

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Doctors Community Rehabilitation and Patient Care		STREET ADDRESS, CITY, STATE, ZIP CODE  6710 Mallery Drive Lanham, MD 20706	

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 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>42783</p> <p>Based on observation and interviews it was determined that the facility failed to ensure that staff respond to call bells in a timely manner. This was found to be evident for 1 (resident #80) out of 3 residents observed for call bell response time.</p> <p>The findings include:</p> <p>During an interview conducted on 4/18/24 at 8:50 AM, Resident #80 stated that his/her call bell had not worked, and that maintenance had worked on it. This surveyor pressed the red button on the call bell, went to the hallway, and observed the resident's call bell light illuminated.</p> <p>The surveyors continued to observe Resident #80's call bell illuminated on 4/18/24 at 9:00 AM. The surveyors observed Geriatric Nursing Assistant (GNA) #13 &amp; #14 walk down the hallway and go into Resident #51's room who did not have a call bell light illuminated.</p> <p>During an interview conducted on 4/18/24 at 9:12 AM, the surveyors witnessed an audible beep sound that came from the nursing station. The Unit Secretary #12 explained that the sound was the call bell alarm for Resident #80. The Unit Secretary further stated that she had spoken to GNA #13 earlier and advised that Resident #80 required assistance however GNA #13 did not respond to the call bell but instead chose to go to another resident's room.</p> <p>The Surveyors observed Registered Nurse (RN) #2 enter Resident #80's room and the call bell light turned off at 9:14 AM. There was a total of 14 minutes before staff responded to the call bell.</p> <p>During an interview conducted on 4/18/24 at 11:23 AM, the Director of Nursing (DON) stated that the expectation was for the staff to respond to the call bell in a timely manner. She further explained that if the GNA did not respond to the call bell the Unit Secretary should have.</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Doctors Community Rehabilitation and Patient Care		STREET ADDRESS, CITY, STATE, ZIP CODE  6710 Mallery Drive Lanham, MD 20706	
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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>42783</p> <p>Based on record review and interviews it was determined that the facility failed to ensure that a podiatry consult was provided in a timely manner. This was found to be evident for 1 (Resident #122) out of 1 resident reviewed for foot care.</p> <p>The findings include:</p> <p>Erythema means reddening of the skin due to inflammation which is usually a result of accumulation of cells of the immune system and chemicals these cells release. There can be many reasons for the occurrence of erythema: exposure to heat, insect bites, infections, allergy, non-ionizing radiation (sunlight, UV) and ionizing radiation (X-ray, nuclear radiation).</p> <p>According to the Centers of Disease Control and Prevention (CDC) cellulitis is a common bacterial skin infection that causes redness, swelling, and pain in the infected area of the skin. If untreated, it can spread and cause serious health problems.</p> <p>On 04/29/2024 at 6:43 PM review of the provider's note (encounter note) dated 07/28/2022 for Resident #122 explained that the provider was alerted by nurses to erythema noted in the right first toe. The provider noted that the resident was previously treated with mupirocin and noted that the treatment was effective. The provider also noted that the resident's family informed the provider that the resident had this reoccurring infection in his/her foot and documented that the resident needed a follow-up podiatry consult. A plan of care was noted that stated, cellulitis of toe of right foot we will start keflex for 5 days. We will also apply mupirocin cream and monitor for improvement.</p> <p>On 04/29/2024 at 6:45 a review of Resident #122's medical records revealed a physician's order dated of 07/28/2022 that stated, Podiatry consult, call to schedule one time only until 08/02/2022.</p> <p>Further review of Resident #122's medical records did not reveal that the resident received a podiatry consult as ordered.</p> <p>On 04/29/2024 at 7:10 PM a review of the provider note (encounter note) dated 10/06/2022 stated Open wound of right great toe, subsequent encounter Right great toe wound near the nail. Black crust on the wound. Will apply a dry gauze after ointment applied. Father at bedside--concern about toe recurrent infection. Will order podiatry consult.</p> <p>Review of the physician orders conducted on 04/29/2024 at 7:14 PM revealed:</p> <p>an order for a podiatry consult dated 10/07/2022 and Podiatry consult,</p> <p>According to the National Institute of Health (NIH) atherosclerosis is a common condition that develops when a sticky substance called plaque builds up inside your arteries. Disease linked to atherosclerosis is the leading cause of death in the United States. Atherosclerosis develops slowly as cholesterol, fat, blood cells and other substances in your blood form plaque. When the plaque builds up, it causes your arteries to narrow. This reduces the supply of oxygen-rich blood to tissues of vital organs in the body.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Doctors Community Rehabilitation and Patient Care		STREET ADDRESS, CITY, STATE, ZIP CODE  6710 Mallery Drive Lanham, MD 20706	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #122 medical records conducted on 04/29/2024 at 7:57 PM, revealed podiatry note dated 10/01/2022. The note stated the resident had generalized atherosclerosis with increased risk of infection. The progress note stated the resident had an ingrown lateral border right hallux. Patient presents this date with incurvated lateral border right hallux. Removed offending toenail portion.</p> <p>There will be follow up secondary to the patient's co-morbidities. See recommended orders; Trimmed nail(s) to patient's tolerance; Trimmed and debrided nail(s) to patient's tolerance No signs of Infection. Podiatric Diagnosis(es) long term use of anti-coagulant; ingrowing lateral border right hallux with infection. - resolved 1/5/2022; hammer toes; Generalized atherosclerosis; Type 2 Diabetes Mellitus with periph. circ. Disorders. Nails 1 - 10 trimmed;</p> <p>Action Required By Facility -Recommended New Orders Recommend New Orders: Yes Clean right hallux toenail area with normal saline solution then apply bactroban ointment and dry gauze dressing once daily for seven days or until area is healed.</p> <p>Follow up podiatry consult on 10/22/2022 revealed a Progress Note HPK ingrown lateral border right hallux. resolved. This means there are gross signs of infection.</p> <p>No signs of Infection; Podiatric Diagnosis(es) long term use of anti-coagulant; ingrowing lateral border right hallux with infection. - resolved 1/5/2022, ingrown lateral border right hallux. resolved 10/22/2022; hammer toes; Generalized atherosclerosis; Type 2 Diabetes Mellitus with periph. circ. Disorders; Action Required By Facility -Recommended New Orders Recommend New Orders: No</p> <p>A review of Resident #122 medical records conducted on 04/29/2024 at 8:15 PM, revealed a podiatry note dated 10/22/2022. The note stated the resident had, generalized atherosclerosis with increased risk of infection.</p> <p>Progress note stated ingrown lateral border right hallux resolved. This means there are gross signs of infection. This means there is no edema, erythema, increased warmth to the area, open area, blister formation, purulent drainage, or foul odor. There is no threat to the limb.</p> <p>During an interview conducted with Director of Nursing (DON) conducted on 04/30/2024, the DON stated that podiatry consults had been ordered however the resident was not in the facility at the time. Following the exit conference for the survey, the DON stated that she would email documentation that confirmed the resident was not in the facility at time.</p> <p>On 05/07/2024 at 6:30 AM, this surveyor received documentation from the DON via email to the state surveyor team lead. The documentation was from the Health Drive Podiatry group dated 08/24/2022 and 09/14/2022. The documentation stated, patient was scheduled to be treated today but was not treated. Reason: Patient was unavailable: there is no such room number. The documentation provided did not confirm that the resident was not in the facility at the time but that the Podiatrist was unable to locate the resident due to the room number listed for the resident did not exist.</p>