STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215211	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friends Nursing Home	17340 Quaker Lane 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews it was determined that the facility failed to maintain a comfortable and homelike environment for Residents. This finding was found to be evident in 7 Resident rooms (rooms 201, 204, 210, 215, 218, 219 and 222) out of 22 Resident rooms reviewed for a safe, clean, comfortable, homelike environment during the annual recertification survey.The findings include:During tour of [NAME] Hall Nursing Unit on 5/19/2026 at 10:25 AM several of the Resident rooms were observed in need of repair and did not appear in good condition. The following Resident rooms were observed: room [ROOM NUMBER] - marred wall with black marks directly across from the bed; room [ROOM NUMBER] - marred wall behind the headboard of the bed with cracked, chipped, peeled paint and the cove base was loose from the wall; room [ROOM NUMBER] - marred wall with black marks to the left of the bathroom entrance, cracked/loose/peeling floor tile at the right of the bathroom entrance, marred bathroom door frame with black marks; room [ROOM NUMBER] - marred wall with black marks to the left near the bathroom entrance, missing floor tile under closet; room [ROOM NUMBER] - marred wall with black marks next to bathroom entrance on the left; room [ROOM NUMBER] - privacy curtain attached to a curtain rod at the entrance of the bathroom was not long enough to provide privacy; room [ROOM NUMBER] - marred wall behind head of bed with cracked/peeled paint, dresser drawer with chipped wood.TELS Platform is a computerized maintenance management system designed specifically for healthcare facilities. TELS helps facility managers handle work orders, preventative maintenance, compliance tracking, and capital planning in one hub. In an interview with the Maintenance Director (employee #16) at 8:55 AM on 5/26/2026 the surveyor conveyed the concerns of the Resident rooms on the [NAME] Nursing Unit that were not in good condition and in need of repair. The surveyor and Maintenance Director (employee #16) toured the [NAME] Nursing Unit and observed several of these Resident rooms (201, 210, 215, 218, 219 and 222) that were not in good repair, neat and attractive. Additionally, when the surveyor and the Maintenance Director (employee #16) were in room [ROOM NUMBER] at 9:05 AM, a black bug was observed crawling in the cracked/peeling bathroom floor tile. Maintenance Director (employee #16) acknowledged the surveyor and stated that he would enter the areas of repair needed in the TELS Maintenance System and enter the bug sighting on the Pest Control Log. Further stated by the Maintenance Director (employee #16) was that the pest control service company was scheduled at the facility 2 times a month, and preventative maintenance for the facility was performed on a schedule.At 10:30 AM on 5/26/2026 the surveyor with the Maintenance Assistant (employee #13) and Health Services Coordinator (employee #10) in attendance observed the marred wall and loose cove base behind the head of the bed in Resident room [ROOM NUMBER]. Maintenance Assistant (employee #13) stated that he would take care of this concern. No additional information was provided by the facility at the time of survey exit.

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and surveyor record reviews it was determined that the facility failed to maintain sanitary conditions for food in accordance with professional standards for food service safety. This finding was found to be evident during the review of the kitchen and the nourishment refrigerator on the nursing unit during the annual recertification survey.The findings include:During tour of the kitchen at 8:15 AM on 5/19/2026 with the Director of Culinary Services (DCS) employee #1 in attendance the walk-in refrigerator was observed with a container of beef base and a container of shrimp base that were opened and not labeled with dates sitting on the middle shelf of the metal rack to the right of the walk-in refrigerator. In the walk-in freezer there was an opened bag of French fries that was approximately 1/2 full on the top shelf of the center metal rack not labeled with dates. The DCS removed both containers of base and the bag of French fries and stated that the containers of base and bag of French fries should have been labeled with dates.At 8:38 AM on 5/19/2026 the surveyor observed several cardboard boxes of frozen food items sitting directly on the floor outside of the walk-in freezer. Additionally, there were several cardboard boxes sitting directly on the floor in the dry storage room, one of these cardboard boxes was an opened box of disposable plates.The Director of Culinary Services (DCS) employee #1 stated that US Food Delivery truck had just delivered these food items that were in cardboard boxes in the dry storage room and on the floor outside of the walk-in freezer and that kitchen staff had 2 hours to put away these food items. The surveyor stated that the food delivery truck was observed in the facility parking lot at 6:25 AM this morning delivering the food items to the kitchen and that it was now 8:38 AM. The morning cook employee #6 confirmed the time of the US Food Delivery truck and the DCS employee #1 stated that the kitchen staff needed to get these food items put away.At 10:15 AM on 5/19/2026 the DCS employee #1 provided the surveyor with an email confirmation of an order that he had placed with [NAME] Industrial Supply for shelving/dunnage rack for temporary storage of food items that were delivered.On 5/21/2026 at 8:45 AM the surveyor observed the nourishment refrigerator on the [NAME] Nursing Unit. Observed in the refrigerator was a plastic white bag from [NAME] Grocery Store. Inside the [NAME] Grocery Store bag were several individual baggies of nuts. The [NAME] Grocery bag and the individual plastic baggies of nuts were not labeled and dated. The surveyor conveyed this to the Health Services Coordinator employee #10 and she observed the nourishment refrigerator with the surveyor. Employee #10 removed the [NAME] Grocery bag and the individual baggies of nuts and stated that this bag was not in the refrigerator when she checked it earlier this morning. The surveyor asked what the expectation was for the usage of the nourishment refrigerator and employee #10 stated that the refrigerator was only for Residents' food items.The surveyor on 5/21/2026 at 11:15 AM reviewed the facility's policy Food Brought By Family/Visitors dated/revised 5/2026. The policy indicated that food items in the nourishment refrigerator were to be labeled with Resident's name, the items, and the use by date.On 5/26/2026 at 6:25 AM the surveyor observed the US Food Delivery truck in the parking lot delivering food items to the facility's kitchen.No additional information was provided by the facility at the time of survey exit.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. 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. The findings include. 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. 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. 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. 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. 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. On 5/22/2025 at 7:30AM the DON stated they did not have documentation showing behavioral monitoring for Resident #70's psychotropic medications. 3. On 5/21/2026 at 1:07 PM review of Resident #73's MAR for October and November 2025 revealed 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. 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.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on staff interviews and record reviews it was determined that the facility failed to monitor a Resident for adverse side effects of usage of a high-risk medication. This finding was found to be evident in 1 (Resident #59) out of 3 Residents reviewed for falls and accidents. The findings include:Care Plan is a structured, formal document that outlines a Resident's specific health needs, individual goals, and the nursing interventions required to facilitate recovery. It serves as a continuous roadmap to ensure consistent, high quality, and evidence based patient care across all shifts. Care plans follow a clinical, five step framework which includes assessment, diagnoses, outcomes/goals, implementation, and evaluation. MDS (Minimum Data Set) assessment is a federally mandated clinical tool used in the United States to evaluate the health status and the functional capabilities of all Residents in Medicare and Medicaid certified nursing homes and skilled nursing facilities. MDS assessments are conducted on admission and discharge, quarterly, annually, and whenever a Resident experiences a significant change in health status. The MDS data heavily dictates a facility's Medicare and Medicaid funding. Anticoagulant medication is a blood thinner and high-risk drug. High-risk drug is a medication with a heightened risk of causing significant or fatal patient harm if an error occurs. Medications are classified as high-risk due to narrow therapeutic index, the dose required for a beneficial effect is very close to the dose that causes toxicity. Anticoagulant is a medication that prevents blood from clotting to easily or stop existing clots from growing, but they require careful management due to increased bleeding risks. The surveyor conducted a record review of Resident #59's medical record on 5/21/2026 at 2:15 PM. Review of the medical record revealed that Resident #59 had an active physician order for anticoagulant medication, Pradaxa 150 mg by mouth 2 times a day for atrial fibrillation as of 3/16/2026. Further review of the medical record revealed that there was no physician order for monitoring Resident for adverse side effects for usage of the anticoagulant medication, Pradaxa. However, there was a care plan for anticoagulant medication usage and the MDS assessment was coded for usage of a high-risk drug, anticoagulant medication.In an interview with the Director of Nursing (DON) at 3:20 PM on 5/21/2026 the surveyor conveyed that Resident #59 had a physician order for Pradaxa which was a high-risk drug but there was no physician order for monitoring Resident #59 for adverse effects of anticoagulant medication usage. The surveyor asked what the expectation was for monitoring a Resident for adverse side effects of anticoagulant medication usage and the DON stated that there should be a physician order for monitoring Resident for adverse side effects of anticoagulant medication usage and that this would be documented on the Residents' medication/treatment administration records. DON confirmed that there was no physician order and no documentation of monitoring for adverse side effects of anticoagulant medication usage for Resident #59. The surveyor conducted a follow-up record review of Resident #59's physician orders at 7:15 AM on 5/26/2026. Record review revealed that there was now an active order dated 5/21/2026 at 23:00 PM for ANTICOAGULANT MEDICATION - MONITOR FOR DISCOLORED URINE, BLACK TARRY STOOLS, SUDDEN SEVERE HEADACHE, NAUSEA & VOMITING, DIARRHEA, MUSCLE JOINT PAIN, LETHARGY, BRUISING, SUDDEN CHANGES IN MENTAL STATUS AND/OR VITAL SIGNS, SHORTNESS OF BREATH, NOSE BLEEDS. Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and progress note findings, every shift for monitor. On 5/26/2026 at 8:30 AM the DON stated that the facility was in the process of updating Residents' medical records with orders of monitoring for side effects of high-risk medication usage.No additional information was provided by the facility staff at the time of survey exit.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observations, staff interviews and surveyor record review it was determined that the facility failed to label and store medications in a locked, secure area and inaccessible to unauthorized staff, visitors and Residents. This finding was found to be evident in 1 (Resident #11) out of 12 Residents reviewed for medication storage during the annual recertification survey.The findings include:The surveyor on 5/19/2026 at 12:15 PM observed Resident #11 asleep in bed in Resident room. Observed on Resident #11's overbed table was a paper medicine cup with 9 tablets in the medicine cup which was sitting on top of the Resident's laptop computer. There were 2 capsules, 6 tablets and 1/2 of a tablet in the medicine cup. Medication Administration Record (MAR) is the official legal document or chart used by healthcare professionals to track all medications given to a Resident. It serves as a vital safety tool, ensuring the right patient receives the correct medication, dosage, route, and time. MAR is essential for error prevention, accountability and tracking, and legal protection. Standard documentation codes will often be indicated on the MAR when a medication dose was not administered, H Held (the medication was temporarily stopped); R Refused (the patients declined the medication); A Absent (the patient was away from the facility or unavailable); and L Late (administered outside the standard time window). A nurse's initials are documented on the MAR indicating that the medications were administered to Residents.Resident #11's nurse, Licensed Practical Nurse (LPN) #2 was asked to come into Resident's room at 12:18 PM on 5/19/2026 and observed the medications in the medicine cup sitting on the Resident's laptop computer on the overbed table. LPN #2 was interviewed by the surveyor and asked if Resident #11 was administered his/her medications today. LPN #2 stated yes that she gave the Resident morning medications with applesauce (as she always does), and administered eye drops and an inhaler to Resident. Also, LPN #2 stated that she stayed with the Resident while he/she took his/her medications. LPN #2 and the surveyor reviewed Resident #11's medication administration record (MAR) in the electronic medical record, and the Resident's morning medications were signed off by LPN #2 as being administered. Additionally, LPN #2 stated that she did not observe the medicine cup and medications on Resident #11's bedside table when she was in Resident's room earlier. LPN #2 took the 9 medications and the medicine cup to the Director of Nursing (DON).In an interview on 5/20/2026 at 8:30 AM the Director of Nursing (DON) stated to the surveyor that she was investigating the concern with medications found at the bedside for Resident #11 yesterday but was unsure how this happened. DON indicated that Resident stated that he/she took his/her medications and that LPN #2 stated that she stayed with the Resident during medication administration.The surveyor conducted a record review of Resident #11's medical record at 11:00 AM on 5/20/2026. Review of the medical record revealed that Resident had the following medications ordered to be administered in the mornings, Amlodipine for high blood pressure, Citalopram for depression, Eliquis for atrial fibrillation, Fluticasone Aerosol (inhaler) for wheezing, Glycolax for constipation, Ketotifen ophthalmic for eye allergies, Metoprolol for high blood pressure, Multiple Vitamin for supplement, Omega 3 for supplement, Pantoprazole for GERD, Polyethyl Glycol Gel for eye dryness, Rivastigmine for dementia, Sodium Zirconium for elevated potassium level, Vitamin D3 for supplement, and Vitron C for supplement. Further review of the medical record did not reveal a physician order, an assessment and a care plan for Resident #11 to self-administer his/her own medications.No additional information was provided by the facility staff at the time of survey exit.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews it was determined that the facility staff failed to maintain infection prevention and control practices. This finding was found to be evident on the [NAME] Nursing Unit reviewed for infection control practices during the annual recertification survey.The findings include:On the initial tour of the [NAME] Nursing Unit on 5/19/2026 at 10:45 AM the surveyor observed a bag of linen sitting on the floor in Resident room [ROOM NUMBER] next to the trash can.At 6:45 AM on 5/21/2026 on the [NAME] Nursing Unit the surveyor observed 2 blue bags of soiled linen/trash in the hallway sitting on the floor outside of Resident rooms [ROOM NUMBERS]. Additionally, a clean linen cart was observed outside of room [ROOM NUMBER] without a cover on the clean linen that was stored on the cart.The surveyor interviewed 2 Geriatric Nursing Assistants (GNAs) employees #7 and #8 that were handling the linen and trash in the hall and asked the GNAs what the expectation was for covering the clean linen cart. The GNAs stated that the clean linen cart should be covered. Additionally, the GNAs stated that they did not have a cart/barrel for the soiled linen and trash. At 6:50 AM on 5/21/2026 the surveyor interviewed the Licensed Practical Nurse (LPN) employee #9, who observed the soiled linen and trash bags on the floor in the hallway, and the uncovered clean linen cart. LPN employee #9 stated that the clean linen cart should be covered. Additionally, she stated that the soiled linen and trash bags should not be on the floor, and the bags of linen and trash should be disposed of in the soiled utility room on the unit.At 6:55 AM on 5/21/2026 the surveyor reviewed the infection control observations with the Assistant Director of Nursing (ADON). ADON acknowledged the surveyor and also observed the nursing staff transporting the soiled linen and trash bags in the hallway by dragging the bags on the floor. Additionally, ADON observed the clean linen cart uncovered with clean linen on the cart. ADON stated that the clean linen cart should be covered, and the GNAs should take the soiled linen and trash bags to the soiled utility room and not store the bags on the floor in the hallways and in the Resident rooms.The Director of Nursing (DON) at 9:15 AM on 5/21/2026 was notified of the concerns with infection prevention and control practices of the nursing staff that were observed earlier on the [NAME] Nursing Unit. DON stated that she was aware of the concerns and it was being addressed.No additional information was provided by the facility at the time of exit.