

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>215211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>05/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Friends Nursing Home                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>17340 Quaker Lane<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                 |
| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on record reviews, and staff interviews, it was determined that the facility failed to ensure that residents on psychotropic medications have behavior monitoring interventions in place. This was evident for 3 (#31 , #70, #73) of 5 residents reviewed for unnecessary medication during the annual survey.</p> <p>The findings include.</p> <p>1. On 5/20/26 at 11:30 AM, review of Resident #31's medications revealed that resident was on an anti-depressant, a psychotropic medication that affects brain activities. The order was written as: Paxil Oral Tablet 10 MG (Paroxetine HCl) Give 1 tablet by mouth at bedtime for Depression. Further review did not indicate that this resident had an order for psychotropic behavioral monitoring for this medication.</p> <p>On 5/21/26 at 3:25 AM the Director of Nursing (DON) was asked If residents on psychotropics such as anti-depressants should have behavior monitoring interventions. She acknowledged that it is part of the process to be initiated for residents on such medications. She was asked to provide their policy for psychotropic medications.</p> <p>On 5/22/26 at 8:06 AM a review of the policy indicated that behavioral monitoring should be implemented with residents on psychotropics such as anti-anxiety, anti-depressants and Hypnotics. The DON further indicated that the behavior monitoring has just been initiated for Resident #31. Review of the physician's order revealed that it was implemented on 5/22/26, after surveyor's intervention. She was made aware that this was a concern. She agreed and stated that all residents on antidepressant are being reviewed to make sure they have behavior monitoring in place.</p> <p>2. On 5/21/2026 at 9:00 AM review of Resident #70's Medication Administration Record (MAR) for December 2025 and January 2026 revealed they were taking Prozac 40mg capsule by mouth for depression and Remeron 15mg tablet by mouth at bedtime for depression. Further review of the MAR revealed no documentation for behavioral monitoring for either psychotropic medication.</p> <p>On 5/21/2026 at 3:25 PM the Director of Nursing (DON) was interviewed and asked if she could provide documentation for behavioral monitoring for Resident #70's Prozac and Remeron. The DON stated she would look for documentation and get back to me.</p> <p>On 5/22/2025 at 7:30AM the DON stated they did not have documentation showing behavioral monitoring for Resident #70's psychotropic medications.</p> <p>3. On 5/21/2026 at 1:07 PM review of Resident #73's MAR for October and November 2025 revealed (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | they were taking Prozac 10mg give 3 tablets by mouth in the morning for depression, Trazodone 100mg tablet at bedtime for depression and Buspirone 7.5 mg tablet 3 times a day for mood. Further review of the MAR revealed no behavioral monitoring documentation for the psychotropic medications.<br><br>On 5/21/2026 at 3:35 PM the DON was interviewed and asked if she could provide documentation for Resident #73's behavioral monitoring for his psychotropic medications. The DON looked at the MAR for October and November 2025 and stated they did not have documentation showing behavioral monitoring for Resident #73's psychotropic medications. |                                                                                          |                                                 |