

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2026
NAME OF PROVIDER OR SUPPLIER  Fox Chase Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  2015 East-West Highway Silver Spring, MD 20910	
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>Based on interview, record review, document review, and facility policy review, the facility failed to timely report an allegation of misappropriation of resident property to the state survey agency for 1 (Resident #1) of 8 sampled residents reviewed for abuse. Findings included: A facility policy titled, Abuse, Neglect and Exploitation, reviewed 10/12/2025, indicated, VII. Reporting/Responses A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. An admission Record revealed the facility admitted Resident #1 on 04/25/2025. According to the admission Record, the resident had a medical history that included a diagnosis of quadriplegia. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/26/2026, revealed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. Review of email correspondence dated 03/09/2026, from Resident #1 to the Administrator revealed \$85.00 was taken from their wallet while they were out of the facility. An email confirmation from The Maryland Department of Health - Office of Health Care Quality revealed the facility reported the allegation on 04/09/2026 at 8:55 PM. During an interview on 04/09/2026 at 10:44 AM, Resident #1 stated money was taken out of their wallet while they were in the hospital and they immediately reported the incident to the Administrator. Resident #1 stated they had not received any response from the Administrator about their money. During an interview on 04/23/2026 at 9:37 AM, the Administrator stated she was aware of the email sent on 03/09/2026 by Resident #1 wherein Resident #1 expressed that \$85.00 in cash was taken from their wallet while they were in the hospital. The Administrator stated she did not report the allegation of misappropriation of resident property, but she should have.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview, record review, document review, and facility policy review, the facility failed to investigate an allegation of misappropriation of resident property for 1 (Resident #1) of 8 sampled residents reviewed for abuse. Findings included: A facility policy titled, Abuse, Neglect and Exploitation, reviewed 10/12/2025, indicated, V. Investigation of Alleged Abuse, Neglect and Exploitation A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. An admission Record revealed the facility admitted Resident #1 on 04/25/2025. According to the admission Record, the resident had a medical history that included a diagnosis of quadriplegia. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/26/2026, revealed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. Review of email correspondence dated 03/09/2026, from Resident #1 to the Administrator revealed \$85.00 was taken from their wallet while they were out of the facility. An email confirmation from The Maryland Department of Health - Office of Health Care Quality revealed the facility reported the allegation on 04/09/2026 at 8:55 PM. During an interview on 04/09/2026 at 10:44 AM, Resident #1 stated money was taken out of their wallet while they were in the hospital and they immediately reported the incident to the Administrator. Resident #1 stated they had not received any response from the Administrator about their money. During an interview on 04/23/2026 at 9:37 AM, the Administrator stated she was aware of the email sent on 03/09/2026 by Resident #1 wherein Resident #1 expressed that \$85.00 in cash was taken from their wallet while they were in the hospital. The Administrator stated she did not investigate the resident's allegation, but she should have.</p>		

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<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>Based on observation, interview, and record review, the facility failed to revise the care plan of 1 (Resident #2) of 19 sampled residents. Findings included: An admission Record revealed the facility admitted Resident #2 on 07/28/2022. According to the admission Record, the resident had a medical history that included diagnoses of osteoarthritis of the knee, reduced mobility, difficulty in walking, and a history of falling. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/29/2026, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. The MDS indicated Resident #2 sustained one fall with no injury since re-entry or admission. Resident #2's progress note dated 01/09/2026 at 4:19 PM, indicated while the resident was in the activity room, they leaned to the left, tipped their wheelchair over, and fell to the floor. Per the progress note, the immediate intervention to prevent further falls was staff placed a gel cushion in the resident's wheelchair. Resident #2's Care Plan Report, included a focus area initiated 03/09/2026, that indicated the resident was at risk for falls related to poor safety awareness related to cognitive impairment. The Care Plan Report revealed no evidence of an intervention that directed staff to place a gel cushion in the resident's wheelchair. During an observation on 04/15/2026 at 9:40 AM, Resident #2's was observed in their wheelchair and the wheelchair had a gel cushion in place. During a telephone interview on 04/13/2026 at 9:40 AM, Registered Nurse #22 stated if a resident fell, the nurse assigned to care for the resident was to place an intervention on the resident's care plan to keep the resident from falling again and the unit managers were supposed to update the resident's care plan. During an interview on 04/14/2026 at 2:07 PM, the Director of Nursing stated the nurses were expected to place interventions at the time of a resident's fall to prevent further falls and then the supervisors were responsible for adding the new intervention to the resident's care plan.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and facility policy review, the facility failed to coordinate vision services for 1 (Resident #2) of 19 sampled residents. Findings included: A facility policy titled, Vision Services Policy, dated 03/12/2024, indicated, The facility shall ensure that each resident receives appropriate vision care and services to maintain the highest practicable level of functioning. An admission Record revealed the facility admitted Resident #2 on 07/28/2022. According to the admission Record, the resident had a medical history that included a diagnosis of macular degeneration. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/29/2026, indicated Resident #2 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. The MDS indicated Resident #2's vision was adequate without the use of corrective lenses. Resident #2's Care Plan Report included a focus area revised 01/29/2026, that indicated the resident had impaired visual function related to macular degeneration. Interventions directed staff to arrange consultation with the eye care practitioner as required. Resident #2's Consult Form dated 03/10/2025 directed the staff to please schedule the resident an appointment with a cataract surgeon. [NAME] a telephone interview on 04/08/2026 at 9:15 AM, Resident #2's family member stated the resident's eye appointments had been missed due to no one at the facility followed up on them. During an interview on 04/11/2026 at 11:00 AM, the Medical Records Director stated he had not called recently to schedule Resident #2's surgery because he was backed up with other work. During an interview on 04/16/2026 at 11:45 AM, the Administrator stated she was unaware of the order to schedule the cataract surgery for Resident #2. During an interview on 04/21/2026 at 1:25 PM, the Medical Director stated if there was a request for surgical appointment to be made for the removal of cataracts for Resident #2, he expected the Social Services Director to make the arrangements and schedule transportation.</p>		