

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215184	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Frederick Crossing of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 30 North Place Frederick, MD 21701	

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 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>48470</p> <p>Based on record reviews and interviews, it was determined that the facility failed to ensure controlled drug counts were maintained and signed by 2 staff members at change of shift. This was found to be evident for 2 out of 4 drug control books reviewed.</p> <p>The findings include:</p> <p>Drug control books are typically kept in medication carts and are used to determine that drug records are in order and that an account of all controlled drugs are maintained with sufficient detail. All controlled substances kept in the medication cart should match their record in the drug control book. A review of 4 drug control books was conducted on 2/25/25 and has identified several concerns. The concerns were:</p> <p>A) On 2/25/25 at 9:14 AM, a review of the shift count documentation for the south unit drug control book was conducted. The review revealed the documentation had columns in which the nursing staff would document the date, time of day, if the count was correct (Yes or No), coming on duty and going off duty nurse's signatures. The review also revealed that the 3 PM shift count for 2/25/25 had already been signed for the coming on duty and the going off duty nurse.</p> <p>The Licensed Practical Nurse (LPN #4) who was currently working the 7 AM to 3 PM shift was interviewed. During the interview, LPN #4 stated, That's a mistake, I don't know why she (referring to the LPN that went off duty at 7AM) signed it.</p> <p>The Nurse Manager for the south unit (LPN #10) was interviewed on 2/25/25 at 9:34 AM. During the interview, LPN #10 explained the facility's process in counting and signing the drug control book. The shift count documentation was reviewed with LPN #10 and she confirmed the error and indicated that the 3 PM shift for 2/25/25 should not have been signed. LPN #10 reported that it was LPN #9's signature and initial. (2/25/25 3 PM shift had LPN #9's initial for the coming on duty and her signature for the going off duty column)</p> <p>A subsequent interview was conducted with LPN #4 on 2/25/25 at 9:38 AM. In this interview, LPN #4 reported when she signed the shift count for 7 AM with LPN #9 and the 3 PM shift was still blank. LPN #4 indicated that she does not know when LPN #9 came back and signed for the 3 PM shift.</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
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B) On 2/25/25 at 9:55 AM, LPN #13 who was currently assigned to North 1, was asked if the surveyor could review the drug control book on her medication cart. LPN #13 agreed, and the drug control book was reviewed. The review revealed that LPN #13 had already signed the going off duty column but crossed her signature off. LPN #13 stated, I made a mistake.</p> <p>C) On 2/25/25 at 9:59 AM, LPN #12 who was currently assigned to North 2, was asked if the surveyor could review the drug control book on her medication cart. LPN #12 agreed, and the drug control book was reviewed. The review revealed the last entry date was 2/25/25 at 7 AM. However, there was no evidence that the shift count was performed because there were no signatures for the nurse that had gone off duty and the nurse that had come on duty.</p> <p>The Nurse Manager (LPN #11) for the North unit was interviewed on 2/25/25 at 10:07 AM. During the interview, the shift count for North 2 was reviewed and she confirmed that there were no signatures from the nurse that had gone off duty and the nurse that had come on duty at 7 AM on 2/25/25.</p> <p>On a subsequent interview with LPN #12 on 2/25/25 at 10:11 AM, she reported that she counted with LPN #15 before leaving for her shift but was not able to sign the book. LPN #12 also reported that LPN #15 worked a double shift from 2/24/25 at 3 PM till 2/25/25 at 7 AM. No explanation was offered by LPN #12 on why the count sheet was not signed at 7 AM on 2/25/25 nor did she offer any credible evidence that at the beginning of her shift, a count of all the controlled medications was performed with LPN #15.</p> <p>D) On 2/25/25 at 10:17 AM, LPN #14 who was currently assigned to North 3, was asked if the surveyor could review the drug control book on her medication cart. LPN #14 agreed, and the drug control book was reviewed. The review revealed that LPN #14 had already signed the going off duty column but crossed her signature off. LPN #14 stated, I made a mistake.</p> <p>On 2/25/25 at 10:46 AM, the Director of Nursing (DON) was interviewed. The concerns identified in the review of the drug control books were discussed. It was also noted that 2 of the 4 shift count documentation were pre-signed then crossed off before the end of shift. The DON confirmed the findings on the shift count sheets. The DON reported that the facility had been doing random audits of 2 drug control books everyday and had recently moved to auditing 2 books twice a week.</p> <p>In a subsequent interview with the DON on 2/25/25/ at 2:02 PM, the results of the audit were discussed. The DON reported that the dates in the audit that was marked as having incorrect documentation usually meant that the nurses were pre-signing the shift count. With the latest concern identified in an audit conducted on 2/21/25 at 5 PM. The DON acknowledged that it was still an ongoing concern and indicated that the facility would be going back to doing daily audits of the drug control books.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45139</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, it was determined that the facility failed to provide a sanitary environment to prevent the development and transmission of communicable diseases and infections by failing to ensure residents drinkware was clean. This was evident for 4 coffee mugs out of 6 coffee mugs observed during a survey.</p> <p>On 2/25/25 at 9:51 AM an observation of the coffee serving cart revealed a tray of 6 brown coffee mugs face down on a tray. Further observation revealed 4 out of the 6 mugs contained a chalky- grayish brown material inside the cups. This material was easily removed with gentle rubbing</p> <p>On 2/25/25 at 9:45 AM during a brief interview with the kitchen cook Staff # 3, she reported that the cups on the tray were clean and available for use.</p> <p>On 2/25/25 at 9:46 AM staff # 3 confirmed that 4 out of the 6 mugs contained a chalky grayish brown material that was easily removed when wiped.</p> <p>On 2/25/25 at 9:54 the administrator confirmed the observation 4 out of the 6 mugs contained a chalky grayish brown material that was easily removed when wiped.</p> <p>On 2/25/25 at 11:40 AM the Certified Dietary Manager Staff #2 (CDM,) was interviewed. During the interview she reported that she was aware of the concerns with the cups and had taken steps to correct the issue. She reported that she does have an effective procedure to adequately clean and rinse the cups, however she has had new employees that may not have mastered the process. She stated she had already begun reeducation and is increasing the frequency of a rinsing process that will be taught to all the kitchen staff.</p> <p>On 2/25/25 at 3:05 PM the above concerns were discussed with the Administrator and the Director of nursing. No additional information was provided prior to the end of the survey.</p>		