

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>215108 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Doctors Community Rehabilitation and Patient Care |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6710 Mallery Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|--|--|
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on record reviews and interviews, it was determined that the facility failed to administer medications in a timely manner. This was evident for 1 (Resident #128) out of 1 residents reviewed for medication administration during the complaint survey.</p> <p>The findings include:</p> <p>On 12/10/2025 at 1:00 PM A review of the complaint # 2624858 submitted to the Office of Health Care Quality (OHCQ) was conducted. The review alleged that Resident #128 was not given their morning medications on 6/13/2025.</p> <p>On 12/10/2025 at 1:25 PM An interview with the complainant was conducted. The complainant stated that Resident #128 reported that they were not given medications and vital signs were never obtained on 6/13/2025.</p> <p>On 12/11/2025 at 9:14 AM A review of Resident #128's medical record was conducted. The review revealed a Situation, Background, Assessment Recommendation (SBAR) note dated 6/13/2025, that reported the resident was never given morning medications.</p> <p>A review of June 2025 Medication Administration Record (MAR) failed to show that medications were administered the morning of June 13th, 2025.</p> <p>The following medications were not administered as ordered:</p> <p>Furosemide Oral Tablet 40 MG (Furosemide) Give 1 tablet by mouth one time a day for Edema</p> <p>Folic Acid Oral Tablet 1 MG (Folic Acid) Give 1 tablet by mouth one time a day for Supplement</p> <p>Ferrous Sulfate Oral Tablet 325 (65 Fe) MG (Ferrous Sulfate) Give 1 tablet by mouth one time a day for Supplement</p> <p>Docusate Sodium Oral Tablet 100 MG (Docusate Sodium) Give 1 tablet by mouth two times a day for Constipation</p> <p>Amlodipine Besylate Oral Tablet 5 MG (Amlodipine Besylate) Give 1 tablet by mouth one time a day for High blood pressure (HTN)</p> <p>(continued on next page)</p> |

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

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

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>215108 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Doctors Community Rehabilitation and Patient Care |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6710 Mallery Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Amiodarone HCl Oral Tablet 200 MG (Amiodarone HCl) Give 1 tablet by mouth one time a day for Arrhythmia</p> <p>Losartan Potassium 100 MG TAB Give 1 tablet by mouth one time a day for HTN</p> <p>Metformin HCl Oral Tablet 1000 MG (Metformin HCl) Give 1 tablet by mouth one time a day for Diabetes Before breakfast</p> <p>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 1 tablet by mouth one time a day for HTN</p> <p>Gabapentin Oral Tablet 600 MG (Gabapentin) Give 1 tablet by mouth every 8 hours for Neuropathy.</p> <p>Tylenol Extra Strength Oral Tablet 500 MG (Acetaminophen) Give 2 tablet by mouth every 8 hours for Pain</p> <p>On 12/11/2025 at 10:56 AM An interview with Staff #14 was conducted. When asked what the facility's expectation was for medication administration and documentation, she stated that nurses are required to sign off medications immediately after the medication is given to a resident. The facility staff is expected to document why a medication is not given to a resident, such as refusals or if a resident is out of the facility.</p> <p>On 12/11/2025 at 11:22 AM An interview with the Director of Nursing (DON) was conducted. Per DON, the medication error incident was submitted to OHCQ on 6/13/25. She further stated that the facility was able to substantiate that Resident #128 was not given their medications as ordered on 6/13/2025.</p> <p>On 12/11/2025 at 12:02 PM Further review of the facility's incident report revealed a note that stated on 6/13/2025, the nurse assigned to Resident #128 had a rough day, the medication cart was not organized, and the nurse spent a lot of time looking for medications.</p> <p>On 12/11/2025 at 1:32 PM A follow-up interview with the DON was conducted. She stated that the nurse who was assigned to care for Resident #128 on 6/13/2025, refused to provide a statement of what happened that day that led to some residents not receiving medications.</p> <p>On 12/11/2025 at 1:38 PM The Administrator and DON were notified of the medication error concern.</p> |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>215108  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Doctors Community Rehabilitation and Patient Care  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6710 Mallery Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure that residents are free from significant medication errors.</p> <p>Based on record review and interviews, it was determined that the facility failed to ensure Resident #45 was free from a significant medication error. This was evident for 1 (Resident #45) of 1 resident reviewed during the annual survey.</p> <p>The findings include:</p> <p>On 12/10/2025 at 9:41 AM, Complaint #2604899 was reviewed which revealed a concern that Resident #45 was receiving double doses of their thyroid medication, Synthroid, which had resulted in an abnormal lab value.</p> <p>Synthroid, also known as levothyroxine, is a prescription, man-made thyroid hormone medication used to treat an underactive thyroid gland condition called hypothyroidism.</p> <p>On 12/10/2025 at 9:58 AM, a review of the resident's medical records revealed a change in condition progress note that read, On 8/18/ 2025 resident endocrinologist communicate via fax to start resident on Synthroid 150 mcg to be given in the am, assigned nurse verified the new order with NP (Nurse Practitioner) in house verbally NP approved Synthroid 150 assigned nurse on duty transcribe synthroid 150 mcg to the Mar but did not discontinue the previous order for synthroid 137 mcg. As a result the resident received this medication x 4 dose.</p> <p>On 12/10/2025 at 10:04 AM, a review of Resident #45's medication administration report for August of 2025, revealed that on 8/18/25 ,8/19/25 ,8/20/25 ,and 8/21/25 the resident was receiving both orders of the synthroid medication.</p> <p>On 12/11/2025 at 11:05 AM, The Director of Nursing (DON) was interviewed. During the interview with the DON, she confirmed that she was aware of the medication error and Resident #45 receiving double the medication. She stated that her expectation of the staff was to double check medication orders and to call the doctor if two orders for the same medication appear. She stated that the old order for Synthroid should have been discontinued at the same time the new order was placed. She stated that her expectation for her staff was, when we got a new order and noted the old order it should have been reviewed, questioned and the older order should have been discontinued.</p> |   |  |

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>215108 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Doctors Community Rehabilitation and Patient Care |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6710 Mallery Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|--|--|
| <p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>Based on record review and staff interviews, it was determined that the facility failed to provide rehabilitative services as ordered. This was evident for 1 (Resident #129) out of 1 resident reviewed for therapy services.</p> <p>The findings include:</p> <p>On 12/09/2025 at 10:00 AM, a review of Complaint #2604787 was completed. The complainant alleged that Resident #129 was not receiving his therapy as ordered.</p> <p>On 12/09/2025 at 10:28 AM, the rehab documentation for the months of July and June of 2025 for Resident #129 was reviewed. Physical Therapy (PT) saw the resident, 7 times in the month of July (7/24, 7/20, 7/16, 7/14, 7/10, 7/9, 7/3) and 8 times in the month of June (6/30, 6/28, 6/24, 6/22, 6/16, 6/15, 6/14). Resident #129 had a total of 15 sessions. Resident #129's order resident should have had PT sessions 5 times per week for 4 weeks this would be a total of 20 sessions for all 4 weeks.</p> <p>On 12/10/2025 at 9:13 AM, an interview with the Director of Rehab (Staff #9) was conducted. When asked why Resident #129 missed 5 sessions of PT, Staff #9 stated that she believed the resident's order was 3-5 times rather than 5 times a week. This surveyor verified with Staff #9 that Resident #129's order from 6/13/25 to 7/21/25 was to receive PT 5 times a week for 4 weeks. When asked why the resident missed 5 sessions of PT Staff #9 stated that there was scheduling conflicts.</p> <p>On 12/15/2025 at 10:00 AM, an interview with the Director of Nursing (DON) was conducted. The DON acknowledged that rehab has had an issue with residents missing therapy sessions.</p> |