medical history that included diagnoses of acute hematogenous osteomyelitis of the left ankle and foot, anemia in chronic kidney disease, diabetes mellitus due to underlying condition with diabetic chronic kidney disease, and end stage renal disease.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/18/2021, revealed Resident #33 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated the resident was totally dependent on staff for bathing; required extensive one-person physical assistance with bed mobility, toilet use, and personal hygiene; and was independent with stand-by assistance with locomotion on and off of the unit. The MDS revealed that the resident's prior functioning status before admission was independent in self-care, indoor mobility (ambulation), stairs, and functional cognition. The MDS indicated Resident #33 had medically complex conditions, had other major orthopedic surgery, was at risk for developing pressure ulcers/injuries, and had no unhealed pressure ulcers/injuries. According to the MDS, the resident had an infection of the foot and had ulcer/injury treatments that consisted of a pressure-reducing device for the chair and bed, a turning and repositioning program, surgical wound care, applications of ointments or medications other than to the feet, and application of dressings to the feet. The MDS also indicated Resident #33 received intravenous (IV) medications and dialysis, both while they were not a resident and while they were a resident during the last 14 days.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #33's comprehensive care plan included a problem statement, initiated 09/15/2021, that indicated Resident #33 was resistive to care and refused finger sticks, medications, and showers. Interventions directed staff to allow the resident to make decisions about their treatment regimen to provide a sense of control. The care plan also included a problem statement initiated on 08/16/2021, that indicated the resident was on antibiotic therapy (vancomycin and ceftazidime) related to acute hematogenous osteomyelitis to the left ankle and foot. Interventions directed staff to administer antibiotic medications as ordered by the physician and to monitor and document side effects and effectiveness every shift. The care plan also included a problem statement initiated on 08/24/2021 that indicated the resident had actual impairment of skin integrity related to a left heel wound. Interventions directed staff to provide wound care and external fixation (initiated on 09/09/2021), wound care as per orders (initiated on 08/24/2021), and a wound vacuum (vac) to the left heel (initiated on 09/09/2021).</p> <p>Resident #33's Order Summary, dated 09/01/2021, included the following physician's orders:</p> <p>An order dated 08/31/2023 directed staff to assist and/or encourage the resident to turn and reposition every two hours and as needed (PRN) for pressure relief.</p> <p>An order dated 08/13/2021, with a start date of 08/16/2021, directed staff to change the wound vac to the left heel dressing on Monday, Wednesday, and Friday (MWF) once a day related to acute hematogenous osteomyelitis to the left ankle and foot.</p> <p>An order dated 08/14/2021, with a start date of 08/16/2021, directed staff to change wound vac every day shift every MWF for wound healing.</p> <p>An order dated 08/16/2021, with a start date of 08/18/2021, indicated the wound vac to the left heel was to be set for 125 millimeters of mercury (mmHG) medium continuous suction one time a day every MWF.</p> <p>An order dated 08/16/2021, with a start date of 08/17/2021, directed staff to cleanse the resident's left foot with Hibiclens, pat dry, and cover with a dry dressing daily on day shift for wound care.</p> <p>An order dated 08/13/2021 indicated the resident was to receive a wound consultation for evaluation and treatment as needed.</p> <p>An order dated 08/16/2021, with a start date of 08/17/2021 and an end date of 09/21/2021, indicated the resident was to receive for vancomycin hydrochloride (HCL) solution reconstituted 1.5 grams (GM), to administer 1.5 gram intravenously (IV) one time a day every Tuesday, Thursday, and Saturday (Tue, Thu, Sat) for acute hematogenous osteomyelitis until 09/21/2021.</p> <p>An order dated 08/16/2021, with a start date of 08/17/2021 and an end date of 09/21/2021, indicated the resident was to receive ceftazidime solution reconstituted 2 GM, to administer 2 grams IV one time a day every Tue, Thu, Sat for acute hematogenous osteomyelitis until 09/21/2021, to be given at dialysis.</p> <p>Resident #33's medical record contained no Medication Administration Records (MARs) or Treatment Administration Records (TARs) for review.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Springbrook		STREET ADDRESS, CITY, STATE, ZIP CODE  12325 New Hampshire Avenue Silver Spring, MD 20904	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/06/2024 at 12:11 PM, the Administrator stated that when he went to populate MARs and TARs in the electronic medical record for residents whose records were greater than three years old, he was unable to retrieve the information. He indicated the only information on them was the name of the resident.</p> <p>During an interview on 12/18/2024 at 2:38 PM, the Director of Nursing (DON) and the Administrator (ADM) stated they expected that each resident's complete medical record be maintained for at least five years from the date of their discharge.</p> <p>45849</p> <p>2. Resident #34's Admission Record indicated the facility admitted the resident on 04/29/2021. According to the Admission Record, the resident had a medical history that included diagnoses of chronic obstructive pulmonary disease, dementia, difficulty in walking, schizophrenia, and bipolar disorder. According to the Admission Record, Resident #34 was discharged from the facility on 10/05/2021.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/22/2021, revealed Resident #34 had a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident had severe cognitive impairment. The MDS revealed Resident #34 had one fall with no injury since the previous assessment. The MDS indicated Resident #34 had taken an antipsychotic medication on seven days during the seven-day assessment period and that the physician had documented on 09/15/2021 that a gradual dose reduction was contraindicated. According to the MDS, Resident #34 was receiving hospice services while at the facility and had received therapy services from 06/23/2021 through 07/20/2021.</p> <p>Review of Resident #34's medical record revealed no Medication Administration Records (MARs) and Treatment Administrator Records (TARs) for June 2021, July 2021, August 2021, and September 2021.</p> <p>On 12/04/2024 at 2:24 PM, Resident #34's MARs and TARs dated from June 2021 through September 2021 were requested from the Administrator (ADM).</p> <p>In an interview on 12/06/2024 at 12:11 PM, the ADM stated that the facility was unable to obtain MARs or TARs more than three years old.</p> <p>In an interview on 12/11/2024 at 9:16 AM, the ADM stated the facility could not get Resident #34's therapy notes from the previous management company.</p> <p>In an interview on 12/11/2024 at 3:09 PM, the Director of Rehabilitation (DOR) stated they were contracted with the facility and did not have records from the previous therapy company.</p> <p>In an interview on 12/12/2024 at 8:22 AM, the ADM stated he had provided all the records that he could obtain from hospice and that the additional records for Resident #34 may have gone with the previous management company.</p> <p>In an interview on 12/16/2024 at 2:30 PM, the ADM stated medical records should be maintained according to the facility policy.</p>		