

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>30428</p> <p>Based on the review of a complaint, observations, interviews, and review of facility policy, it was determined that the facility failed to have a system in place to allow for visitor access to the facility after hours. This was evident for 1 (MD00180288) of 1 complaint reviewed for visitor access.</p> <p>The findings include:</p> <p>Review of complaint #MD00180288 on 3/19/24 revealed an attempted admission on 12/2021, where the spouse brought Resident #59 directly to the facility from the hospital and was unable to gain access to the facility. According to the complainant, upon arrival to the facility, the family knocked on the door and called the facility with no response. They then had to call the police to gain access to the facility.</p> <p>On 3/20/24 at 7:04 AM this surveyor attempted to gain access to the facility via the front door. The door was locked with a sign that showed business hours start at 8:00 AM. This surveyor then called the facility at the number posted on their website. The phone rang for 5 minutes, this surveyor hung up and called back, and the phone rang for another 5 minutes. During this time, multiple staff were observed walking in the lobby and clocking in, as this surveyor stood out in front of the building waiting to gain access. At 7:14 AM, a male staff, later identified as staff # 17 started pointing to the right. As a visitor, not knowing the area, I looked around and did not see another entrance immediately to my left. I started walking away. The front doors then opened, and he yelled for my attention. I was then able to gain access at 7:19 AM. He stated that the doors were not usually open until 8:00 AM and that we need to go to the Kingshire entrance before 8:00 AM. This surveyor then asked where the phone rings when outsiders call in. He stated that the receptionist switches it to go to the nursing units. He went and picked up the phone at the receptionists' desk and verified that it was still switched to go to the units. This surveyor reported to staff #17 that I have been calling for 10 minutes and there was no answer.</p> <p>Review of the facility policy on visitation on 3/21/24 part d. The Center provides immediate access to any patient by .a representative of the Department of Health and Human Services, the State .or the states designated agency for protection and advocacy of the patient.</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: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the current Director of Nursing (DON) on 3/21/24 at 12:30 PM revealed that since she has been here, the ambulances know to go to the Kingshire entrance for after hours admissions and there have not been any issues that she is aware of. This surveyor reviewed the concerns in the complaint related to Resident #59, although that was prior to her arrival here. In addition, to the inability to enter on 3/20/24 and the repeated calling with no answer. She stated that there had been concerns with the phone system and they tried different interventions, but also agreed that there may be ongoing concerns and issues. She also stated that there are instances when patients do walk over with their discharge paperwork from the hospital but there have not been issues with them gaining access.</p> <p>The collaborative concerns identified in the complaint and the surveyors experience were reviewed with the DON on 3/21 and again during the exit on 3/26/24.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30428</p> <p>Based on the review of a complaint, medical record review and interview, it was determined that the facility failed to notify the resident/representative (RP) of a change in condition. This was evident for 1 (#51) of 10 residents reviewed for wound care.</p> <p>The findings include:</p> <p>Review of the medical record for Resident #51 on 3/19/24 at 9:13 AM revealed diagnosis including hemiplegia (paralysis to one side of the body) after a cerebral vascular accident (CVA-stroke), chronic pain syndrome, presence of a gastrostomy tube and dementia.</p> <p>Further review of Resident #51's medical record revealed that upon initial admission to the facility on , d+[DATE], multiple pressure ulcers were identified. These pressure ulcers were treated and healed and continued to be monitored. However, the sacral wound was documented as reopened on 9/21/21. The wound was documented as a stage 4 measuring 4.27cm x 7.89cm (centimeters), one week later it was measured by the wound physician at 6.3cm x 7.84cm. Continued review of the medical record failed to see any documentation that the resident's representative was notified.</p> <p>On 3/19/24 at 12:02 PM Registered Nurse (RN) Staff #3 was interviewed. Initially, he stated that he was the wound nurse, then the infection control nurse. He said that he has been in this 'role' since 10/16/23. He was asked who is responsible for the skin assessments. He stated that on admissions the nurses do them and the next day the wound nurse comes in. He was next asked who was responsible for notifications. He stated that on admission it is responsibility of the admitting nurse and for day-to-day changes, it's the same process, the assigned unit-nurse to notify the resident-representative of any change in condition.</p> <p>The concern that there was no notification to the family about the opening of the wounds was reviewed with the Director of Nursing on 3/21/24 and again during exit on 3/26/24.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on medical record review and interview, the facility staff failed to report to the Office of Health Care Quality (OHCQ) an injury of unknown origin as required. This was evident for 1 (#19) of 61 residents reviewed during a complaint survey.</p> <p>The findings include:</p> <p>Review of Resident #19's medical record on 3/19/24 revealed the Resident was admitted to the facility on [DATE] with a diagnosis to include vascular dementia. Vascular dementia is a general term describing problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to your brain.</p> <p>Further review of Resident #19's medical record revealed a nurse's note documented on 10/9/22 at 10:15 AM stated, Patient was found with swollen left eye. Head to toe assessment done and revealed left eye swollen with patient unable to open eye.</p> <p>Review of the Resident #19's hospital record on 3/21/24 revealed on 10/9/22 at 6:51 PM a history and physical note stated, left swollen eye, patient from facility and nurse went to round and noticed black swollen eye, unaware if patient fell .</p> <p>Interview with the Director of Nursing on 3/21/24 at 12:26 PM confirmed the facility staff failed to report Resident #19's injury of unknown origin on 10/9/22 to OHCQ as required.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40927</p> <p>Based on record review and interview it was determined that facility staff failed to ensure the Preadmission Screening and Resident Review (PASRR) was completed after the resident remained in the facility past the original 30 days and to accurately complete the PASSR on readmission for a resident to ensure the resident received appropriate services while in a long-term care setting. This was evident for 1 (#4) of 1 resident reviewed for PASRR.</p> <p>The findings include:</p> <p>A Preadmission Screening and Resident Review is completed to ensure each resident in a nursing facility is screened for a mental disorder (MD) or intellectual disability (ID) prior to admission and that individuals identified with MD or ID are evaluated and receive care and services in the most integrated setting appropriate to their needs.</p> <p>A medical record review on 3/21/24 at 10:00 AM for Resident #4 revealed a Preadmission Screening and Resident Review (PASRR) level 1 was completed on 10/14/22 that indicated the resident would be in the nursing home 30 days or less. Because this was marked the facility was not required to complete the rest of the form to determine if the resident had an intellectual disability or mental disorder that qualified them for specialized services. Further review of the record revealed that the resident had not been discharged within 30 days, however facility staff failed to complete a second PASRR.</p> <p>On 11/23/22 the resident was evaluated by a psychiatrist who documented the reason for the visit was to evaluate the resident due to the diagnosis of schizophrenia. He documented the resident's socialization was poor and s/he was suspicious. He noted that the resident has had multiple admissions for inpatient psychiatric care.</p> <p>Review of a progress note from a visit dated 1/3/23, by the attending physician revealed the resident had multiple falls at home and was brought to the hospital by police via an emergency petition from the social worker. The resident was then transferred to the facility on [DATE] for rehabilitation.</p> <p>Review of a discharge summary for Resident #4 revealed the resident had been admitted to an inpatient psychiatric unit on 12/18/23 through 1/3/24. The resident was readmitted to the facility. A review of the PASSR dated 1/3/24 revealed under the section C for serious mental illness staff marked question 1 yes and that the resident had schizophrenia. Question 2 which asked about the level impairment as no that the resident had not had serious functional limitations in major life activities in the past 3-6 months. Question 3 which asked if the resident had 2 episodes of treatment related to the illness more than outpatient care they answered no. Although there was documentation in the medical record to support that both questions should have been answered yes and qualified the resident for a PASSR level II screening.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The staff who had completed this form no longer works at the facility. An interview with the current Social Services Director Staff #20 on 3/25/24 at 10:01 AM revealed she agreed that the questions in section C should have been answered yes and the resident referred for a PASSR level II screening. This process includes a referral to the local health department's Adult Evaluation and Review Services (AERS) program to ensure that the resident received specialized services needed.</p> <p>The concerns were discussed with the Nursing Home Administrator (NHA) on 3/25/24 at 10:29 AM.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31982</p> <p>Based on medical record review and interview with facility staff it was determined the facility staff failed to ensure the residents plan of care was updated when there was a change in the resident's pressure ulcer status and hold care plan meetings to include the interdisciplinary team, resident and resident's representative for a resident. This was evident for 1 (#8) and evident for 1 (#15) of 61 residents reviewed during the complaint survey.</p> <p>The findings include:</p> <p>Staging of a pressure ulcer/pressure injury is performed to indicate the characteristics and extent of tissue injury. The stages include:</p> <p>Stage 1- Pressure injury: Non-blanchable redness of intact skin.</p> <p>Stage 2- Pressure Ulcer: Partial-thickness skin loss with exposed dermis (underlying tissue).</p> <p>Stage 3- Pressure Ulcer: Full-thickness skin loss.</p> <p>Stage 4- Pressure Ulcer: Full-thickness skin and tissue loss.</p> <p>Unstageable Pressure Ulcer: Obscured full-thickness skin and tissue loss - the extend of tissue damage cannot be confirmed because the wound bed is obscured.</p> <p>Deep Tissue Pressure Injury (DTPI): Persistent non-blanchable deep red, maroon or purple discoloration.</p> <p>1) Resident #8's medical record was reviewed on 3/19/24 at 9:36 AM. The record revealed an Admission Nursing Assessment Note dated 4/22/23. The skin assessment section identified 3 areas that were present on admission: right chest skin discoloration, mid lower back scar/redness and an active wound on Resident #8's sacrum (lower back above the tailbone) which measured 7 cm (centimeters) long, and 5 cm wide.</p> <p>A Plan of Care was developed on 4/22/23 for [Resident #8] has unstageable pressure ulcer to the sacrum and is at-risk for worsening wound(s) or the development of additional wounds related to: inability to turn and reposition independently. The resident's goal was [Resident #8] wound will show s/s (signs/symptoms) of healing thru the review period. The Interventions staff were to implement to assist the resident in reaching his/her goal were draw sheet for turning and repositioning while in bed; pressure relieving mattress; Treatment per TAR; and Wound reviews as indicated.</p> <p>A Skin Observation Tool dated 4/24/23 11:23 AM described the sacral wound as Unstageable Pressure wound sacrum, no drainage or any signs or symptoms of infection.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Another Skin Observation Tool dated 4/24/23 12:38 PM included: Pressure, Sacrum 6.5 cm (centimeters) long, 4 cm wide, 0.2 cm deep - Suspected deep tissue injury. Notes: [Resident #8] has a open stage 3 DTI (Deep Tissue Injury). The note described the ulcer and the surrounding skin.</p> <p>Wound Nurse Practitioner Note dated 6/2/23 identified a suspected DTI on Resident #8's Right lateral leg, on 6/16/23 a suspected DTI on his/her left hip and an unstageable area on his/her right hip on 6/23/23.</p> <p>The facility failed to update Resident #8's Plan of Care from unstageable pressure ulcer sacrum to a Stage 3 on 4/24/23, and when he/she developed additional areas of concern on 6/2/23, 6/16/23 and 6/23/23.</p> <p>Cross reference F 658.</p> <p>34484</p> <p>2) Once the facility staff completes an in-depth assessment (Minimum Data Set) of the resident, the interdisciplinary team meet and develop care plans. Care plans provide direction for individualized care of the resident. A care plan flows from each resident's unique list of diagnoses and is organized by the resident's specific needs. The care plan are a means of communicating and organizing the actions and assure the resident's needs are attended to. The care plan is to be reviewed and revised at each assessment time of the resident to ensure the interventions on the care plan are accurate and appropriate for the resident. Care plan meetings are held each quarter and as needed.</p> <p>Review of Resident #15's medical record on 3/22/24 for a concern related to lack of care plan meetings revealed the Resident was admitted to the facility on [DATE].</p> <p>Further review of the Resident's medical record revealed in 2023 the facility held only one care plan meeting on 5/26/23 and none in 2024.</p> <p>Interview with the Director of Nursing on 3/26/24 at 10:15 AM confirmed the facility staff failed to hold 3 quarterly care plan meetings for Resident #15 in 2023 and none in 2024.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>31982</p> <p>Based on medical record review and interview with facility staff it was determined the facility staff failed to ensure preventative measures prescribed by the physician were clearly communicated to all staff responsible for implementing the interventions. This was evident for 1 (#8) of 61 residents reviewed during the complaint survey.</p> <p>The findings include:</p> <p>Resident #8's medical record was reviewed on 3/19/24 at 9:36 AM. The record revealed an Admission Nursing Assessment Note dated 4/22/23. The skin assessment section identified 3 areas which included an active wound on Resident #8's sacrum (lower back above the tailbone) that was present on admission. The documentation indicated the wound measured 7 cm (centimeters) long, and 5 cm wide.</p> <p>A Skin observation tool dated 4/24/23 at 12:38 PM described the sacral wound as open, Stage 3 Deep Tissue Injury, with drainage.</p> <p>The record revealed an initial assessment by the Wound Nurse Practitioner on 4/27/24. She assessed the resident and made treatment recommendations weekly. The Wound Nurse Practitioner last saw the resident the day before his/her discharge.</p> <p>Physician orders on admission included but were not limited to:</p> <p>Float bilateral heels at all times every shift.</p> <p>Pressure relieving cushion to wheelchair at all times.</p> <p>Preventative mattress at all times every shift.</p> <p>Turn and reposition every 2-3 hours every shift and as needed.</p> <p>Treatment of the sacral wound. Treatment orders for the sacral wound were changed as determined by the Wound Nurse Practitioner.</p> <p>The Treatment Administration Record (TAR) revealed that all the interventions ordered by the physician/practitioner were signed off by the nurses as administered as ordered except for float bilateral (both) heels at all times every shift which was not included on the TAR.</p> <p>A Plan of Care was developed on 4/22/23 for [Resident #8] has unstageable pressure ulcer to the sacrum and is at-risk for worsening wound(s) or the development of additional wounds related to: inability to turn and reposition independently. The resident's goal was [Resident #8] wound will show s/s (signs/symptoms) of healing thru the review period. The resident centered Interventions staff were to implement to assist the resident in reaching his/her goal were draw sheet for turning and repositioning while in bed; pressure relieving mattress; Treatment per TAR; and Wound reviews as indicated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Kardex is a tool used to communicate individualized care needs of the resident to the GNA (Geriatric Nursing Assistant). Resident #8's Kardex included pressure relieving mattress, draw sheet for turning and repositioning while in bed and lift sheet for turning and repositioning while in bed.</p> <p>The Kardex did not include - pressure relieving mattress, pressure relieving cushion to wheelchair at all times, turn and reposition every 2-3 hours and as needed, or float bilateral heels at all times every shift, as ordered by the physician.</p> <p>The GNA Tasks form (a form used for the GNA's to sign off and document pertinent Intervention/Task information) in Resident #8's record did not include the pressure ulcer treatment/prevention interventions ordered by the physician.</p> <p>An interview was conducted with Staff #12 a Licensed Practical Nurse (LPN)/Unit 1 Manager on 3/26/24 at 9:26 AM. She was asked if GNA's had access to the residents' Care Plans. She indicated no. When asked how the GNA's would know the interventions to implement for each resident they were providing care for she stated, The GNA's would know from the tasks Kardex, when there is an order, it is added to the TAR and is included on the GNA Kardex. When asked who was responsible for turning and repositioning the residents she indicated the GNA's and indicated it would appear on their Kardex. She indicated when asked that the GNA's did not sign off that they turned and repositioned the resident however the nurses signed it off on the TAR. When asked how the nurse would know that it was actually completed as ordered, she was not able to answer. Resident #8's Kardex was reviewed with Staff #12. She was made aware that it did not reflect turning and repositioning, floating the resident's heels or the other pressure relieving interventions as ordered by the physician. When asked how the GNA's would know that they needed to implement these interventions she did not provide an answer.</p> <p>On 3/26/24 at 10:45 AM the Director of Nursing (DON) was made aware of the above findings. The Regional Director of Clinical Services Staff #18 was also present. The DON indicated that the GNA task form in the EMR (Electronic Medical Record) was limited and did not allow for an entry for GNA's to sign off turning and repositioning, floating heels etc.</p> <p>The DON was made aware that there was no evidence that Resident #8's individual pressure ulcer interventions were communicated to the responsible GNA's each shift.</p> <p>Cross reference F 657.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on medical record review and interview, the facility staff failed to administer medication as ordered by the physician. This was evident for 1 (#35) of 61 residents reviewed during a complaint survey.</p> <p>The findings include:</p> <p>Review of Resident #35's medical record on 3/20/24 revealed the Resident was admitted to the facility on [DATE].</p> <p>Further review of the Resident's medical record revealed a physician order for Depo-Provera 150 mg every 3 months. Depo-Provera is a hormonal medication. It is used as a method of birth control and as a part of menopausal hormone therapy.</p> <p>Review of Resident #35's Medication Administration Records for October 2022 and January 2023 revealed the facility staff failed to administer Depo-Provera as ordered.</p> <p>Interview with the Director of Nursing on 3/22/24 at 8:30 AM confirmed the facility staff failed to administer Depo-Provera to Resident #35 in October 2022 and January 2023 as ordered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>30428</p> <p>Based on medical record review, observation, and interview, it was determined that the facility failed to 1) ensure a resident's pain medication was available as ordered by the physician and 2) ensure the pain medication orders had a clear indication for use, ensure a pain assessment was conducted, and to offer non-pharmacological pain management interventions. This was evident during the review of 1 (#41) of 4 residents reviewed for pain management and this was evident for 1 (#17) of 4 residents reviewed for pain management.</p> <p>The findings include:</p> <p>A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess, and evaluate the effectiveness of the resident's care.</p> <p>Non-pharmacological pain interventions - the management of pain without the use of pain medication.</p> <p>1) Resident # 41 was identified during this complaint survey as having multiple behaviors in the facility affecting other residents via physical and verbal altercations including allegations of stealing property.</p> <p>During the review and interviews, Resident #41 asked to speak with this surveyor. On 3/26/24 at 7:47 AM Resident #41 attempted to talk to this surveyor regarding the allegations and multiple facility reports and complaints.</p> <p>However, during the interview s/he also made the surveyor aware that s/he was in pain due to the facility not having his/her pain medication, 30mg of Oxycodone, that was due at 2:00 AM and again at 6:00 AM. The last dose received was at 10:00 PM as it was ordered around the clock every 4 hours for pain. Resident #41 laid in bed flat and stated that they were feeling a score of over a 10/10 for pain stemming from multiple back and colon surgeries. Further s/he reported that this was not the first time the facility had run out of their medications and their fear every day was that the facility won't have their scheduled medications.</p> <p>According to Resident #41's medical record, initially reviewed on 3/20/24 to the present of 3/26/24 at 8:15 AM, Resident #41 was noted as seeing a pain specialist every 28 days and was ordered 168 tablets of 30 mg Oxycodone which equates to 6 tablets a day. Interviews held repeatedly with the DON revealed that Resident #41's insurance will not cover the 168 tablets all at once and the pharmacy will not deliver that amount. So, the facility, to provide care, must cover the cost of the medication in the interim for what insurance won't cover.</p> <p>This surveyor spoke at length with the facility DON, prior to interviewing Resident #41 and again after on 3/26/24. The DON reportedly has spent hours today alone attempting to resolve the pharmacy issue of acquiring this patient's medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The DON was asked on 3/26/24 at 7:35 AM why staff had not ordered the medication sooner, knowing that at 2:00 PM on 3/25/24 there were only 2 tablets/doses left, why was the pharmacy was not notified? The DON stated that the pharmacy was notified and called repeatedly. The pharmacy stated that the medication would be here at the 5pm delivery. The medication had not arrived, and the facility proceeded to call the pharmacy again. The facility was told that the medications would arrive at the next delivery which would still be prior to the residents next dose due ta 2:00 AM.</p> <p>According to the DON, the facility received a delivery after 12:00 AM, however, it still did not include the Oxycodone 30mg for Resident #41. The DON was asked what medications were in the interim box and if they had Oxycodone in the interim box, why was it not given to the patient. The DON stated that they have 5mg of Oxycodone in there. However, they need an order to take anything from the interim box and the resident's physician won't approve it, as it's ordered from a community physician since it's such a high dose, they would only approve Tylenol. Additionally, to give that dose of 30mg, it would take almost the entire interim supply.</p> <p>This surveyor returned to Resident #41 at 8:12 AM and asked Resident #41 if they offered medication helped at all. S/He stated not really that his/her pain was still over a 10, and that s/he really does not like to take Tylenol there was just nothing else offered or available.</p> <p>A review of the medication administration record (MAR) and progress notes on 3/26/24 at 8:45 AM revealed that after the first missed 2:00 AM dose failed to reveal documentation of notification to the physician or an attempted intervention for pain treatment, including offering other as needed (PRN) medications to Resident #41.</p> <p>Tylenol, Fiorecet (used to treat tension headaches that are caused by muscle contractions) and Ativan (a sedative) were offered to Resident #41 after 7:00 AM. Which was again after the second missed scheduled dose.</p> <p>Further record review at 9:00 AM on 3/26/24 revealed that an approval was put through to take 6 tablets out of the interim box of the 5mg Oxycodone to equal 30 mg Oxycodone.</p> <p>The DON followed up with the surveyors around 9:30 AM on 3/26/24 and stated that Resident #41 did not make any medication requests until after 4:00 AM, that s/he slept through the 2:00 AM scheduled dose and had no complaints according to staff. The DON further stated that s/he usually sleeps through the 2:00 AM scheduled dose, however, the record review had revealed that that dose has been signed off every morning for the month of March.</p> <p>This surveyor further noted during the 3/26/24 record review regarding the 30mg Oxycodone, that on 3/15/24 at 10PM and back in February on 2/14/24 for the 2AM, 6AM and 10AM ordered dose the MAR was marked with a '9, see progress notes,' the ordered medication was not available.</p> <p>The concern that Resident #41 verbalized a high pain score with no intervention and with repeated instances of his/her medication not being available in the facility was reviewed with the DON on 3/26/24.</p> <p>40927</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2) On 3/19/24 at 10:51 AM a review of complaint #MD00201930 revealed on 1/26/24 a complaint was received by the state agency. The complaint read that Resident #17 reported to facility staff that s/he felt the nurses were not managing the resident's medication orders. The surveyor attempted to contact the complainant with no success.</p> <p>A medical record review on 3/25/24 at 8:53 AM for Resident #17 revealed a care plan, initiated on 1/18/24, for pain related to the resident's chronic physical disability and disease process. The goal read that the resident was not to have an interruption in normal activities due to pain. There were 3 interventions included: to administer pain medication as ordered; to encourage different pain-relieving methods (non-pharmacological pain interventions), such as positioning, relaxation therapy, bathing, and etc.; and to observe and report changes in usual routine, sleep patterns, withdrawal or resistance to care, and etc. Further review of the medical record revealed an attending physician progress note for a visit on 1/19/24. The physician documented the resident's medications orders to include but were not limited to acetaminophen tablet, 325 MG (milligrams), give 2 tablets by mouth every 6 hours as needed for pain or fever with an order dated of 1/17/2024 at 7:43 PM and oxycodone HCl tablet, 5 MG, give 1 tablet by mouth every 4 hours as needed for pain with an order date of 1/17/24 at 8:37 PM. Upon further review of the note, it was unclear which condition was causing the pain that required oxycodone for management.</p> <p>A review of the medication administration record (MAR) for 1/24 revealed the resident was administered acetaminophen 2 times between 1/17/24 - 1/31/24 and the documented pain levels were 3 and 4 out of 10. Staff documented that the medication was effective on both days. The resident had received oxycodone 14 out 15 days reviewed in 1/24 for pain levels ranging from 4-7 out of 10. Further review of the medical record revealed staff had not documented a pain assessment, other than a pain score, or that they had offered non-pharmacological pain interventions as noted in the care plan.</p> <p>A review of the MAR for 2/24 revealed the resident had not been given acetaminophen that month and it was discontinued on 2/21/24. The resident had been administered oxycodone on 16 of the 29 days for pain levels ranging from 4-8. The resident's pain had increased on 2/26 and 2/29 from its normal range of 4-7 to 8 out of 10. However, a review of the progress notes failed to reveal that nursing had conducted a pain assessment that would provide information to the provider the location, duration, and type of pain the resident was having. In addition, there was no evidence that staff offered nonpharmacological interventions for pain management.</p> <p>On 3/26/24 at 11:45 AM a review of the facility's pain management policy and procedure that was initiated in 11/19, revealed that a pain assessment should be documented when a resident reported pain. The Director of Nursing (DON) was asked at the time of the review what the policy meant by a pain assessment and she reported that staff should document the location, duration, and type of pain the resident was having and additionally what has helped in the past to manage the pain.</p> <p>An interview on 3/25/24 at 10:39 AM with Licensed Practical Nurse (LPN) Staff #15 revealed that when a resident was ordered 2 pain medications for pain she would give the acetaminophen for a pain level up to 4. She stated that in some cases the resident's just ask for the oxycodone and that was given based on their preference. Staff #15 reported that if the provider failed to provide parameters when prescribing 2 different pain medication then she would call and clarify the order with them in order to have a clear indication for each medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the DON on 3/25/24 at 1:37 PM revealed that if a provider prescribes two pain medications, they may either provide parameters with a pain score (1-10) or by the level of pain, such as mild to moderate or moderate to severe. When asked if the facility had protocol to help a nurse determine which pain score was considered mild to moderate or moderate to severe, the DON reported they do not have protocol. She stated that if the pain medication orders had no parameters, then she expected staff to call the provider to clarify the order.</p> <p>During an interview with the attending physician on 3/26/24 at 11:23 AM he reported that the pain medications orders from the resident's hospital stay would have been carried over to the facility. Reviewed the findings with the attending physician and asked his expectations of staff to determine which medication to administer for pain. He reported that he expected staff to administer the acetaminophen for moderate pain and the oxycodone for severe pain, however, he was unaware that the facility had no protocol to indicate to staff what pain score level was moderate versus severe. Furthermore, he reported that he expected staff to document a pain assessment to include the location and type of pain the resident was having.</p> <p>A subsequent interview with the DON on 3/26/24 at 11:45 AM revealed she expected staff to document a pain assessment. She stated it should include the location, duration, type of pain and what will normally help the resident's pain. Furthermore, she reported staff should have attempted the nonpharmacological interventions and documented the pain interventions used and the effectiveness.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37296</p> <p>Based on medical record review and staff interview, it was determined the facility failed to maintain complete and accurate medical records in accordance with accepted professional standards. This was evident for 1 (#20) of 10 residents reviewed for accurate medical records during a revisit survey.</p> <p>The findings include.</p> <p>On 3/19/24 10:39 AM, the surveyor reviewed Resident #20's medical record. The review revealed that Resident was readmitted to the facility on [DATE].</p> <p>Resident #20's physician's orders dated 3/18/24 revealed daily wound care management with the use of the wound vac.</p> <p>Further review of Resident #20's Electronic Medical Record and Treatment Administration Record did not reveal wound care management.</p> <p>On 8/19/23 at 11 AM, the Director of Nursing confirmed the findings and stated that the Nurse should have corrected the wound care management orders during the 24-hour chart checks.</p> <p>On 3/20/24, The Director of Nursing provided documents for in-service education for 24 hours chart checks to all nurses on the unit who works the night shift 11 PM -7 AM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Shady Grove Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9701 Medical Center Drive Rockville, MD 20850	

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 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>37296</p> <p>Based on surveyor observation, it was determined that the facility failed to have adequate ventilation to ensure good air quality circulation to keep all Nursing Units of the facility odor free. This was evident for 4 (200, 300, 400, and 500) of 5 nursing units.</p> <p>The findings include:</p> <p>On 3/19/24 at 11:15 AM Observation of Nursing Units 200, 300, 400, and 500 had a lingering smell of urine due to the lack of airflow.</p> <p>A tour of the Units with the Maintenance Director confirmed that the lack of air flow was caused by the exhaust fans. One exhaust fans motor needs to be replaced. A new exhaust motor was placed on order and the other 3 exhaust fans were fixed.</p> <p>On 3/21/24 at 9:00 AM the Director of Nursing was made aware of the concern and was aware of the findings.</p>