| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215164 | A. Building<br>B. Wing | 06/15/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Shady Grove Nursing and Rehabilitation Center | 9701 Medical Center Drive<br>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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on reviews of a closed clinical record, all pertinent facility administrative records, and interviews with the facility staff, it was determined that the facility nursing staff failed to 1) follow the physician's specific pulse and blood pressure parameters before administering cardiac medications to residents, and 2) failed to document an associated blood pressure before administering the cardiac medication. This was evident for 1 (Resident #1) of 4 residents reviewed during a complaint survey. The findings include: A) A review of Resident #1's closed clinical record on 06/12/26 revealed that Resident #1 was admitted to the facility on [DATE] with diagnosis that included atrial fibrillation, hypertension, hypotension, and end stage renal disease. Resident #1 was also receiving hemodialysis 3 times a week. Further review of Resident #1's closed clinical record revealed a physician's order dated 05/20/26 instructing the nursing staff to administer the medication, Metoprolol Succinate ER Oral Tablet, Extended Release 24 Hour, give 12.5 MG tablet, by mouth, one time a day for hypertension. Hold the medication if the systolic blood pressure (SBP) is greater than (>) than 110 or the heart rate (HR) is less than 55. Metoprolol succinate (extended release) is a beta-blocker taken once daily to manage high blood pressure, treat chest pain (angina), and lower the risk of heart failure complications. It works by slowing your heart rate and reducing the strain on your heart and blood vessels. Further review of Resident #1's May 2026 medication administration records (MAR) on 06/12/26 revealed the nursing staff failed to withhold the dose of Metoprolol on the following dates and times: 05/20/26, 9 am dose, documented blood pressure: 120/75.05/21/26, 9 am dose, documented blood pressure: 117/68.05/22/26, 9 am dose, documented blood pressure: 137/72.05/23/26, 9 am dose, documented blood pressure: 126/72.05/24/26, 9 am dose, documented blood pressure: 126/70.05/25/26, 9 am dose, documented blood pressure: 128/77.05/26/26, 9 am dose, documented blood pressure: 118/80.05/28/26, 9 am dose, documented blood pressure: 138/84.05/29/26, 9 am dose, documented blood pressure: 138/76.05/30/26, 9 am dose, documented blood pressure: 149/84. B) Further review of Resident #1's closed clinical record revealed a physician's order dated 05/17/26 instructing the nursing staff to administer the medication, Midodrine HCL, 5 mg tablet, given by mouth every 8 hours as needed for hypotension. Hold the medication if the systolic blood pressure (SBP) is greater than 140 mm/Hg. Midodrine is a prescription medication used to treat severe orthostatic hypotension (low blood pressure when standing) by constricting blood vessels, raising blood pressure, and reducing dizziness or fainting. Further review of Resident #1's May 2026 medication administration records (MAR) on 06/12/26 revealed that the nursing staff failed to obtain and document Resident #1's blood pressure, every 8 hours for 14 days, to determine if Resident #1 required a dose of Midodrine for hypotension per physician order. |

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215164 | A. Building<br>B. Wing | 06/15/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Shady Grove Nursing and Rehabilitation Center | 9701 Medical Center Drive<br>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) |
|---|---|
| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and 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 (Resident #3) of 4 residents reviewed during a complaint survey.The findings include.A medical record is the official documentation of a healthcare organization. As such, it must be maintained in a manner that follows applicable regulations, accreditation standards, professional practice standards, and legal standards. All entries to the record should be legible and accurate.A review of Resident #3's clinical record on 06/12/26 revealed Resident #3 was admitted to the facility on [DATE]. Resident #3 and their physician in the hospital completed a MOLST form on 05/07/2026 that traveled to the nursing home with the resident.Further review of Resident #3's medical record on 06/12/26 revealed a different Resident MOLST form (Residents #4) had been scanned into Resident #3 electronic medical record. This could pose a problem if Resident #4's MOLST form was sent with Resident #3 to the hospital or doctor's appointment.The facility administrator and director of nurses were made aware of the findings during the exit conference on 06/15/226 at 4 PM. |