STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215105	A. Building B. Wing	12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Citizens Care and Rehabilitation Center of Frederi	1920 Rosemont Avenue Frederick, MD 21702

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513 Based on interview, record review, and review of the facility policy, the facility failed to ensure a Level II PASARR (a more in-depth preadmission screening and resident review) was obtained, as required for one resident (Resident (R)58) of three sampled residents in a total sample of 39. This failure placed the resident at risk of not receiving specialized services for serious mental illness. Findings included: Review of the facility policy titled, Resident Assessment-Coordination with PASARR Program, dated 2024 revealed, This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs .All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening .PASARR Level I- initial pre-screening that is completed prior to admission. If the Level I Screen is negative-permit admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. If the Level I screening is positive-necessitates a PASARR Level II evaluation prior to admission .PASARR Level II is a comprehensive evaluation by the appropriate stated-designated authority and cannot be completed by the facility which determines whether the individual has MD [mental disorder], ID [intellectual disorder] or related condition, and determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs . Review of the Admission Record located in the Profile tab of the electronic medication record (EMR) revealed, R58 was readmitted to the facility on [DATE] with diagnoses that included post-traumatic stress disorder (PTSD-a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event), bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and anxiety. Review of an 11/21/2021 Care Plan located in the Care Plan tab of the EMR revealed, [R58] has a diagnosis of Depression, Anxiety, Bipolar disorder & PTSD. [he/she] has behaviors such as yelling out, cursing until [he/she] goes back to bed or is changed. Interventions included, not limited to, Monitor for responses to loud noises related to possible response from PTSD and Behavioral health consults as needed; e.g. psychologist, psychiatrist. (continued on next page)

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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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the quarterly Minimum Data Set (MDS) assessment located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 12/05/24 revealed R58 had a Brief Interview of Mental Status (BIMS) score of three out of 15 which indicated he/she was severely impaired in cognition and had no behaviors. Review of the Level I PASARR located in the Miscellaneous tab revealed R58 had a Level I PASARR which was dated 06/01/22. The Level I further indicated that If two of three boxes are marked (under mental illness) then a Level II PASARR would be required. During an interview on 12/18/24 at 12:22 PM, Social Worker (SW)1 was asked if a Level II PASARR had been done for R58 in 2022. SW1 stated, The Level I PASARR (in the EMR) was from his psychiatric hospital stay in 2022. SW1 further stated, Counseling doesn't feel it would be helpful to R58 has [his/her] BIMS score is low. In addition, the VA [Veterans Administration] would not provide any further counseling when [he/she] was readmitted after his psychiatric hospital stay. SW1 was asked about the section of the PASARR Level 1 where it indicated that R58 met two of the three requirements to have a PASARR Level II evaluation, in 2022. SW1 reviewed the section and confirmed that R58 should have had a PASARR Level II evaluation.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review, interview and facility policy review, the facility failed to develop a comprehensive care plan regarding a condom catheter for one of one resident (Resident (R)155) out of 39 sampled residents. This failure to develop a care plan increased the risk for care to be incomplete and/or inconsistent related to R155 having a condom catheter. Findings include: Review of R155's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R155 was admitted to the facility on [DATE] with diagnosis of chronic kidney failure, Stage 3, malignant neoplasm of the pancreas, chronic respiratory failure with dependence on ventilator, tracheostomy, and gastrostomy. Review of R155's admission Minimum Data Set (MDS) located under the MDS tab in the EMR with an Assessment Reference Date (ARD) of 11/11/24 coded the resident as having a Brief Interview for Mental Status (BIMS) score of eight out of 15 which indicated R155 was moderately cognitively impaired. Review of R155's Physician Orders located under the Orders tab in the EMR revealed an order dated 11/13/24 for Maintain size 35mm [millimeter] Condom Catheter. Review of R155's Comprehensive Care Plan located under the Care Pan tab in the EMR revealed no documentation of R155 having a condom catheter. During an interview on 12/19/24 at 11:50 AM, with the Director of Nursing (DON) and Unit Manager (UM)2 stated, The condom catheter is not on the care plan. Asked if the condom catheter should have been placed the on the care plan after the order was received and UM2 stated, Yes, it should have been added to the care plan. The DON confirmed the care plan was to represent the care the R155 was receiving in the facility, and this care plan did not show this. Review of the undated facility's policy titled Comprehensive Care Plan revealed revealed It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment .

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review, interview, and facility policy review, the facility failed to review and revise a comprehensive care plan to reflect the resolution developing of pressure ulcers and non-pressure wounds for one of four residents (Resident (R)155) out of 39 sampled residents. This failure created an increased risk for R155 to receive care and services not appropriate for their current clinical condition. Findings include: Review of R155's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R155 was admitted to the facility on [DATE] with diagnosis of malignant neoplasm of the pancreas, chronic respiratory failure with dependence on ventilator, tracheostomy, gastrostomy, pressure ulcer of other site, unstageable, pressure ulcer of other site, Stage 3, and non-pressure chronic ulcer of other part of right foot and left foot with fat exposed. Review of R155's admission Minimum Data Set (MDS) located under the MDS tab in the EMR with an Assessment Reference Date (ARD) of 11/11/24 coded the resident as having a Brief Interview for Mental Status (BIMS) score of eight out of 15 which indicated R155 was moderately cognitively impaired. R155 was also coded as being a risk for developing pressure ulcers, and having one Stage 2, two stage 3, one Stage 4, and one unstageable pressure ulcers that were present on admission. Review of the VOHRA Wound Physicians .Wound Evaluation & [and] Management Summary located under the MISC [Miscellaneous] tab in the EMR and dated 11/06/24 through 12/18/24 revealed R155 was admitted to the following wounds; non-pressure wounds to the left 1st, 4th, and 5th toes and right 4th and 5th toe and tongue areas. R155 also had pressure wounds to the left and right plantar foot Stage 3, Sacrum Stage 2, left ear Stage 4, and right lateral foot unstageable areas. On the wound note, dated 11/13/24, the right 4th toe and sacrum wounds were healed. On the wound note, dated 11/25/24, the pressure wound to the left plantar foot was healed and a new pressure wound to the right heel Stage 3 was noted. On the wound note, dated 12/04/24, the non-pressure wounds to the right and left 5th toe were healed, and the addition of the right buttock Stage 2 was noted. On the wound note, dated 12/11/24, the non-pressure wound to the right 5th toe reopened and the pressure wound to the right plantar foot Stage 3 was healed. Review of the Comprehensive Care Plan located under the Care Plan tab in the EMR and dated 11/26/24 revealed on admission skin impairments as follows: Arterial wounds: left first, fourth and fifth toes, right buttock [sic] Pressure wounds right lateral foot, and left ear [sic] Non-pressure tongue and face . Under the Focus area of the care plan dated 11/05/24 revealed [R155] has the potential for skin impairment to limited mobility [sic] with interventions of Body check by GNA [geriatric nursing assistant] with AM [morning] care qd [every day]. Body check by nurse q [every] week/ Use left sheet to prevent shearing. Turn and Position q 2-3 hours. Mattress: Static pressure redistribution. Keep HOB [head of bed] raised to lowest comfortable angle for resident. Use pillows to prevent skin to skin contact prn [as needed]. Offload pressure areas. There was no documentation of the wounds to the right 4th toe, sacrum, and the left and right plantar foot was healed and the addition of new pressure wounds to the right heel and to the right buttock. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/19/24 at 11:50 AM, the Unit Manager (UM)2 stated, It [care plan] only has the wounds listed that [R155] was admitted with. I did not update the care plan when a wound healed, or another was found. The Director of Nursing confirmed the care plan was to represent the care the resident was receiving in the facility, and this care plan did not show this. Review of the undated facility's policy titled Care Plan Revisions Upon Status Change provided by the facility stated, .The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change . The care plan will be updated with the new or modified interventions .

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 28306 Based on observation, interview, and facility policy review, the facility failed to accurately check the insulin pen that was being used to administer insulin to one of three resident (Resident (R) 14) administered insulin out of six residents being observed during the medication administration task. This failure had the potential for bloodborne pathogens to infect residents by using a reusable insulin pen to a resident other than the resident that it had been ordered for. Findings include: Review of the facility's policy titled Medication Administration .Insulin Administration dated 06/21/17 and provided by the facility stated, .Pens must be used only for a single resident and must never be shared . During an observation of medication administration on 12/16/24 at 4:50 PM, Licensed Practical Nurse (LPN)1 was observed in getting a new Novolog Insulin Pen from the Unit Manager (UM)3 which was obtained from the Cubex. LPN1 administered R77 with two units of Novolog insulin subcutaneously as ordered by the physician. LPN1 went to the next resident which was R14. LPN1 applied the alcohol prep to R14's left upper quadrant of R14's abdomen and uncapped the Novolog Insulin Pen. Before LPN1 was able to stick R14's abdomen with the insulin pen, the surveyor requested the nurse to stop and LPN1 was asked to return to the medication cart. LPN1 stated, When you stopped me, I thought that I should have asked my supervisor for a new insulin pen instead of using this one. During an interview on 12/19/24 at 11:52 AM, Unit Manager (UM)3 stated, Each person has their own individual pen. I expect the nurse to use one pen at a time for each person. On 12/19/24 at 11:55 AM, the Director of Nursing (DON) was notified of LPN1 attempting to use an insulin pen of Novolog on R14 that was used to administer insulin to R77. The DON confirmed insulin pens are only to be used on one resident and each resident should have their own pen.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513 Based on observations, interviews, record review and review of facility policy, the facility failed to ensure expired insulin pens were discarded from five medication carts (respiratory care unit (RCU) cart two, second floor long-term care unit (LTC) medication carts one, second-floor LTC medication cart two, third floor LTC medication cart medication cart one, and memory care medication cart one) of nine medication carts reviewed. This failure placed residents at risk of ineffective medication. Findings included. Review of the facility policy titled, Medication Administration, dated [DATE] revealed, . Ensure that the open date is documented on the vial or pen .Check the expiration date prior to administration to ensure it is within the usage date. Expired insulin should be immediately discarded. Vials and pens without an open date recorded should be discarded . 1. Review of RCU cart two on [DATE] at 3:35 PM with Licensed Practical Nurse (LPN)3 revealed, a Lantus (long-acting) insulin pen for R117 which had an orange label on the side of the pen which indicated, Do Not Use After [DATE]. In addition, an Aspart (Novolog-a short-acting) insulin pen which also had an orange label which indicated that the pen was Opened on [DATE]. The pharmacy label on the medication package for both medications read, Discard after 28 days. Further review of RCU cart two with LPN3 revealed that R124 had a Lantus insulin pen which indicated that the insulin pen was opened on [DATE]. The pharmacy label showed that the medication was to be discarded after 28 days. LPN 3 confirmed that the insulin pens had been used for both R117 and R124 and should have been discarded. 2. Review of the second-floor LTC cart two on [DATE] at 3:48 PM, with LPN4 revealed a Humalog (short-acting) insulin pen for R72 which had an open date of [DATE]. The label indicated that the insulin pen was to be discarded after 28 days. LPN4 confirmed that the Humalog insulin had been used for R72 and should have been discarded. 3. Review of the second-floor LTC cart one on [DATE] at 3:53 PM with LPN6 revealed a Novolog insulin pen which had an open date of [DATE]. The label on the package showed that the insulin pen was to be discarded in 28 days. LPN6 confirmed that the insulin pens had been used and they should have been discarded in 28 days. 4. Review of the third-floor LTC cart one with LPN1 revealed a Humalog insulin pen for R130 with an open date of [DATE]. The label on the package indicated that the insulin pen was to be discarded in 28 days. In addition, R130 had a second Humalog pen which showed no open date or expiration date on the pen. LPN confirmed that both pens had been used and should have been labeled when opened and discarded after 28 days. Further review of the third-floor LTC cart one with LPN1 revealed an Aspart insulin pen for R77 which had an open date of [DATE]. LPN1 confirmed that the insulin pen should have been discarded on [DATE]. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Review of the memory care medication cart one on [DATE] at 4:27 PM with Unit Manager (UM)1 revealed, R158 had a Novolog insulin pen with an unreadable open date. UM1 confirmed that the insulin pen should have been thrown out as the date was unreadable. During an interview on [DATE] at 4:51 PM the Director of Nursing (DON) was asked what his expectation was in regard to labeling insulin pens when opened and not using them past the expiration date. The DON stated, My expectation would be that prior to administration via the insulin pen, the medication would be observed for the correct open date. If outdated and expired, the insulin pen should be discarded and a new insulin pen obtained.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43050 Based on observation, interview, and review of the facility policy, the facility failed to ensure all food in the freezer, refrigerator, and dry storage was labeled, dated, and not expired as well as failed to ensure newly washed dishes were allowed to properly air dry and staff wore the appropriate hair coverings. These failures had the potential to affect all 158 residents in the facility who consumed food from the kitchen. Findings include: Review of the facility's policy titled, Food Safety Product Labeling and Dating Guidelines, dated [DATE], revealed .Sodexo policy does not specify a date marking label. An establishment can choose to be as precise as needed in date marking if the parameters set forth within the Sodexo policy are met. A date marking system may use calendar dates, days of the week, color-coded marks, or other effective means to comply with policy and the food code . All managers and food employees need to be trained and understand the operation's date marking policy and the dating/labeling system they use . Review of the facility's policy titled, Hair Restraints, dated [DATE], revealed Consumers are particularly sensitive to food contaminated by hair. Hair can be both a direct and indirect vehicle of contamination. Food employees may contaminate their hands when they touch their hair. A hair restraint keeps dislodged hair from ending up in the food and may deter employees from touching their hair. Our guidelines below are taken from the FDA Food Code. Food employees should wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, which are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. During an observation on [DATE] at 8:43 AM, the following observations in the kitchen were identified and verified by the Dietary Manager (DM). 1. The walk-in freezer contained two bags of chicken with no use-by-dates. The bags were frozen to the tray due to some kind of spill. There was also one box of hamburgers not sealed shut. Two bags of sausage had no labeling and dating. One bag of Cod was outdated with an expiration date of [DATE]. One bag of pork patties was outdated with an expiration date of [DATE]. One metal container had no labeling and dating and the DM had no idea what the container contained. There was also one package of food that had no labeling and dating and the DM had no idea what the package contained. 2. The walk-in refrigerator contained one bag of salami with an expired date of [DATE], boiled eggs expired with a date of [DATE], tuna with an expiration date of [DATE], fortified pudding, feta cheese, and cut potatoes expired on [DATE]. Cut potato slices had an expiration date of [DATE]. Two bags of bologna and beef/mac not sealed shut. 3. The dry Storage room contained one bag of dried cranberries that had no labeling, dating, and was not sealed shut. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4. The Robot Coupe was not allowed to airdry before the lid was attached. The inside of the container was wet. There were also six metal pans that were stacked wet and not allowed to airdry. 5. The kitchen contained four hot boxes that transfer food to the kitchens on the units. They were dirty and sticky on the outside with dried food and crumbs. Observation and interview on [DATE] at 8:43 AM with the DM revealed the DM did not have a hair covering. When asked what he was doing, the DM stated, I was putting food in the walk-in refrigerator. When asked why he did not have a hair covering, the DM did not answer. He then stated, He was not handling food. Observation and interview on [DATE] at 8:55 AM with Dietary Aide (DA)2 revealed that he had a hairnet, but only the top of his hair was covered. When questioned, DA2 stated, My hair must have fallen out. Observation and interview on [DATE] at 11:25 AM with DA1 revealed that she did not have a hairnet. When asked why, DA1 stated, I was told if my hair is under a quarter of an inch, I do not have to wear a hairnet. Interview with the General Manager (GM) on [DATE] at 11:09 AM revealed, My expectations of the kitchen is that the staff follows food safety, quality, and have consistency. Training must be completed. Issues need to be noted and handled. During an interview with the Administrator on [DATE] at 11:33 AM revealed, The kitchen needs to be in compliance with regulations and wear hair coverings. All food should be labeled and dated. The kitchen needs continuous training.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 28306 Based on observation, interview, record review, and review of facility policy, the facility failed to ensure infection control measures were appropriately implemented and maintained hand hygiene related to blood glucose testing for four of four residents (Resident (R) 35, R16, R77, and R14) who were observed during testing. Also, the facility failed to ensure wound care was performed in a manner to prevent infection for R115. These failures placed the residents at risk for infections and a decrease in quality of life. Findings include: 1. Review of the facility's policy titled, Glucometer Disinfection reviewed 10/14/24 indicated, Policy Explanation and Compliance Guidelines .5. Procedure: a. Obtain needed equipment and supplies: Gloves, glucometer, alcohol pads, gauze pads, single-use lancet, blood glucose testing strips, disinfecting wipes. b. Wash hands.e. Put on gloves. f. Obtain capillary blood glucose sampling according to facility policy. g. Remove and discard gloves, perform hand hygiene prior to exiting room. i. Retrieve a disinfectant wipe from container. j. Using wipe, clean to remove heavy soil, blood and,/or other contaminants left on the surface of the glucometer. k. After disinfecting, place glucometer on foil barrier and allow the glucometer to air dry. l. Discard disinfectant wipe in waste receptacle. m. Perform hand hygiene. a. Review of the Face Sheet located in the Admissions tab of the electronic medical record (EMR) revealed R16 was admitted to the facility in June 2018 with diagnoses of dementia and type 2 diabetes with long term use of insulin. Review of the Orders Summary located in the Orders tab of the EMR revealed, Blood Glucose check two times a day and dated 03/21/22. Observation on 12/16/24 at 10:24 AM revealed Licensed Practical Nurse (LPN) 7 completed a blood glucose test on R16. LPN7 did not wash her hands before putting on her gloves. LPN7 entered the residents room with the glucometer, lancet, alcohol wipe, and test strips in her uniform pockets. The glucometer was then placed on the nightstand with no barrier. The procedure was completed, and the dirty glucometer was placed on the medicine cart and then cleaned and put away. LPN7 did not wash her hands after cleaning the glucometer. b. Review of the Face Sheet located in the Admissions tab of the EMR revealed R35 was admitted to the facility in April 2022 with diagnoses of dementia and type 2 diabetes with diabetic chronic kidney disease. Review of the Orders Summary located in the Orders tab of the EMR revealed, Blood Glucose check before each meal and dated 04/01/22. Observation on 12/16/24 at 11:50 AM revealed LPN8 completed a blood glucose check on R35. A plastic container contained multiple lancets (20), alcohol wipes, and test strips was observed. When the procedure was completed, LPN8 put the dirty glucometer on top of all the clean lancets in the plastic container and brought to the medicine cart. Hand hygiene was not performed during the procedure. (continued on next page)

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. Review of R77's undated Face Sheet located under the Profile tab in the EMR revealed R77 was admitted to the facility in August 2022 with the diagnosis of type 2 diabetes mellitus. Review of R77's Physician's Orders located under the Orders tab in the EMR revealed an order dated 10/01/24 which stated, Novolog Flex Pen Solution Ped-injector 100 Unit/ML [unit per milliliter] Inject as per sliding scale: if 0-70 Call MD [medical doctor]; 71 - 150 = 0; 151 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401+ Call MD [Medical Doctor] subcutaneously before meals related to Type 2 Diabetes Mellitus . During an observation on 12/16/24 at 4:42 PM, LPN1 cleaned the glucometer after it was used to obtain R77's blood sugar. LPN1 wiped the glucometer with the Micro Kill wipe and did not wear gloves when cleaning the glucometer with the Micro Kill wipe. d. Review of R14's undated Face Sheet located under the Profile tab in the EMR revealed R14 was admitted to the facility in August 2022 with the diagnosis of type 2 diabetes mellitus with hyperglycemia. Review of R14's Physician's Orders located under the Orders tab in the EMR revealed an order, dated 09/18/24, which stated, Novolog Flex Pen Solution Ped-injector 100 Unit/ML [unit per milliliter] Inject as per sliding scale: if 0-70 Call MD [medical doctor]; 71 - 150 = 0; 151 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401+ Call MD subcutaneously before meals related to Type 2 Diabetes Mellitus . During an observation on 12/16/24 at 4:36 PM, LPN1 cleaned the glucometer after it was used to obtain R14's blood sugar. LPN1 wiped the glucometer with the Micro Kill wipe and did not wear gloves when cleaning the glucometer with the Micro Kill wipe. The interview with the Director of Nursing (DON) on 12/19/24 at 10:09 AM revealed, My expectations of the nursing staff is that they have all equipment on the medicine cart and enter the resident room with all supplies. Place a barrier down and place supplies on the and proper hand hygiene is to be used. Interview on 12/19/24 at 10:36 AM with LPN8 revealed, I was nervous. I know that I am supposed to wash my hands before putting on gloves. During an interview with the Administrator on 12/19/24 at 11:48 AM revealed, I expect that nursing follows policy and does what they are supposed to do. Training is essential to maintain infection control. During an interview on 12/19/24 at 11:52 AM, the Infection Preventionist (IP) nurse stated, The nurse is to wear gloves while cleaning the glucometer. They are to place a piece of foil on the top of the medication cart and place the glucometer on it after they have cleaned it while they are waiting for it to dry. 2. Review of the Admission Record located in the Profile tab of the EMR revealed R115 was admitted to the facility in November 2021 with diagnoses that included dementia and malnutrition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215105	A. Building B. Wing	12/23/2024

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Citizens Care and Rehabilitation Center of Frederi	1920 Rosemont Avenue Frederick, MD 21702

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the quarterly MDS located in the MDS tab of the EMR with an ARD of 11/21/24 revealed, R115 had a BIMS score of six out of 15 which indicated he/she was severely impaired in cognition and had one stage for pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle) that was facility acquired. Review of a 12/18/24 Wound Clinic Provider visit note, located in the Miscellaneous tab of the EMR revealed, The wound measures 0.6cm x 1.3cm x 0.3cm with undermining at 9 o'clock which was 3.8cm. Wound progress at goal, duration of the wound is >431 days. The objective is to maintain healing. The tissue is a little more robust. Give it more time since changing the chair cushion and recommend [he/she] get into bed in the afternoon between lunch and dinner (but [he/she] is unlikely to comply). Review of the Order Summary located in the Orders tab of the EMR dated, 11/20/24 revealed, LT [left] HIP STAGE IV PRESSURE WOUND: Clean with NS [normal saline], cut thin small strip of Methylene Blue Foam, moisten with NSS [normal saline solution], wring out, then tuck into undermining every day. During a wound care observation on 12/19/24 at 11:41 AM with the Treatment Nurse (TN), she was observed to have brought in the wound care supplies into the room and laid them on the overbed table while she washed her hands and applied gloves. The wound care supplies were still packaged. After she applied her gloves, she carried the supplies over to the resident and laid them on the bed. She opened the vial of normal saline and poured it onto the gauze and proceeded to clean around the wound. She then obtained a clean gauze and cleaned the inside of the wound and then with the same gauze, she cleaned around the outside of the wound. The TN did not remove her gloves or perform hand hygiene before obtaining the methylene blue foam which was moistened in normal saline. She placed the foam into the wound bed using a sterile Q-tip. After she finished providing the foam, without changing her glove or performing hand hygiene, she opened the foam dressing and applied it to the wound. Without removing her gloves and performing hand hygiene, she picked up her soiled supplies off the resident's bed and proceeded out of the room before being stopped. During an interview on 12/19/24 at 11:54 AM, the TN was asked when you should change gloves and perform hand hygiene during wound care. The TN stated, They are to be changed when going from soiled to clean. The TN was asked about using the moistened gauze inside the wound and then around the wound on the skin. The TN stated she should have obtained clean moistened gauze instead of using the soiled gauze. The TN confirmed that she knew about the changing of the gloves from soiled to clean but was nervous. 32513 43050

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43050 Based on interview, record review, and review of facility policy, the facility failed to ensure that the education of benefits and risks of immunizations for pneumonia and influenza was provided after refusals for the vaccinations for three residents (Residents (R) 36, R20, and R80) of five sampled residents reviewed for immunizations. This failure placed the residents at risk for pneumonia and influenza. Findings included: Review of facility policy titled, Pneumococcal Vaccine, dated 08/01/2024 revealed, .Prior to offering a pneumococcal immunization, each resident or the resident's representative will receive education regarding the benefits and potential side effects of the immunization with the education documented in the clinical record . Review of facility policy titled, Influenza Vaccination, dated 09/01/2024 revealed, . Prior to the administration of the influenza vaccine, the person receiving the immunization, or his/her legal representative, will be offered a copy of CDC's (Center for Disease Control) current vaccine information statement relative to the influenza vaccination .The resident's medical record or staff's medical file will include documentation that the resident and/or the resident's representative was provided education regarding the benefits and potential side effects of immunization, and that the resident received or did not receive the immunization due to medical contraindication or refusal. According to the CDC (Centers for Disease Control) at www.cdc.gov recommends Complete series: PCV 13 at any age & PPSV 23 at [AGE] years of age or older and then at five years. Together, with the patient, vaccine providers may choose to administer PCV20 to adults greater than [AGE] years of age who have already received PCV13 or PPSV 23 at or after age [AGE] years. 1. Review of the Face Sheet' located in the Admissions tab of the Electronic Medical Record (EMR) revealed R36 was admitted to the facility on [DATE] and was [AGE] years old. Review of the Immunizations tab of the EMR revealed R36's son (who is the responsible party), refused the pneumococcal conjugate vaccine (PCV 20) and no documented education was provided. 2. Review of the Face Sheet' located in the Admissions tab of the EMR revealed R20 was admitted to the facility on [DATE] and was [AGE] years old. Review of the Immunizations tab of the EMR revealed R20's sister (who is the responsible party), was called and voicemail left on 11/27/24 for consent to administer the influenza and PCV 20, with no return call. The facility did not follow up on the phone call and documentation on education was not provided. 3. Review of the Face Sheet' located in the Admissions tab of the Electronic Medical Record (EMR) revealed R80 was admitted to the facility on [DATE] and was [AGE] years old. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Immunizations tab of the EMR revealed R80's sister (who is the responsible party) agreed to the vaccine, but R80 refused the vaccine and did not receive documentation on education for the influenza vaccine. The facility made no attempt to contact the sister for assistance with the resident receiving the vaccine. During an interview on 12/19/24 at 2:24 PM, the Infection Preventionist (IP) stated, I do not know why the Vaccination Information Sheets (VIS) all say no education was provided. My concern is that I do not always know that I am getting the vaccine refusals. I need to review my process for immunizations. Interview on 12/19/24 at 2:58 PM with the Administrator revealed, My expectation for immunizations is that the IP is reviewing the vaccines and refusals and providing education on the risk and benefits of receiving those vaccines. Education has to be provided and documented in the resident's records.