STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215171	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montcare at Potomac	10714 Potomac Tennis Lane Potomac, MD 20854

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42507 Based on review of facility reported incident investigation and interview, it was determined the facility staff failed to report a possible misappropriation of resident property within 24 hours of the incident to the regulatory agency, the Office of Health Care Quality (OHCQ). This was evident for 1 (Resident #48) of 12 residents reviewed for abuse during a recertification/complaint survey. The findings include: On 9/20/2024 at 11:27 AM, review of the investigation report of Facility Reported Incident (FRI), MD00180957, revealed Resident #48's medication (28 tablets of Ativan 0.5 mg) that was supposedly delivered to the facility on [DATE] on the 3-11 PM shift was not found even though staff found the controlled substance log that was to accompany the medication on their desk. On 9/20/2024 at 11:56 PM, surveyor requested from the Director of Nursing (DON) the email/fax receipt of the initial and final (5-day) report of the FRI to the State Survey Agency (OHCQ). On 9/20/2024 at 12:56 PM, surveyor received from DON the email receipt for the initial and final self-report to OHCQ. A review of the initial self-report revealed it was sent to OHCQ on 3/18/2022 at 6:48 PM. Thus, failing to meet the 24 hours reporting requirements for any allegation of misappropriation of resident property. On 9/23/2024 at 12:38 PM in a follow up interview with DON, Surveyor reviewed the above FRI with her. DON was informed of surveyor's concerns regarding the actual date of the above incident (3/13/2022) and the date/time the initial report was sent to OHCQ (3/18/2022 at 6:48 PM). DON confirmed that the initial report did not meet the 24 hours reporting requirements for any allegation of misappropriation of resident property. However, she stated that the delay in reporting the above incident to the State Survey Agency was because they were waiting for pharmacy to review the medications delivered to the facility on that day (3/13/2022), and felt it was not necessary to do a self-report.

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
	215171	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montcare at Potomac	10714 Potomac Tennis Lane Potomac, MD 20854

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 42507 Based on medical record review and staff interview it was determined the facility failed to notify the resident/resident representative (RP) in writing of a transfer/discharge of a resident along with the reason for the transfer. This was evident for 2 (#136, #70) of 4 residents reviewed for hospitalization during a recertification/complaint survey. The findings include: 1) During an initial screen of Resident #136 on 9/18/2024 at 9:18 AM, the resident stated that s/he was sent out to the hospital on 7/31/2024 for shortness of breath. On 9/24/2024 at 12:15 PM a review of nurses' progress notes and change in condition documentation dated 8/1/2024 at 22:15 (10:15 PM) revealed Resident #136 was sent to the ER (emergency room) via 911 on 8/1/2024 for further evaluation and treatment of shortness of breath, weakness, and hypotension (low blood pressure). On 9/24/2024 at 12:50 PM, surveyor requested and received from the VP of Clinical Services (Staff #23), copies of the change in condition form dated 8/1/2024. She stated that she could not locate any written notification of the reason for transfer to the hospital on 8/1/2024. However, she added that the reason for transfer to the hospital was noted in the change in condition form that was given to the surveyor. On 9/25/2024 at 9:20 AM an interview was conducted with Licensed Practical Nurse (LPN #10). Regarding written notification of reason for transfer to the hospital, LPN #10 stated that the reason for transfer was documented in the transfer form that was included in the paperwork (transfer packet) sent with the resident to the hospital. She stated that the residents were notified verbally of the reason for transfer to the hospital. LPN #10 added that family members/RP were notified of reason for transfer verbally in person if they were present in the building, and if they were not present, they were notified over the phone. She confirmed that she has not given in writing the reason for transfer to the hospital to any resident and/or their RP. On 9/30/2024 at 11:35 AM, in an interview with the Director of Nursing (DON), surveyor shared concerns regarding written notification of resident and/or their RP of reason for transfer/discharge to the hospital. She did not provide any documentation that Resident #136 and/or their RP was notified in writing the reason for transfer to the hospital on 8/1/2024. 37296 2) Review of the medical record for Resident #70 revealed the resident was transferred to an acute care facility on 8/19/2024. There was no documentation found in the medical record that the resident, and or the resident's responsible party was given written notice why the resident was transferred to the hospital in a language and manner that they understand. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215171	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montcare at Potomac	10714 Potomac Tennis Lane Potomac, MD 20854

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/20/24 at 11:27 AM the Administrator was made aware there was no documentation found in the medical why the resident was transferred to the hospital in a language and manner that they understand and confirmed the findings. The Administrator provided the surveyor a plan of correction to include the reason for transfer to an acute care facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215171	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montcare at Potomac	10714 Potomac Tennis Lane Potomac, MD 20854

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37296 Based on medical record review and interview it was determined the facility staff failed to maintain the medical record in the most complete and accurate form for Resident (#70). This was evident for 1 of 54 residents selected for review during the recertification/complaint survey. The findings include: A medical record is the official documentation for 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. On 9/23/24 at 10:30A, the surveyor reviewed Resident #70's medical record. The review revealed that Resident was discharged to acute care on 8/19/24 and readmitted to the facility on [DATE]. Resident #70's physician's orders on 4/20/2024 Cleanse stage 4 sacrum pressure injury with NSS, pat dry apply calcium alginate with silver and cover with foam every day. Further review of Resident #70's Electronic Medical Record and Treatment Administration Record did not reveal wound care management on 8/1, 8/7, 8/12, 8/13 and 8/18/2024. The Treatment Administration Record for the month of September did not reveal wound care management on 9/2, 9/3, 9/8, 9/10, 9/12, 9/18, and 9/20/2024. On 9/23/24 at 11 AM, the Director of Nursing confirmed the findings.