

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2025
NAME OF PROVIDER OR SUPPLIER  Adelphi Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1801 Metzert Road Adelphi, MD 20783	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44440</b></p> <p>Based on record reviews and interviews it was determined that the facility failed to notify the resident's health care Responsible Party (RP) of a change to the resident's plan of care. This was found evident in 3 (Resident #4, #50 and #69) of 70 residents reviewed during the survey.</p> <p>The findings include:</p> <p>1a) On [DATE] at 11:53 AM, the surveyor reviewed Resident #4's medical record. The review revealed that Resident #4 had a Guardian established in July of 2023.</p> <p>On [DATE] at 6:55 AM, the surveyor reviewed the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF-ABN) form and the Notice of Medicare Non-Coverage (NOMNC) form that was given to Resident #4. Both of these forms are required to be provided after a resident is determined to no longer be eligible to receive Medicare Part A skilled services. The beneficiaries have the right and protections related to financial liability and the right to appeal a denial of Medicare service under the Medicare program. The providers are responsible for communicating these notices. Resident #4 signed the NOMNC form on [DATE] and it was documented that he/she refused to sign the SNF-ABN form on [DATE].</p> <p>On [DATE] at 7:03 AM, the surveyor interviewed the Nursing Home Administrator (NHA). During the interview the surveyor reviewed the concern that Resident #4's guardian, the representative that legally makes decisions on behalf of Resident #4, was not notified of the non coverage and liability notices. The NHA stated she would look into the issue.</p> <p>On [DATE] at 7:31 AM, the surveyor interviewed the Social Service Director #13. During the interview SW #13 stated that she had reached out to Resident #4's guardian and she was okay with having Resident #4 sign the paper. The surveyor reviewed the concern that there was no documentation that the guardian was aware or acknowledged the notices.</p> <p>1b) On [DATE] at 10:25 AM, the surveyor reviewed Resident #50's medical record. The review revealed that Resident #50 was admitted to the facility in late August of 2020. On further review it was discovered that Resident #50 was deemed unable to make a rational evaluation of the burdens and risks, and benefits of treatment or course of treatment by two providers. A temporary/90 day guardian was established for Resident #50 in October of 2020. Resident #50's guardian started the application for Long-Term Care Medicaid for Resident #50 to remain in a Long-Term Care nursing facility.</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
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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On further review Resident #50 had a psychoactive medication informed consent form that was marked as, I do desire to use the medication indicated above. On the consent line it was written Resident is unable to sign but consented to meds. The Unit Manager (UM) #16 signed the document as the person completing the form.</p> <p>The surveyor reviewed the care plan sign in logs. Resident #50 had a care plan done on [DATE]. The area that designates the Resident's Representative or Responsible Party (RP) had the temporary guardian's name but it was documented he was unavailable. The next care plan meeting attendance log was dated, [DATE] and Resident #50 was designated to be his/her own Responsible Party (RP). An X was marked through the signature.</p> <p>Next the surveyor reviewed the discharge planning psychosocial assessment completed on [DATE] by Social Worker Coordinator (SW) #9. The topic for discharge planning was marked extended care stay as stated by the Legal Representative. However, on [DATE] that same question was answered, extended care stay as stated by other. On the next line that asked to clarify other, facility was written.</p> <p>On [DATE] at 11:20 AM, the surveyor conducted an interview with the Nursing Home Administrator (NHA). The surveyor relayed the concern that Resident #50 was established to be unable to make decisions for himself/herself and at one time had a guardian yet some of the documentation was that Resident #50 was his/her own decision maker. The NHA stated she would look into the concern and follow-up.</p> <p>On [DATE] at 2:30 PM, the surveyor conducted a follow-up interview with the NHA. During the interview the NHA explained that the guardian Resident #50's had when he/she was admitted had expired and that she was looking into who would be the guardian now. At the time of exit no additional documents were provided.</p> <p>1c) On [DATE] at 7:16 AM, the surveyor reviewed Resident #69's medical record. The review revealed that Resident #60 had guardianship that was established in September of 2022.</p> <p>On further review a progress note was written on [DATE] by Unit Manager (UM) #59 stated that Resident #69 declined to keep his/her appointment and that the Responsible Party (RP) was made aware. Further in the note it was noted that the Physician's Assistant (PA) from the vascular office spoke to the resident's daughter about the plan of care.</p> <p>On [DATE] a note written by Provider #60 stated, I spoke with the Resident regarding prognosis and plan of care. No one else was mentioned as updated or to be updated.</p> <p>Additionally, a note written on [DATE] by Provider #61 stated, I discussed the plan of care with nursing. It further documented, Discussed with: Responsible Party,; Staff.</p> <p>On [DATE] at 1:19 PM, the surveyor conducted an interview with the Nursing Home Administrator (NHA). During the interview the surveyor relayed the concern that the facility was not consistent with identifying who the Responsible Party (PR) is and then updated that individual on all changes to the plan of care.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44440</b></p> <p>Based on observation and staff interview it was determined facility staff failed to ensure a resident assessed to need a mobility device had access to the device. This was evident for 1 (Resident #69) of 5 residents reviewed for accidents during the survey.</p> <p>The findings include:</p> <p>On 1/30/25 at 9:44 AM, the surveyor observed Resident #69 resting in bed and noted a triangle shaped wedge sitting alongside Resident #69's right upper body. The wedge was not under the Resident. Resident #69 stated he/she used the wedge under his/her head sometimes.</p> <p>On 2/10/25 at 8:16 PM, the surveyor reviewed Resident #69's medical record. The review revealed that on 1/14/25 a care plan was initiated that stated Resident #69's daughter and guardian prefer to have side rails. No order was written, however Resident #69 was transferred out on 1/15/25 and readmitted on [DATE].</p> <p>On further review a bed side rail tool was completed on 1/21/25 that documented Resident 69's family and Resident Representative (RP) consent to bed side rails to serve as an enabler to help with mobility. The note stated see care plan.</p> <p>Next the surveyor reviewed the side rail care plan and noted a new care plan initiated on 1/27/25 that stated Resident 69's daughter and RP requested side rails as an enabler. One of the interventions for this care plan was to provide side rails as ordered.</p> <p>On 1/29/25 an order was placed for Resident #69 to have two half side rails up to promote bed mobility and transfers. This order was discontinued on 1/31/25 due to Resident #69 being transferred out on 1/30/25.</p> <p>On 2/5/25 at 1:21 PM, the surveyor observed Resident # 69 in bed. Resident #69 had two pillows behind his/her head, however no side rails were present.</p> <p>On 2/10/25 at 1:47 PM the surveyor reviewed Resident #69's most recent orders. An order was placed on 2/7/25 that stated 2 half side rails up to promote bed mobility and transfers per family request.</p> <p>On 2/10/25 at 11:26 AM, the surveyor conducted an interview with the Nursing Home Administrator (NHA). During the interview the surveyor relayed the concern that Resident #69 had been assessed to need side rails on 1/21/25 and an order was not written until 1/29/25 for side rails. The surveyor also relayed the concern that Resident #69 returned to that facility on 2/4/25, had a care plan for side rails, a known need for them, and the Resident did not have an order for them until 2/7/25.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51589</p> <p>Based on observations and staff interviews, it was determined that the facility failed to provide maintenance services necessary to maintain a clean, comfortable, and homelike environment. This was observed in 1) 4 resident rooms (#125, #128, #201, and #204) of 68 rooms and 2) 19 (2nd floor room [ROOM NUMBER] to 233) rooms identified with poor interior wall paint integrity out of 29 residents' room reviewed.</p> <p>The findings include:</p> <p>1) On 1/29/2025 at 12:04 PM, surveyors observed room [ROOM NUMBER] which had numerous stains on the ceiling tiles. The packaged terminal air conditioning (PVAC) unit in room [ROOM NUMBER] was dirty and debris was noted to be collecting inside the unit underneath the vents. On 1/30/2025 at 12:04 PM, surveyors observed an open window in room [ROOM NUMBER] with a screen that had multiple tears and holes. At 12:03 PM, surveyors observed a hole in the ceiling of room [ROOM NUMBER] that had been patched with a piece of drywall, with stains surrounding the patched area. On 2/3/2025 at 2:20 PM, surveyors observed stains on ceiling tiles in room [ROOM NUMBER].</p> <p>On 2/6/2025 at 12:34 PM, the facility 's progress report was reviewed by surveyors that listed current and upcoming maintenance needs. room [ROOM NUMBER] ceiling was on the list to be repaired but there was no mention of Rooms #128, #201, and #204.</p> <p>The Maintenance Director and Nursing Home Administrator were interviewed on 2/6/2025 at 1:20 PM. Surveyors addressed the environmental concerns with multiple resident rooms. The Maintenance Director verified that room [ROOM NUMBER] was on their maintenance list and would address concerns with Rooms #128, #201, and #204. The Maintenance Director stated that the facility building is older and has a problem with leaks from the roof. He also stated that Spring is when the facility will work on repairing broken window screens. The Nursing Home Administrator stated it is the facility's expectation that staff should be making the Maintenance Director aware of maintenance concerns.</p> <p>45733</p> <p>2) During a floor rounding of the facility on 1/31/25 at 10:58 AM, the surveyor noticed the interior wall paint peeling off in residents' rooms and in the hallway visibly. This was evident for 19 of the 2nd floor rooms numbered 200 to 233. Especially behind the bed broads and chairs. Per floor staff #15, it had been going for a while.</p> <p>Interview, on 2/05/25 at 11:22 AM, the Unit Manager Staff #16 stated that there was an ongoing re-paint project of the interior wall plan for the whole building. However, she was not sure how long it could be done.</p> <p>Interview with the Maintenance Director Staff #25 on 2/06/25 at 12:14 PM, he stated that there were many peeling paint requests from different floor staff and he was aware that paint peeling debris can be a health hazard issue as well. He was unable to come up with a completion date for re-paint at this time.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further interview, the Administrator reviewed the above findings and she agreed that this ongoing issue was a concern.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>47758</p> <p>Based on record review, observations, and interviews, it was determined that the facility failed to ensure a resident received dialysis treatment as ordered by the provider. This was found to be evident for 1 (#183) of 2 residents reviewed for dialysis care during the annual survey.</p> <p>The findings include:</p> <p>According to Centers for Medicare/Medicaid Services (CMS), dialysis is a treatment that removes waste from the body when the kidneys aren't working.</p> <p>During a review of complaint #MD00213507 on 2/11/25 at 7:30 AM, it was noted that Resident #183 had missed dialysis treatments during his/her stay at the facility. Review of the record revealed an order for Dialysis on Tuesday, Thursday, and Saturdays however, review of the record did not reveal treatment notes for 1/4/25.</p> <p>During an interview on 2/11/25 at 07:55 AM, the Dialysis Clinical Manager (DCM) informed the surveyors that Resident #183 missed her dialysis treatment on 1/4/25 and when she was notified on 1/5/25 around 07:00 PM, it was too late to do a dialysis treatment. Dialysis was closed on 1/6/25 due to weather. She further stated the treatment was missed by the dialysis and facility staff but Resident #183 had no problems related to the missing treatment.</p> <p>During an interview with the Director of Nurses (DON) on 2/11/25 at 08:02 AM, the DON stated the facility found out that Resident #183 missed dialysis from a phone call on behalf of the resident to Unit Manager #16 on 2/5/25. Unit Manager #16 spoke with dialysis and confirmed they missed Resident #183's dialysis treatment on 1/4/25. The DON further stated, Resident #183 was not on the dialysis schedule so my staff did not realize dialysis was missed, however she was monitored and if she had symptoms from the missed dialysis we would have sent the resident to the hospital.</p>

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<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** 44440</b></p> <p>Based on interviews and record review it was determined that the facility failed to maintain medical records in accordance with acceptable professional standards and practices. This was found evident in 2 records of (Resident #5 &amp; #165) out of 70 residents reviewed during the survey.</p> <p>The findings include:</p> <p>1a) On 2/4/25 at 10:23 AM, the surveyor reviewed Resident #5's medical record. The review revealed that Resident #5 was readmitted to the facility in November of 2024. Further review of the hospital transfer records revealed that Resident #5 had a past surgical history that consisted of an ileostomy (a surgical procedure in which the ileum (small intestine) is diverted to an artificial opening in the abdominal wall). It also, revealed that Resident #5 reported no longer producing any urine and was on hemodialysis (a treatment to filter wastes and water from your blood).</p> <p>Next the surveyor reviewed Resident #5's care plan. A care plan was created on 10/30/24 that stated Resident #5 was incontinent of bladder and/or bowels related to medication use and impaired mobility.</p> <p>On further review a note written by wound Nurse Practitioner (NP) #53 on 11/4/24 documented in physical exam section Resident #5 had fecal incontinence in the gastrointestinal section and urinary incontinence in the genitourinary system. Further in the note NP #53 documented Resident #5 was incontinent of urine and stool and was at an increased risk of skin breakdown. She further stated that she recommended ongoing interventions and protocol for incontinence management.</p> <p>On 2/5/25 at 7:01 AM, the surveyor conducted an interview with the Director of Nursing (DON). During the interview the surveyor reviewed the concern the Resident #5's medical record had multiple areas of inaccuracy. The DON confirmed that the area that described incontinence for Resident #5 were inaccurate.</p> <p>42828</p> <p>1b) Review of a complaint MD00198820 on 2/3/25 at 9 AM revealed, an allegation that Resident #165 complained of pain in her/his right wrist, to her/his nurse while residing at the facility on 10/20/23.</p> <p>Review into Resident #165's medical record showed the resident was admitted to the facility on [DATE] for rehabilitation following a hospital stay due to altered mental status and colostomy care.</p> <p>A colostomy is a surgical procedure that brings one end of the large intestine out through an opening (stoma) made in the abdominal wall. Stools moving through the intestine drain through the stoma into a bag attached to the skin of the abdomen. A colostomy bag, also called a stoma bag or ostomy bag, is a small, waterproof pouch used to collect waste from the body.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Additional review of the medical record revealed a change in condition note written by licensed practical nurse (LPN) #14 on 10/20/23. LPN #14 noted that Resident #165 complained of pain in her/his right wrist upon assessment. Review of the medical record showed an order from the doctor to give Tylenol 500mg two tabs every 8 hours by mouth as needed for pain and an order to do a STAT (immediate) X- Ray to the wrist to rule out a fracture. LPN#14 also noted, Tylenol administered.</p> <p>Resident #165's medication administration record (MAR) was reviewed on 2/3/25 at 12:14 PM. The documentation on the as needed 500 mg Tylenol order did not have any days noted as Tylenol given to Resident #165 for the month of October 2023.</p> <p>The surveyor reviewed the medical record for evidence of the October 20, 2023 X-ray results of the resident's right wrist. There were no X- ray results of the X-ray of the right wrist found.</p> <p>An interview held with the Director of Nursing (DON) was held on 2/5/25 at 7 AM. The surveyors requested documentation showing Resident #165 ' s X-ray results of the right wrist and reviewed the lack of documentation on the MAR for the as needed dose of Tylenol given to Resident #165 on 10/20/23 for right wrist pain.</p> <p>2/7/25 at 1 PM the DON submitted a hard copy of the Resident #165's X-ray of her/his right wrist. At which time the DON confirmed that the X-ray results were not in the resident's medical chart and that she had to request them from the imaging facility on 2/7/25. The DON and the surveyor also reviewed the resident's medication administration record which did not reveal any Tylenol given to the resident on 10/20/23.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44440</b></p> <p>Based on record review and interviews it was determined that the facility failed to have an effective pest control program. This was found evident on 2 observations (Resident 121's room and the elevator) and during one of three observations during kitchen tours on the annual survey.</p> <p>The findings include:</p> <p>1a) On 1/31/25 at 8:26 AM, the surveyor interviewed Resident #121 in his/her room on the Terrace level. During the interview Resident #121 stated he/she could not see very well but could feel things crawling on him/her at times. During the interview the surveyor observed a bug crawling on the floor and another bug crawling on the wall next to Resident #121's bed.</p> <p>Next the surveyor notified Unit Manager (UM) #24 of the observations. UM #24 stated she would address the issue.</p> <p>On 2/4/25 at 11:41 AM, the surveyor conducted an interview with the Nursing Home Administrator (NHA). During the meeting the surveyor confirmed that the NHA was aware of the observation of bugs in Resident #121's room. She stated that a pest management company came out that same day. The surveyor asked for the pest management records</p> <p>On 2/5/25 at 9:24 AM, the surveyor reviewed the pest management records. The review revealed that on 1/31/25 a pest management company came and treated several rooms including Resident 121's room for roaches and general insects. They also inspected room [ROOM NUMBER]-117 on the first floor.</p> <p>On further review of the pest management records, a report identified the need for treatment in room [ROOM NUMBER]-117 in September of 2024. A note from the pest management company stated the room was very filled with fruit flies noted from trash that contained food. It further stated the room was treated for roaches in the closet. The note then stated roaches were noted in clothes and could not be treated by company but that the facility should bag the clothes carefully and put them into the drier right away to kill the roaches.</p> <p>On further review that same room was specifically written as treated on 10/13/24 and 1/2/25.</p> <p>The surveyor next reviewed Resident #121's room census. It was noted that Resident #121 resided in that room starting in October of 2023 and transferred to Terrace level at the end of December 2024.</p> <p>On 2/5/25 at 12:13 PM, the surveyor conducted an interview with the Nursing Home Administrator (NHA). During the interview the surveyor reviewed the concern that roaches were noted in the room where Resident #121 resided and after Resident #121's room change there was no preventative treatment or evaluation to Resident #121's new room and currently bugs were noted in that room.</p> <p>On 2/5/25 at 2:06 PM, the surveyor entered one of the elevators on the 2nd floor. Upon entering, the surveyor noticed a bug crawling on the wall of the elevator. At this time the surveyor exited the elevator and asked that the Director of Nursing come and note what was seen. The DON was able to confirm the bug crawling in the elevator. The bug was similar to the bug seen in Resident #121's room.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>51713</p> <p>1b) During the kitchen tour on 02/06/25 at 11:15 AM surveyors and the kitchen manager observed debris, dark colored spots, and dead insects on multiple kitchen windowsills. The windowsills were located near the triple sink dish wash area, the ice machine, and storage of clean kitchen utensils. The kitchen manager confirmed that he would schedule cleaning to be done by housekeeping staff.</p> <p>On 2/6/25 at 12:37 PM an interview was performed with the Nursing Home Administrator (NHA). The NHA stated that housekeeping is expected to go to kitchen once a month from 8pm-12am, to keep kitchen cleanliness and confirmed housekeeping was currently in the process of cleaning the windows.</p>		