STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215186	A. Building B. Wing	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Future Care Chesapeake	305 College Parkway Arnold, MD 21012

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 40927 Based on record review and staff interview it was determined that facility staff failed to provide ADLs (activities of daily living such as, showers, dressing, and toileting) for a resident who was dependent on them for this care. This was evidence for 1 (101) of 2 residents reviewed for ADL care. The findings include: Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life. www.nia.nih.gov. During a review of complaint #MD00166118 for Resident #101 it was revealed there were concerns regarding the resident's care needs being provided. On 9/18/24 at 9:54 AM a medical record review for Resident #101 revealed a discharge summary from the hospital that noted the resident was on hospice care when s/he fell and broke his/her arm. The family decided to stop hospice care and send the resident to the facility for therapy. An attending physician note dated 2/7/24 noted the resident had advanced dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. www.alz.org). A review of the GNA (geriatric nursing assistants) documentation on 9/18/24 at 10:50 AM revealed that the resident had not received a shower the 15 days s/he was at the facility. The resident was scheduled for showers on Mondays and Thursday during the evening shift, however it was marked N/A (not applicable) on 2/5/24 at 10:03 PM, marked n (no) for 2/8/24 at 7:41 PM, and N/A on 2/15/24 at 8:40 PM. Review of the documentation for the resident receiving a bed bath revealed the resident had not been bathed on 2/14/24 and 2/16/24. Review of the documentation for incontinence care reveal care was not provided on 2/6/24 and 2/7/24 on day shift. Review of the documentation for personal hygiene, such as combing his/her hair and oral care, revealed there was no documentation it was provided on 2/6/24, 2/7/24, and 2/11/24 during the day shift and on 2/5/24 during night shift. An interview with GNA #16 revealed that staff were to document the care that was provided. When asked why a staff member would document N/A, she stated that it may be because they did not know. Furthermore, GNA #16 reported the facility had provided the GNAs with training regarding how to document and N/A should not be used. She was unable to recall when this training occurred, but thought it was in 2023. (continued on next page)

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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The findings were reviewed with the Director of Nursing (DON) on 9/19/24 at 12:01 PM. He reported that it was acceptable for staff to use N/A if the resident was not available. However, review of the medical record revealed no evidence that the resident had been out of the facility on the days she was marked for N/A for a shower or other care.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42783 Based on observations, interviews and record reviews it was determined that the facility failed to ensure that medications were secured and stored safely. This was found to be evident for 5 out of 7 observations for medication storage during the recertification survey. The findings include: Insulin is a hormone that helps regulate blood sugar levels by moving glucose from the bloodstream into cells for energy. Insulin therapy often is an important part of diabetes treatment. It helps keep blood sugar under control and prevents diabetes complications. It works like the hormone insulin that the body usually makes. 1) During a medication observation conducted on 09/05/24 at 8:00 AM, this Surveyor inspected Registered Nurse (RN) #4's medication cart. The Surveyor discovered an unopened Lispro Kwikpen 100/u/ml insulin pen for Resident #63. The insulin pen was dated 08/30/24 and stored in a plastic bag that had a pharmacy label on it that said refrigerate until open. Following the observation, an interview was conducted with RN #4 who confirmed the insulin pen had not been opened. The RN stated that the facility's expectation is that the pharmacy instructions were to be followed, and the insulin pen should have been refrigerated until opened. The RN further stated that the insulin pen would be discarded and reordered. During a review of Resident's Medication Administration Record (MAR) conducted on 09/05/24 at 9:17 AM it was revealed that Resident #63 had an order for HumaLOG KwikPen Solution Pen-injector 100 Unit/ML (millimeter) (Insulin Lispro) inject as per sliding scale. 2) During a medication observation conducted on 09/06/24 at 8:22 AM, this Surveyor inspected Licensed Practical Nurse (LPN) #22's medication cart. The Surveyor discovered an unopened Lispro Kwikpen 100/u/ml insulin pen for Resident #60. The insulin pen was dated 08/30/24 and stored in a plastic bag that had a pharmacy label on it that said refrigerate until open. 3) A continued inspection of LPN #22's medication cart revealed multiple loose pills in the bottom of the second drawer: 3 loose pink tablets, 2 loose white tablets, 1/2 pink tablet, 1 orange and blue capsule. Following the observations, an interview was conducted with LPN #22 who confirmed that the insulin pen that was stored in a plastic bag had not been opened. She confirmed that the plastic bag had a pharmacy label that stated refrigerate until open. The LPN further stated that she would speak with her Unit Manager to receive directions on disposing of the insulin pen and loose tablets and reordering the insulin pen. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident's Medication Administration Record (MAR) conducted on 09/06/24 at 9:49 AM it was revealed that Resident #60 had an order for Insulin Lispro Solution (Insulin Lispro) Inject as per sliding scale. 49815 4) During the initial tour of Nursing Unit 3 at 11:45 AM on 9/3/2024 the surveyor observed Resident #46 lying down in bed. On the overbed table in Resident #46's room was a medication cup with one pink tablet in the medication cup at the resident's bedside. The surveyor interviewed the Assistant Director of Nursing/IP (ADON/IP) on 9/3/24 at 11:49 AM who was walking by Resident #46's room at the time of the surveyor observation of the medication at Resident #46's bedside. The surveyor asked the ADON/IP what the expectation was for medications at the resident's bedside and the ADON/IP stated that medication should not be left at the resident's bedside. The ADON/IP removed the medication cup with the one pink tablet from Resident #46's overbed table and indicated that he would investigate the medication. The ADON/IP returned to the surveyor and stated that the pink tablet was PreserVision and that this was confirmed with Resident #46's nurse. On 9/12/2024 at 9:30 AM the surveyor reviewed Resident #46's medical record specifically the physician orders for the month of September 2024. According to the physician orders for Resident #46, there is a medication order for PreserVision AREDS 2 Oral Tablet Chewable (Multiple Vitamin w/Minerals). Give 1 tablet by mouth one time a day for macular degeneration. 14894 5) This surveyor was touring the facility on 9/3/24 when an unlocked medication cart was observed at 11:10 AM. The medication cart was located next to room [ROOM NUMBER]. One staff member was observed walking past the cart at 11:13 AM and then a second staff member wearing a white lab coat with a stethoscope around her neck walked past the cart. A resident wheeled past it in their wheelchair at 11:17 AM followed by a staff member wearing black scrubs. A nurse, staff #26, walked past the cart at 11:19 AM while pushing a medication cart of her own and used her left hip to lock the cart. She was interviewed and confirmed it was unlocked. The Director of Nursing was interviewed on 9/4/24 at 11:53 AM. He was informed of the findings, and he said he would investigate.

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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** 42783 Based on record reviews and interviews it was determined that the facility failed to ensure the accuracy of Residents' medical records. This was found to be evident for 3 (Resident # 18, #106, & 99) out of 46 Residents reviewed during the recertification survey. The findings include: 1) During a review of Resident #18's Medication Administration Record (MAR) conducted on 09/09/24 at 11:44 AM revealed an order for Boost VHC two times a day 60 ml (millimeters) PO (oral) with med pass. A continued review of the MAR revealed that the order for BOOST VHC had been documented that Resident #18 had received Boost at 9:00 AM and 9:00 PM for the entire month of August of 2024 and from September 1, 2024, through September 8, 2024. During an interview conducted on 09/09/24 at 12:09 PM, Resident #18 and his/her assigned Geriatric Nursing Assistant (GNA) #5 stated that the Resident disliked Boost and refused it when offered. Both the Resident and the GNA stated that the Resident would only drink chocolate milk with med pas. 2) On 09/16/2024 at 8:09 AM a review of Resident #106's progress notes revealed a nurse's note that stated resident has a poor oral intake, and daughter is concerned [resident's gender pronoun] is deteriorating and would like to request some lab order to check if [resident's gender pronoun] is dehydrated. Based on the daughter [resident's gender pronoun] is not at [resident's gender pronoun] baseline. Primary Care Feedback: New order for BMP [NAME] (tomorrow). The basic metabolic panel (BMP) blood test helps doctors check the body's fluid balance and levels of electrolytes and see how well the kidneys are working. Further review of the resident's progress notes revealed a Change in Condition note. The note stated that the Resident has been declining with PO (oral) intake fluids and food by speech, staff. Daughters aware. BMP (Basic Metabolic Panel) drawn this AM. A review of Resident's 106 medical records did not reveal a BMP lab result. During an interview conducted on 09/16/24 at 11:29 AM, the Nursing Home Administrator (NHA) stated that she reviewed Resident #106's medical records and called the Good Samaritan laboratory company and confirmed that the BMP lab was not drawn. 3) A review of a Facility Reported Incident (FRI) investigation for Resident #99 was conducted on 09/19/24 at 10:30 AM. During the review a Provider's note from Physician #19 stated he provided services to the resident on 06/07/24. The note included details of the FRI and the investigation that was inaccurately based on the timeline of the FRI. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview conducted on 09/19/2024 at 11:45 AM, the Director of Nursing (DON) stated that he spoke with Physician #19 who advised the DON that he documented the date of service for Resident #99 in error. The DON stated that the Physician advised him that he provided services to the resident on 06/10/24 not 06/07/24 but signed the note on 06/13/24. The DON was advised that this was a concern for inaccurate medical records.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 49815 Based on observation, staff interview and facility record review it was determined that facility failed to maintain an effective pest control program. This was evident in the facility kitchen and in the facility conference room. The findings include: On the initial tour of the facility's kitchen on 9/3/24 at 8:57 AM with the Certified Food Service Manager (CFSM) the surveyor observed a fly that was flying around near the top shelf of the food storage rack in the dry storage room located in the kitchen. The surveyor interviewed the Certified Food Services Manager (CFSM) at 9:15 AM on 9/3/24 during the kitchen tour, and the CFSM acknowledged that there was a fly that was observed flying around near the top shelf of the food storage rack in the dry storage room. The Certified Food Services Manager (CFSM) stated to the surveyor that the Pest Control Company is scheduled for service and treatment every other week for the facility. At 7:20 AM on 9/18/24 the surveyors observed gnats flying around in the conference room. Additionally, the Nursing Home Administrator (NHA) was observed by the surveyor swatting at a gnat in the conference room when the NHA delivered requested documents to the surveyors. The surveyors received the ORKIN Pest Control Service Reports from the Nursing Home Administrator on 9/12/24 at 9:10 AM. The surveyor reviewed the ORKIIN Pest Control Service Reports from March 2024 through August of 2024. The findings on these reports included the following dates and comments about service: 8/7/2024 - Inspected and treated throughout kitchen area storage area a few units with ants check log for notes check office areas added fly to kitchen due to fly issues; 7/25/2024 - Inspected and treated throughout kitchen area, storage area, break room area, fruit fly issue, and kitchen treated drains unit with ants and with spiders, check logbook for notes; 7/15/24 - Inspected and treated throughout checked all logbook. Treated rooms with ant issues throughout also kitchen has sanitation issues with drains fruit flies underneath sink areas trash cans need to be dumped, and clean drains need to be cleaned; 6/20/2024 - just flying ants around door just treated exterior last week. Told give it time to work, OK with it; 6/13/2024 - Inspected and treated throughout facility checked all logbook monitors no live pest issues to support a couple of Beatles and a few of the monitors and office areas changed out monitors and treated throughout. Wants to get exterior service. Will be there tomorrow morning to treat exterior; 5/31/2024 - Inspected and treated throughout office area break area no live pest issues to report few units with issues. No live and spotted on the interior. Still treated throughout; 4/12/2024 - Inspected and treated throughout kitchen area storage area, brake room area no live pest issues to report roach citing near vending machines put monitors out and treated around vending machines; 3/28/2024 - Inspected and treated throughout entire building checked all logbook only unit for treatment for ants Unit 211 no other issues to report in kitchen area, storage area or office areas; 3/20/2024 - Inspected and treated throughout kitchen area storage area break room area no live test issues to report sanitation issues in the kitchen areas check logbook for residence one unit with roaches 213 treated all around.