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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
	215207	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lochearn Nursing Home, LLC	4800 Seton Drive Baltimore, MD 21215

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 42886 Based on record review and interview, it was determined that the facility failed to place a discharge summary on resident's medical record after discharge. This was evident for 2 (#919 and #923) of 89 residents reviewed during the survey. The findings include: 1) Review of resident #919's medical record on 7/19/24 at 9:30 AM revealed no evidence of a discharge summary after the resident discharged from the facility on 2/4/24. In an interview with the Director of Nursing (DON) on 7/19/24 at 10:42 AM, the surveyor told the DON that he/she was unable to locate the provider discharge summary after reviewing the resident's medical record. The DON reviewed the progress notes and agreed that the facility failed to place a discharge summary on the resident's medical record. 2) Review of resident #923's medical record on 7/19/24 at 7:51 AM revealed no evidence of a discharge summary after the resident from the facility on 4/29/22. In an interview with the DON on 7/19/24 at 10:42 AM, the surveyor told the DON that he/she was unable to locate the provider discharge summary after reviewing the resident's medical record. The DON reviewed the progress notes and agreed that the facility failed to place a discharge summary on the resident's medical record.

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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(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 31982

Based on review of the medical record and interview with staff it was determined the facility staff failed to maintain complete and accurately documented medical records. This was evident for 2 (#924 and #914) of 89 residents reviewed during the survey.

The findings include:

1) A Facility Reported Incident regarding an allegation of abuse on 2/9/22 involving Resident #924 was reviewed on 7/15/24 at 11:52 AM. The facility investigated the allegation and was unable to conclude that abuse occurred. The facility's final report indicated a nursing assessment was done and the resident had no injuries. The report also identified a plan which included but was not limited to a psychiatry consult for Resident #924.

Resident #924's medical record was reviewed on 7/15/24 at 1:00 PM. The surveyor was unable to find documentation that a psychiatry consult was obtained in response to the incident. The surveyor was also unable to find a documented nursing assessment for injury of Resident #924 after the allegation of abuse was made.

Further review of the record revealed a physician progress note dated 1/4/22. The next physician note was dated 5/6/22. The record failed to reveal documentation that the resident's medical provider addressed the resident's allegation of abuse on 2/9/22.

On 7/16/24 at approximately 8:00 AM the surveyor requested copies of a nursing assessment, physician progress note, and psychiatry consult, related to the alleged incident, from the Administrator, and made her aware that the surveyor was unable to find the requested documentation in Resident #924's medical record.

At 10:36 AM the same day, the Assistant Director of Nursing (ADON) indicated that the nursing assessment was probably in the Risk Management tab. She confirmed that although the Risk Management tab was part of the electronic system it was not part of the resident's medical record. She then reviewed resident #924's medical record with the surveyor to locate a nursing assessment but none was found. The ADON was made aware at that time that no psych consult or provider progress notes were found in addition to the nursing assessment.

On 7/19/24 at 8:05 AM the ADON confirmed that she was unable to find a physician's progress note, a psychiatry consult or a nursing assessment related to the alleged incident in Resident #924's medical record.

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2) Review of resident #914's medical records on 7/16/24 at 9:00 AM revealed a progress note from a provider that was dated on 5/30/24 at 1:00 AM. The note would have been created before the resident was in the facility. The resident was admitted to the facility on [DATE] at approximately 8:30 PM.

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NAME OF PROVIDER OR SUPPLIER Lochearn Nursing Home, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Seton Drive Baltimore, MD 21215	

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(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	In an interview with the Director of Nursing (DON) on 7/16/24 at 1:00 PM, the surveyor pointed out the time on a provider statement in resident #914's medical record. The DON was unable to provide information on why the note was dated prior to the resident's admission.