| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>42782<br><br>Based on observations and interviews it was determined that the facility staff failed to provide a dignified existence to a resident dependent on ADL care. The deficient practice was evidenced in 1 (#202) of 3 dependent residents assessed for ADL care during the survey.<br><br>The findings include:<br><br>On 10/29/24 at 12:43 pm during observation rounds the surveyor observed Resident #202 in their room in bed with a copious amount of mucous overflowing around the tracheostomy dressing and on the right side their neck. Licensed Practical Nurse (LPN) #22 entered Resident #202 room and the surveyor asked the nurse if they would suction the resident due to the copious secretions. LPN #22 verbalized the Respiratory Therapist suctions the resident. Before the surveyor left the resident's room, Resident #202 was still soiled with mucous on their dressing and around their neck.<br><br>On 10/30/24 at 12:28 pm the surveyor observed Resident #202 in bed and heavily soiled with mucous around the tracheostomy dressing and on the right side of their neck.<br><br>11/07/24 03:03 pm during an interview with Director of Nursing (DON) #2 the surveyor verbalized observing the resident with mucous on the tracheostomy dressing and mucous running down the resident's neck. The surveyor asked DON#2 was asked if the nurses are able to suction the residents. DON #2 verbalized the nurses are trained to suction the residents and respiratory therapist are on the unit to provide care. |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0565<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to organize and participate in resident/family groups in the facility.<br><br>42782<br><br>Based on observation and interviews it was determined that the residents who participated in the resident council meeting were unaware meetings could be held without the facility staff being present. This deficient practice was discovered during the survey and impacts residents attending resident council meetings.<br><br>The findings include:<br><br>On 11/06/24 at 2:09 am during the resident council meeting initiated by the surveyor, fourteen residents attended the meeting. The surveyor asked questions relating to the resident council process. When the surveyor asked the resident attendees if they are allowed to have meetings without the facility staff being present, there was a consensus of the residents who verbalized they did not know they could hold resident council meetings without the staff. The Resident Council President, Resident #55 attended the meeting via iPad video. When Resident #55 was asked if they had any meetings without the staff being present, Resident #55 replied, no. The surveyor asked were they made aware they can hold meetings without the staff being present, Resident #55 replied, no.<br><br>On 11/06/24 at 3:01 pm during an interview with Activities Assistant #12, the surveyor asked if the residents are allowed to have meetings without the staff being present. Activities Assistant #12 verbalized they didn't know the residents could have resident council meetings without the staff. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0574<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The resident has the right to receive notices in a format and a language he or she understands.<br><br>42782<br><br>Based on record review and interviews it was determined that the residents were not notified who the facility Ombudsman was or how to contact them. This deficient practice was discovered during the survey.<br><br>The findings include:<br><br>On 11/06/24 at 2:30 pm during the resident council meeting initiated by the surveyor, fourteen residents attended the meeting. The surveyor asked the residents if they knew the name of the Ombudsman and how to contact them. The residents verbalized not knowing the Ombudsman's name or contact information.<br><br>On 11/06/24 at 3:05 pm during an interview with Guest Services Director #24, when asked if the residents know the Ombudsman and how to contact them. Guest Services Director #24, stated the resident don't know who he/she is. The meeting dates and times for resident council are posted in case the Ombudsman wants to attend the meetings and they will ask the Ombudsman to attend a meeting. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>21859<br><br>Based on medical record review and staff interview, it was determined the facility staff failed to ensure that a Minimum Data Set (MDS) assessment was accurately coded. This was evident for 1 (Resident #58) of 6 residents reviewed during the survey.<br><br>The findings include:<br><br>The MDS is a federally mandated assessment tool that helps nursing home staff gather information on each resident's strengths and needs. Information collected drives resident care planning decisions. MDS assessments need to be accurate to ensure each resident receives the care they need.<br><br>Review of Resident # 58's record on 11/7/24 at 2pm revealed that on 10/1/23 during an annual assessment the facility staff coded the resident MDS Section P 0100 (Physical Restraints) (E) trunk restraint used in a chair or out of bed. A trunk restraint is a physical intervention that limits trunk movement.<br><br>During an observation of Resident #58 on 11/7/24 at 2:30 pm no trunk restraint was noted and the resident denied using one.<br><br>During an interview with the MDS Coordinator (staff # 25) on 11/7/24 at 3:00 PM, she stated the MDS was coded incorrectly and the resident does not use a trunk restraint.<br><br>After Surveyor intervention, the facility staff submitted a correction to the 10/1/23 annual MDS assessment for Section P 0100 physical restraint (E) and coded the Resident as (0) no trunk restraint used in chair or out of bed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>21859<br><br>Based on observation, medical record review, and interviews it was determined that the facility staff failed to meet professional standards by documenting that a medication was administered when it was not observed as administered. This was found to be evident for 1 (#106) out of 7 residents reviewed during the survey.<br><br>The findings include:<br><br>Review of Resident #106's physician's orders on 11/5/24 at 9:35 AM revealed an order for Keppra, 20 ml (milliliters) via g-tube two times a day for seizures (9am and 5pm) and Metoprolol Tartrate 12.5mg by mouth two times a day for Tachycardia (9am and 9pm).<br><br>Review of Resident #106's Medication Administration Record (MAR) on 11/5/24 at 10:35 AM revealed LPN (Licensed Practical Nurse) staff (#28) signed off that the Keppra was not administered on 5/31/23 at 5pm due to the g-tube being clogged; however, on 5/31/23 at 9pm the LPN signed off on the MAR that the Metoprolol was administered. Continued review of the medical record revealed the resident was transferred to the hospital on 6/1/23 to have the g-tube replaced.<br><br>During an interview with the DON (Director of Nurses) on 11/5/24 at 2pm, she verified the resident was sent to the hospital on 6/1/23 to replace the g-tube and stated the Metoprolol was not administered by g-tube or mouth. She stated the resident was not to receive anything by mouth per physician order. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42782<br><br>Based on record review and interviews it was determined that the facility staff failed to provide showers to a resident who was dependent for ADL care. This deficient practice was evident in 1 (#98) of 1 resident who verbalized not receiving a shower.<br><br>The findings include:<br><br>On 10/29/24 at 1:50 pm while speaking with Resident #98, they verbalized not receiving a shower since being admitted to the facility. Resident#98 verbalized not being able to stand independently and they require assistance with a shower.<br><br>On 11/07/24 at 1:34 pm a review of the Task section in PointClickCare (PCC) revealed there was no documentation to verify the resident had received a shower. The surveyor reviewed Resident #98's care plans and notes to check to see if a shower was offered and the resident refused; there was no documentation to verify the resident refused a shower nor was there a care plan generated because the resident refused a shower. The surveyor asked Director of Nursing (DON) #2 where the documentation was to verify the resident received a shower. DON #2 verbalized the information should have been in the Task section in PCC.<br><br>On 11/07/24 at 2:30 pm the surveyor received documentation that Resident #98 refused a shower on 10/30, 11/3, and 11/7/24. DON #2 was made aware the resident verbalized they had not received a shower since being admitted and they are unable to shower independently. Resident #98 was admitted on [DATE] and should have received a shower at some point. DON #2 verbalized Resident #98 would receive a shower before the end of that day.<br><br>On 11/08/24 at 9:42 am during an interview with Resident #98 the surveyor asked were they offered a shower prior to the previous day and did they ever decline a shower. The resident verbalized they received a shower for the first time the previous day and it was good and they never were never offered or declined a shower before. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident's drug regimen must be free from unnecessary drugs.<br><br>50457<br><br>Based on record reviews and interviews, it was determined that facility staff failed to administer blood pressure medication as ordered by the physician. This deficient practice was evident for 1 of 27 (#18) residents reviewed during the survey.<br><br>The findings include:<br><br>On 10/31/24 at 9:32 AM, a review of Resident #18's medication administration record revealed an order for Metoprolol Succinate 25mg (milligram) extended release, to be taken every 24 hours. The order included specific parameters to administer one tablet once daily for hypertension but hold the dose if the systolic BP (blood pressure) is less than 110 and heart rate less than 60.<br><br>Further review the Resident #18's BP readings revealed that Metoprolol was administered outside the ordered parameter on:<br><br>09/26/24-BP 107/59<br><br>10/04/24-BP 109/65<br><br>10/08/24-BP 103/57<br><br>10/11/24-BP 102/62<br><br>10/14/24-BP 109/57<br><br>During an interview with UM (Unit Manager) #16 on 10/31/24 at 9:11 AM, regarding the administration of blood pressure medication, UM #16 explained that geriatric nursing aides are responsible for obtaining residents' BP and communicate the readings to the assign nurse. The UM #16 stated that residents who are ordered BP medications also have specific parameters included in their orders. The surveyor informed the UM #16 of the instances where Resident #18 received BP medication outside the prescribed parameters.<br><br>Review of the facility's medication administration policy on 10/31/24 at 1:15pm revealed that, when applicable, hold medications for vital signs outside the physician's prescribed medication.<br><br>On 11/7/24 at 12:17PM, during an interview with Licensed Practical Nurse (LPN) #28, the surveyor inquired about the process for administering blood pressure medications. LPN #28 explained that medication orders are reviewed, and administration parameters are checked. If blood pressure reading is outside of ordered parameters, the medication is held, and the doctor is notified. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure medication error rates are not 5 percent or greater.<br><br>42782<br><br>Based on observations and record review it was determined that the facility had a medication error rate greater than 5%. This deficient practice was evidenced in 1 (#204) of 5 residents observed during the medication pass during the survey.<br><br>The findings include:<br><br>On 11/06/24 at 8:50 am the surveyor observed Licensed Practical Nurse (LPN) #22 prepare medications for Resident #204. The medication cart did not have the resident's antiviral medication that was due at 9:00 am. While LPN #22 gave Resident #204 the medications, he/she refused to take the Fortified Nutritional Shake ordered and the surveyor observed LPN #22 pour the shake into the sink & down the drain. The cup was discarded into the waste basket.<br><br>On 11/07/24 at 12:29 pm review of the Medication Administration Audit Record revealed that LPN#22 signed of the antiviral medication as being administered on 11/06/24 at 11:43 am which was 1 hour and 43 minutes past the due administration time. Also, LPN#22 signed off the Fortified Nutritional Shake as given on 11/06/24 at 9:00 am, but Resident #204 refused to drink the shake and LPN #22 discarded the liquid.<br><br>On 11/07/24 at 2:00 pm during an interview with Director of Nursing (DON) #2 the surveyor verbalized the medication error rate was 6.67% which was greater than 5%. The surveyor made DON #2 aware the Fortified Nutritional Shake was signed off as given, but Resident #204 refused to drink the shake and the surveyor observed LPN #22 discard it. Also, Resident #204 antiviral medication was signed off as given 1 hour 43 minutes after the due time for administration. DON #2 verbalized the nurses have a Pyxis (an automated medication dispensing system) on the unit to get medications, but uncertain if the antiviral medication is available in the Pyxis. The DON advised if a medication is not administered, it is supposed to be signed off as not given. The physician and responsible party should be made aware. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>50457<br><br>Based on observations and interviews, it was determined that facility staff failed to discard expired medications. This deficient practice was evident in 1 out of 4 medication storage rooms assessed during the survey.<br><br>The findings include:<br><br>On 11/06/24 at 8:35 AM, during an observation of the medication storage room on Evergreen unit, the surveyor found the following expired medications and medical supply:<br><br>3 intravenous bags of 10% Dextrose expired October 2024<br><br>Infuvite Adult Multiple vitamin vial expired December 2023<br><br>Biopatch Protective Disk expired March 2024<br><br>Thick & Easy Clear Drink expired August 2024<br><br>On 11/06/24 at 8:54 AM, the surveyor informed the Nurse Unit Manager #16 about the findings. The Nurse Unit Manager #16 explained that both central supply personnel and Evergreen unit clerk are responsible for organizing and managing the medication supply room. All expired items were discarded by Nurse Unit manager #16.<br><br>On 11/06/24 at 9:00 AM, during an interview with the Evergreen Unit Clerk #6, she explained that she is responsible for organizing and cleaning the medication supply room. She further explained that she only occasionally checks items for expiration dates, and the central supply personnel are usually responsible for restocking and removing expired items.<br><br>On 11/06/24 at 1:15 PM, during an interview with Central Supply Personnel #40, when asked the process for restocking and managing the medication supply room, CSP #40 explained that she restocks the medication supply room several times per week and as needed when notified of low supplies. When asked about checking expiration dates and removing expired medications or items, she states that she does not handle expired items, that's the responsibility of the nurse or nurse manger.<br><br>On 11/08/24 at 11:30 PM, the surveyor made the Administrator #1 aware of the findings. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.<br><br>42863<br><br>Based on interviews, observations, food temperature testing it was determined that the facility staff failed to ensure meals were palatable and that cold liquids were served at the correct temperatures. This failure had the potential to affect all residents receiving meals from the facility's kitchen.<br><br>The findings include:<br><br>During a tour of the four units on the first and second floors on 10.28.24 between 0900 AM and 10:30 AM the surveyor conducted interviews of over twenty residents. Four residents, 3, #5, #16, and #22, on the 1st floor and two residents, #220, #235 on the second-floor unit, reported that their meals are consistently served cold. All six residents stated they received cold scrambled eggs that morning. Resident # 235 stated that he/she had discussed food concerns with the dietary staff previously.<br><br>The surveyor met with staff #5 on 11.06.24 at 12: 35 PM. Staff #5, the certified dietary manager (CDM) was asked how often do the dietary staff perform test trays? Staff #5 stated the test tray testing is performed weekly. Additionally, staff #5, CDM stated that meal carts are sent up in a timely manner in the kitchen. Staff #5 stated that nursing is not delivering the trays within 15 minutes of the arrival of trays to the units. Also, staff #5 stated the hold temperature for hot food items is at 140 degrees or greater. Staff #5 stated the Pellet bases/chargers were replaced in October or September 2024. Also, she stated she would provide the surveyor with copies of the interventions initiated by her department and presented them to the QAPI members.<br><br>On 11.06.24 at 02:00 PM through 2:41 PM a resident council meeting was held with an OHCQ surveyor leading the discussion with 14 residents present. One of the primary concerns shared by the residents was the issue of meals being served cold and not palatable, consistently the food is never warm or hot. One example given was that the butter/margarine doesn't melt on anything. The resident stated that dietary staff stated during food council meetings and when approached individually that the dietary team stated that they are working on a solution. Another concern expressed by at least four residents was that the nursing staff were not immediately serving the meal trays upon delivery to the clinical unit.<br><br>On 11.07.24 the surveyor followed a test tray up to the 2nd floor unit at 12:30 PM and the main courses meat and vegetables were within the safe temperature ranges 169 degrees for meats and vegetables of 140 degrees. The apple juice stored in a pitcher delivered with the meal cart had a temperature of 80 degrees per CDM's thermometer readings. Additionally, one resident's cup of apple juice had a temperature of 50 degrees. The apple juice, lemonade, and iced tea were not placed on ice when delivered to the units.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | On 11.08.24 at 09:00 AM the administrator discussed with the survey team that one of the Quality Assurance Performance Initiatives (QAPI) for the facility was the issue of residents' cold food complaints. Per the discussion with the administrator the residents had complained of receiving main courses such as meats and vegetables being served over at least three-month period, (August, September, and October 2024). One surveyor shared that during a recent surveyor observation on 11.07.24 the apple juice that was sent up to the 1st floor in a pitcher had a temperature reading of 80 degrees during the breakfast meal cart delivery.<br><br>Staff # 5 had not provided the weekly tray testing results but had provided monthly tray testing results prior to the exit conference. These concerns related to food temperatures and palatability were discussed with the administrator, DON, and the certified dietary manager, CDM prior to the exit conference on 11.08.24. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215096 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Complete Care at Multi Medical Center LLC | 7700 York Road<br>Towson, MD 21204 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0947<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.<br><br>50457<br><br>Based on record reviews and interviews, it was determined that facility staff failed to have a system in place to ensure geriatric nursing assistant (GNA) received dementia training annually. This deficient practice was evident for 4 out of 5 (GNA #18, GNA #41, GNA #42, and GNA #43) GNA files reviewed for training.<br><br>The findings include:<br><br>On 11/4/24 at 8:27AM, a review of employee file for GNA #18, GNA #41, GNA #42, and GNA #43 revealed no documentation confirming that annual dementia training had been completed within the last 12 months.<br><br>During an interview with the Educator #39 on 11/4/24 at 10:08, she stated that annual competencies for GNA are typically conducted in April. These competencies include: lift and transfer competencies, catheter and perineal care, bedpan, urinal commode management, activities of daily living documentation, colostomy care, signs and symptoms of hypoglycemia and hyperglycemia, safe swallowing and feeding techniques, weighing and measuring residents, handling dirty linen, mouth care, fall prevention, prevention of skin breakdown, communicating effectively with assigned nurse, shift hand-off report, and safe resident handling.<br><br>The Educator #39 stated that she believes the last GNA competency training was completed in April of 2024. She explained that she became the facility's educator in July of 2024, following the resignation of the previous educator in May 2024. The Nurse Educator #39 clarified that dementia training is included in annual competencies and new employee orientation. When asked to provide verification of the annual dementia training, she responded that she would search for the documents. She also noted that the facility is in the process of transitioning from paper documentation to an electronic system, called Relias.<br><br>On 11/4/24 at 10:38AM, during an interview with the Administrator #1, she stated that the facility identified an issue with employee education records not being properly filed by the previous educator, resulting in incomplete employee education files. The Administrator #1 explained that this issue was identified during their quality assessment performance improvement meeting in September 2024. She also reports that the facility is currently implementing a new virtual education software Relias before the end of 2024. |