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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215200	A. Building B. Wing	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooke Grove Rehab. & Nsg Ctr	18131 Slade School Road Sandy Spring, MD 20860

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on documentation review, medical record review, and staff interview, it was determined the facility staff failed to ensure Minimum Data Set (MDS) assessments were accurately coded. This was evident for 2 (Resident #7, #8) of 6 residents reviewed for facility reported incidents during a complaint survey. The findings include: The MDS is part of the Resident Assessment Instrument that was Federally mandated in legislation passed in 1986. The MDS is a set of assessment screening items employed as part of a standardized, reproducible, and comprehensive assessment process that ensures each resident's individual needs are identified, that care is planned based on those individualized needs, and that the care is provided as planned to meet the needs of each resident.1) On 3/27/26 at 9:50 AM a review of facility reported incident 2652256 was conducted and revealed on 10/23/25 Resident #7 was found in a seated position on the floor beside the bed. A left hip x-ray was ordered and Resident #7 was found to have a non-displaced femoral neck impaction fracture. Review of Resident #7's 11/4/25 significant change MDS, Section J1900C, Falls, failed to capture the fall with major injury. Review of Resident #7's October 2025 and November 2025 Medication Administration Records (MAR) documented that Resident #7 received Tylenol on 10/31/25 at 9:30 PM, which was within the 5 day look back window.Review of the significant change MDS, Section J0100 prn (when needed) pain, failed to capture the use of Tylenol.On 3/27/26 at 1:22 PM an interview was conducted with MDS staff #5. The progress notes and the change in condition note for the fall along with the use of Tylenol were reviewed. On 3/27/26 at 2:30 PM MDS staff #5 confirmed the errors.2) On 3/27/26 at 1:00 PM a review of Resident #8's medical record was conducted and revealed a quarterly MDS with an assessment reference date of 10/15/25 which documented in Section N0415 (High-Risk Drug Classes) the use of an Opioid medication. Opioid medications are powerful prescription drugs used to treat moderate to severe pain that have a high potential for addiction.Review of Resident #8's October 2025 MAR failed to produce documentation that Resident #8 was prescribed an Opioid. On 3/30/26 at 10:19 AM an interview was conducted with MDS Director #8 who confirmed the error.

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: 215200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Brooke Grove Rehab. & Nsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 18131 Slade School Road Sandy Spring, MD 20860	

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. 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 (Resident #2). This was evident for 1 of 3 residents reviewed for narcotic medication administration 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. Review of Resident #2's medical record on 3/26/26 revealed the Resident was admitted to the facility in March 2026, had a fall on 3/6/26 and was sent to the hospital on 3/9/26. Review of Resident #2's March 2026 Medication Administration Record revealed the Resident received Tramadol 25 mg on March 8th, 2026 at 9:23 AM. Tramadol is a narcotic pain medication used to treat moderate to severe pain. Review of Resident #2's Controlled Drug Receipt/Record/Disposition Form that is not kept in the Resident's medical record but on the nurse's medication cart revealed the Resident received Tramadol 25 mg on 3/8/26 at 11 AM, 3/8/26 at 9:00 PM and 3/9/26 at 9 AM. During interview with the Director of Nursing (DON) on 3/30/26 at 10:40 AM, the DON stated it is the expectation that the facility staff will document the administration of narcotics on a resident's medication administration record. Interview with Director of Nursing on 3/30/26 at 2:15 PM confirmed between 3/8 and 3/9/26 the Resident received 3 doses of Tramadol according to the Resident's Controlled Drug Receipt/Record/Disposition Form but only 1 dose is recorded the Resident's March 2026 Medication Administration Record.