

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Dennett Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 Mary Drive Oakland, MD 21550	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>06401</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to promote a dignified dining experience by serving food on disposable plates to residents at meals for four of six hallways (100, 200, 600 and 700 Hallways) and failed to serve meals at the same time to residents who were seated at the same dining room table for one of two dining rooms (Far East dining room) for four of 41 sample residents (Resident (R) 31, R27, R28, and R47). This failure had the potential to affect all residents who were served meals prepared in the facility's one of one kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Dignity, revised 02/21, indicated Policy Statement Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feelings of self-worth and self-esteem .5. When assisting with care, residents are supported in exercising their rights. For example, residents are .e. provided with a dignified dining experience.</p> <p>1. Observation on 11/18/24 from 6:00 PM to 6:44 PM of staff serving meals to residents on the facility's 100, 200, 600, and 700 hallways revealed residents who received regular texture diets were served cookies on paper plates as part of their evening meal.</p> <p>Review of the facility's Order Listing Report, dated 11/20/24 and provided by the facility, revealed there was a total of 51 residents, who resided in the facility, with orders to receive a regular texture diet.</p> <p>During an interview on 11/19/24 at 1:10 PM, the facility's Dietary District Manager (DDM) stated staff should not have served cookies to residents on paper plates during the evening meal of 11/18/24. The DDM stated the kitchen's dish machine was working properly and there were enough regular dessert plates available for the cookies to be served on regular dishware. The DDM stated the facility's prior dietary manager allowed staff to utilize disposable products for the resident meal service and he was in the process of retraining the staff to only use disposable products at meals when the kitchen's dish machine was not functioning properly or in emergency situations.</p> <p>During an interview on 11/19/24 at 1:45 PM, the Administrator stated the residents' food should not be served on paper plates at meals because this was a dignity issue.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During an observation in the far East Wing dining room on 11/18/24 at 6:13 PM, R15 already had their dinner tray in front of them and R31 was sitting to the left side of R15 without a meal tray in front of them. Continued observation revealed R31 was served their dinner meal tray at 6:27 PM and they stated the food was warm and tasted good.</p> <p>During an interview on 11/19/24 at 9:11 AM, R31 stated they were hungry while they were waiting for dinner to be served, and the food was always passed late but not that late.</p> <p>3. During an observation in the far East Wing dining room on 11/18/24 at 6:14 PM, R12 and R61 were seated at the table eating dinner while R27 and R28 were waiting for their food to be served to them. Continued observation revealed R27 was served their dinner meal at 6:27 PM and R28 was served their dinner meal at 6:22 PM.</p> <p>4. During an observation in the far East Wing dining room on 11/18/24 at 6:25 PM, R59 and R47 were seated at a table while R59 was eating food from the meal tray and R47 was waiting for their meal tray to be served to them. Continued observation revealed R47 received the meal tray at 6:29 PM and stated their food was warm.</p> <p>During an interview on 11/19/24 at 5:23 PM, the Assistant Director of Nursing (ADON) stated she expected the staff to pass the meal trays at the same time to the residents seated at the same table. ADON also stated watching other residents eat while you are waiting for your food was a dignity issue.</p> <p>During an interview on 11/19/24 at 7:27 PM, the Business Office Manager (BOM) confirmed she did not serve the residents at the same table during the dinner meal service on 11/18/24 because the trays were not on the meal cart, and she had to find them on other meal carts. The BOM also stated it was a dignity issue when the meals were not served at the same time to each resident at the same table.</p> <p>During an interview on 11/20/24 at 9:51 AM, the Administrator stated she expected the facility staff to deliver the meal trays in sequence at the table, so the residents did not have to wait for their meals.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28604</p> <p>Based on record review, interview, and review of the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) User Manual Version 3.0, the facility failed to ensure one out of 41 sampled residents (Resident (R) 73) had an accurately coded Minimum Data Set (MDS) discharge assessment. Failure to code the MDS correctly led to an inaccurately coded discharge assessment.</p> <p>Findings include:</p> <p>Review of the CMS RAI User Manual Version 3.0, dated 10/01/24, revealed .Chapter 3 MDS Items [A] . A2105: Discharge Status .Item Rationale This item documents the location to which the resident is being discharged at the time of discharge. Knowing the setting to which the individual was discharged helps to inform discharge planning .Steps for Assessment 1. Review the medical record including the discharge plan and discharge orders for documentation of discharge location. Coding Instructions Select the two-digit code that corresponds to the resident's discharge status. Code 01, Home/Community: if the resident was discharged to a private home, apartment, board and care, assisted living facility, group home, transitional living, or adult foster care. A community residential setting is defined as any house, condominium, or apartment in the community, whether owned by the resident or another person; retirement communities; or independent housing for the elderly .</p> <p>Review of R73's undated Admission Record located in the resident's electronic medical record (EMR) under the Profile tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R73's Nursing Progress Note, dated 09/04/24 and located in the EMR under the Prog Note tab, revealed A Discharge Note has been completed for [R73]. Will discharge to an Assisted Living Facility. discharge date and Time: 09/04/2024 10:00 AM. Resident accompanied by Ambulance/Medical Transport Staff .</p> <p>Review of R73's discharge MDS with an Assessment Reference Date (ARD) of 09/04/24 and located in the EMR under the MDS tab indicated under Section A, A2105 Discharge Status was coded as 04 Short Term General Hospital.</p> <p>During an interview on 11/20/24 at 9:32 AM, the MDS Coordinator (MDSC) verified she coded R73's discharge assessment that she/he went to the hospital and would not be returning to the facility. The MDSC stated she should have coded Item A2105 discharge status as a discharge to home/community for she/he was discharged to an assisted living facility according to the progress note on 09/04/24. The MDSC stated she used the RAI Manual to code the MDS assessments.</p> <p>During an interview on 11/20/24 at 9:48 AM, the Administrator stated she expected the MDSC to code the MDS assessment correctly per the RAI manual.</p> <p>During an interview on 11/20/24 at 10:19 AM, the Social Services Director (SSD) stated she would send the MDSC an email of the residents that were discharged and they would discuss the residents that were discharging from the facility in the Medicare Meetings. The SSD acknowledged R73 was sent via an ambulance to an assisted living facility on 09/04/24.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28604</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to implement a pressure injury intervention per the physician's orders and care plan for a stage two pressure ulcer and did not document treatment was provided for seven days for one of two residents (Resident (R) 3) reviewed for pressure ulcers out of 41 sampled residents. This failure had the potential to result in wound treatment and interventions not provided for the residents.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Wound Care, provided by the facility, revealed .Documentation The following information should be recorded in the resident's medical record: 1. The type of wound care given. 2. The date and time the wound care was given. 3. The position in which the resident was placed. 4. The name and title of the individual performing the wound care .</p> <p>Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, revised March 2022 and provided by the facility, revealed Policy Statement A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>Review of R3's undated Admission Record located in the electronic medical record (EMR) under the Profile tab, revealed R3 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease, malnutrition, and osteoarthritis.</p> <p>Review of R3's Care Plan, dated 05/22/24 and located in the EMR under the Care Plan tab, indicated R3 is at risk for altered skin integrity including pressure injury .stage II to left heel with interventions Apply treatment to left heel as ordered (Date Initiated: 10/30/24) .Float heels when in bed and/or Geri chair (Date Initiated: 10/30/24) .</p> <p>Review of R3's Nurse Aide Kardex, dated November 2024, revealed the task of floating heels while in bed was marked as completed daily. There were no other tasks related to the stage II pressure ulcer on the left heel.</p> <p>Review of R3's Physician's Orders, located in the EMR under the Orders tab, revealed an order for Cleanse stage II to left heel with normal saline, apply skin prep and leave open to air every day shift for protection dated 11/12/24 and to float heels while in Geri chair and bed related to left heel pressure area every day and night shift dated 10/29/24.</p> <p>Review of R3's Treatment Administration Record (TAR), dated November 2024 and located in the EMR under the Orders tab, revealed the treatment ordered for the stage II pressure ulcer on the left heel was not documented as completed from 11/12/24 to 11/18/24. To float heels while in the Geri chair and bed was not documented as completed from 10/29/24 to 11/18/24.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R3's Nurse Practitioner Progress Note, dated 11/04/24 and located in the EMR under the Prog Note tab, revealed .Visit Type: Skin and Wound Note .Wound Assessment: Wound: 2 Location: left heel Primary Etiology: Pressure Stage/Severity: Stage 2 Wound Status: New Size: 1.5 cm [centimeters] x 1.2 cm x 0 cm. Calculated area is 1.8 sq [square] cm .</p> <p>Review of R3's Nurse Practitioner Progress Note, dated 11/18/24, located in the EMR under the Prog Note tab, revealed .Visit Type: Skin and Wound Note .Wound Assessment: Wound: 2 Location: left heel Primary Etiology: Pressure Stage/Severity: Stage 2 Wound Status: Improving without complications Size: 0.5 cm x 0.5 cm x 0.1 cm. Calculated area is 0.25 sq cm .</p> <p>During an observation on 11/19/24 at 11:39 AM with Registered Nurse (RN) 4, R3 was sitting in a geriatric chair with socks on her feet and heels lying on the end of the footrest in her room. Continued observation revealed Registered Nurse (RN) 4 performed wound treatment to R3's left heel and then RN4 placed a blue bootie on his/her left foot.</p> <p>During an interview on 11/19/24 at 11:40 AM, RN4 confirmed there was an order in the EMR for R3's left heel to be floated when in the geriatric chair to relieve pressure but the treatment was not shown on the TAR to mark as completed by the nurse.</p> <p>During an interview on 11/19/24 at 11:44 AM, Geriatric Nurse Aide (GNA) 2 stated she was assigned to R3 and was not aware that he/she was ordered for his/her heels to be floated while in the geriatric chair. GNA2 confirmed the nurse aide care plan did not state to float R3's heels while in the Geri chair. GNA2 also stated she observed R3 in the geriatric chair in his/her room with his/her heels not floating but lying against the footrest at 8:00 AM. GNA2 also stated she observed R3 at 11:30 AM with his/her heels still lying on the footrest in the geriatric chair.</p> <p>During an interview on 11/19/24 at 12:02 PM, GNA3 stated RN3 told her to float R3's heels when in the geriatric chair to prevent pressure ulcers last week. GNA3 also stated floating the heels while in the geriatric chair was not listed as a task on R3's nurse aide care plan.</p> <p>During an interview on 11/19/24 at 11:57 AM, the Assistant Director of Nursing (ADON) stated the nurses should ensure R3's heels were floated when in the geriatric chair or they could delegate the intervention, but the nurse was responsible for documenting it on the TAR. The ADON also stated she expected the nurses to implement the pressure ulcer relieving interventions per the care plan and physician's orders. The ADON indicated R3's pressure ulcer had improved since it developed on 11/04/24.</p> <p>During an interview on 11/19/24 at 2:35 PM, the Administrator verified R3's pressure ulcer treatment and intervention for floating the heels in the geriatric chair was not visible to the nurses on the TAR in the EMR due to someone entering the orders incorrectly. The Administrator stated she was not aware of the issue until today and the orders were revised. The Administrator also stated she expected the nurses to follow the care plan and physician's order to heal R3's pressure ulcer.</p> <p>During an interview on 11/19/24 at 6:27 PM, Licensed Practical Nurse (LPN) 2 stated that she completed R3's wound treatment to his/her left heel when she was assigned to him/her last week and knew to float his/her heels when in the geriatric chair. LPN2 also stated she thought she documented the treatment and intervention on the TAR in the EMR.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/19/24 at 6:21 PM, RN2 stated she provided wound care to R3's left heel last week and checked to ensure R3's heels were elevated when he/she was in the geriatric chair. RN2 stated she was not certain where she documented the wound care and intervention provided in the EMR.</p> <p>During an interview on 11/19/24 at 6:23 PM, LPN3 stated the orders to provide wound care to R3's left heel and to elevate the heels when in the geriatric chair were on the TAR in the EMR.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30347</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure oxygen tubing and nasal cannula were stored in a clean and sanitary manner for one of one resident (Resident (R) 47) reviewed for respiratory care of 41 sample residents. This failure had the potential to lead to oxygen equipment not properly maintained.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Oxygen Administration, dated 10/2010 (sic), revealed, Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation: 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration . General Guidelines: 1. Oxygen therapy is administered by way of an oxygen mask, nasal cannula, and/or nasal catheter .b. The nasal cannula is a tube that is placed approximately one-half inch into the resident's nose. It is held in place by an elastic band placed around the resident's head . Further review of the policy reveals it failed to address the proper storage of the nasal cannula and tubing when not in use.</p> <p>Review of R47's undated Admission Record located in the electronic medical record (EMR) under the Profile tab, revealed R47 was admitted to the facility on [DATE], with diagnosis including chronic obstructive pulmonary disease.</p> <p>Review of R47's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/18/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact.</p> <p>Review of R47's Physician Order, dated 02/05/23 and located under the Orders tab in the EMR revealed an order for administer oxygen at 3 lpm [liters per minute] via nasal cannula related to respiratory failure with hypoxia.</p> <p>During an observation on 11/18/24 at 10:53 AM, R47 was seated in his/her wheelchair and was not wearing his/her oxygen cannula. The oxygen tubing and nasal cannula were found to be unbagged and lying on the floor next to his/her bed.</p> <p>During an observation and interview on 11/20/24 at 9:40 AM Registered Nurse (RN) 4 confirmed finding R47's nasal cannula unbagged and lying on the floor in his/her room. RN4 stated, the tubing should not be on the floor, it should be placed in a bag when not in use and placed on the nightstand beside the bed. This tubing needs to be replaced.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>06401</p> <p>Based on interview, and facility policy review, the facility failed to employ either a full-time Registered Dietitian (RD) or a qualified Dietary Manager (DM) to carry out the functions of the food and nutrition service department. This failure had the potential to affect all 75 residents who resided in the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Professional Staffing, revised 10/22, indicated The Dining Services Department will employ sufficient staff, with appropriate competencies and skill sets to carry out the functions of food and nutrition services, taking into consideration the resident assessments, individual plans of care and the number, acuity and diagnosis of the resident population. This includes a qualified dietitian or other clinically qualified nutrition professional, either full time or part time. If the qualified dietitian or other qualified nutrition professional is not employed full time, a director of food and nutrition services who meets the necessary qualifications will be employed .A 'qualified director of food and nutrition services' is one who: In states that have established standards for food service manager or dietary managers, meets state requirements for food service managers or dietary managers and receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. In addition, the director will need to meet the conditions of one of the following five options: Has two or more years of experience in the position of a director of food and nutrition services, and has completed a minimum course of study in food safety, by no later than October 1, 2023, that includes topics integral to managing dietary operations such as, but not limited to, foodborne illness, sanitation procedures, food purchasing/receiving, etc.; or Is a certified dietary manager, or, Is a certified food service manager, or Has a similar national certification for food service management and safety from a national certifying body, or Has an associate's or higher degree in food service management or in hospitality, if the course of study includes food service or restaurant management, from an accredited institution of higher learning, and Procedures 1. The qualified dietitian, or other clinically qualified nutrition professional, will provide guidance and oversight to the Dining Services department for the consistent preparation and service of all regular and therapeutic diets, the training and supervision of all department staff, the purchase of food and supplies for the department and insuring all practices are in full compliance with current standards of practice and all regulatory requirements. 2. The qualified dietitian, or other qualified nutrition professional, will oversee training for nutrition services staff, and as indicated the interdisciplinary team, for developing and implementing resident centered meal planning .</p> <p>During an interview on 11/18/24 at 10:10 AM, the facility's Dietary District Manager (DDM) stated a DM was not currently employed at the facility. The DDM explained the facility's prior dietary manager's last day was around the first of November 2024 and the facility was in the process of attempting to hire a new dietary manager. The DDM stated the facility's consultant Registered Dietitian (RD) worked remotely and had not been onsite since the prior DM left.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 11/20/24 at 1:25 PM, the Administrator confirmed the facility's DM position was currently vacant and the facility's RD worked remotely on a consultation basis. The Administrator stated the prior DM's last day of employment with the facility was on 10/21/24 and the facility was in the process of hiring a new DM. The Administrator stated the facility was advertising for the open DM position and hoped to hire a DM as soon as possible, but no viable candidates had applied for this position thus far.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>06401</p> <p>Based on observation, interview, record review, review of the facility's meal schedule, and facility policy review, the facility failed to have sufficient competent dietary staff to ensure food was prepared in a sanitary environment for one of one kitchen and food was served as scheduled for the main dining room, the Far East dining room, the East dining room and for two of two residents (Resident (R) 16 and R59) reviewed for timeliness of meals in accordance with professional standards for food safety. The lack of competent dietary staff had the potential to affect 74 residents of 75 residents who consumed meals that were prepared from the facility's kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Education and Training, revised 10/22, indicated All employees will be provided education and training upon hire and ongoing to ensure that they have the appropriate competencies, and skill sets to carry out the functions of the food and nutrition services, taking into consideration the needs of the resident population.</p> <p>Review of the facility's 2023-2024 Dining Services Training Catalog which included an undated policy entitled, Process for Onboarding & Training Employees, which indicated, Health Services Group Inc, and its subsidiaries begin its venture into quality assurance and performance improvement with the onboarding of employees .Dining-specific content covered during onboarding includes: Cross Contamination, Glove Usage, Garbage and Trash Disposal, Food Code- Health Reporting Responsibilities, Personal Protective Equipment, Common Causes of Foodborne Illness and Prevention, Cleaning and Sanitizing, Service Line Procedures, Stocking a Cart .</p> <p>Review of the facility's undated policy titled, Meal Times, indicated the resident evening meal service was scheduled to begin at the following times:</p> <p>Dinner</p> <p>5:15 PM Main Dining Room</p> <p>5:30 PM Far East (600 and 700 hallways)</p> <p>5:45 PM [NAME] (400 and 500 hallways)</p> <p>6:00 PM East (100 and 200 hallways)</p> <p>1. Observation during the initial kitchen inspection on 11/18/24 from 10:15 AM to 10:50 AM revealed the kitchen was not clean. Kitchen food preparation and service equipment, including the mixer, convection oven, grill spill pan, shelf, wall, and reach-in refrigerator were unclean with visible food debris or spilled liquids. Opened and leftover food was not labeled, dated, and/or covered when stored. Cross-reference F812.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 11/19/24 at 1:10 PM, the Dietary District Manager (DDM) stated the kitchen had cleaning schedules available, but staff were not completing them to keep the kitchen equipment and environment clean. The DDM stated the only vacant dietary position was the Dietary Manager's (DM) position. The DDM stated he believed there were sufficient dietary staff available, but many of the staff had been employed at the facility for less than six months, so they needed to be properly trained. The DDM stated since the first of November and in the absence of the facility having a Dietary Manager (DM) he had worked with the dietary staff to train and retrain them on issues including kitchen sanitation, proper food storage, food preferences, and properly preparing resident meals by utilizing recipes.</p> <p>2. Observation of the resident meal service during the evening meal of 11/18/24 revealed the kitchen delivered resident meals later than scheduled at the following times:</p> <p>a. Observation on 11/18/24 at 5:41 PM revealed resident evening meals were delivered to the facility's main dining room in an enclosed cart which was 26 minutes later than scheduled.</p> <p>During an interview on 11/18/24 at 5:42 PM, Geriatric Nurse Aide (GNA) 8, who was assisting residents in the main dining room, confirmed the resident evening meals were delivered later than scheduled from the kitchen to the dining room at 5:41 PM. GNA8 stated all meals were delivered later than scheduled from the kitchen.</p> <p>b. Observation on 11/18/24 at 6:00 PM revealed resident evening meals were delivered to the facility's Far East unit in an enclosed cart which was 30 minutes later than scheduled.</p> <p>During an interview on 11/18/24 at 6:00 PM, GNA10, who received the Far East meal delivery cart from the kitchen, confirmed the Far East unit's resident evening meal trays were delivered later than scheduled at 6:00 PM.</p> <p>c. Observation on 11/18/24 at 6:28 PM revealed resident evening meals were delivered to the facility's East unit in an enclosed cart which was 28 minutes later than scheduled.</p> <p>During an interview on 11/18/24 at 6:32 PM, GNA1, who was serving resident meals on the East unit, confirmed the East unit's resident evening meal trays were delivered later than scheduled to this unit. GNA1 stated resident meals were always served later than scheduled from the kitchen.</p> <p>d. Observation on 11/18/24 at 6:44 PM revealed staff served the last resident on the East hallway her evening meal.</p> <p>During an interview on 11/18/24 at 6:44 PM, GNA1 confirmed the last resident was served her evening meal on 11/18/24 at 6:44 PM.</p> <p>During an interview on 11/19/24 at 1:10 PM, the DDM confirmed that resident meals were served later than scheduled during the evening meal of 11/18/24.</p> <p>During an interview on 11/19/24 at 1:45 PM, the Administrator stated she expected resident meals would be served on time as scheduled.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. Review of R16's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/21/24, located in the resident's electronic medical record (EMR) under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>During an interview on 11/18/24 at 1:01 PM, R16, who resided on the facility's 700 hallway (Far East unit), stated meals were served later than scheduled, especially the lunch and evening meals. R16 specified that the evening meal sometimes was not served until around 7:00 pm.</p> <p>4. Review of R59's quarterly MDS with an ARD of 10/07/24, located in the resident's EMR under the MDS tab revealed a BIMS score of 15 of 15, which indicated the resident was cognitively intact.</p> <p>During an interview on 11/18/24 at 3:03 PM, R59, who resided on the facility's 700 hallway (Far East unit), stated meals were often served later than scheduled, especially the evening meal which was not served until after 6:00 PM.</p> <p>5. Observation on 11/19/24 at 6:05 PM revealed [NAME] (C) 1, who was preparing resident evening meals from the kitchen tray line, ran out of Rancher's Chicken Thighs which was the main entree for this meal with three resident meals left to prepare. The DDM and a Visiting Dietary Manager (VDM) began to prepare additional pieces of chicken for the three remaining resident meal trays that were not yet served.</p> <p>During an interview on 11/19/20 at 6:10 PM the VDM stated staff had production sheets for each meal to know how much food to prepare, but at this meal staff must have used too many of the regular chicken thighs when they prepared the pureed meat which caused staff to run out of this entree item during the evening tray line and caused a delay in completing the meal service.</p> <p>Observation on 11/19/24 at 6:29 PM revealed dietary staff delivered the three resident meal trays to the East hallway which was 29 minutes later than scheduled. The last resident was observed to be served his evening meal at the East unit at 6:35 PM which was verified by the VDM.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>06401</p> <p>Based on observation, record review, interview, test tray review, and facility policy review, the facility failed to serve food that was palatable for two of six residents (Residents (R) 16, and R59) reviewed for food palatability of 41 sample residents. This had the potential to affect 74 of 75 residents who consumed food that was prepared from the facility's kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food Quality and Palatability, with a revision date of 02/23, indicated Food shall be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture to meet residents' needs .1. The Dining Service Director and Cook(s) are responsible for food preparation. Menu items are prepared according to the menu, production guidelines, and standardized recipes .4. The Cook(s) prepare food in accordance with recipes, and season for region and/or ethnic preferences, as appropriate. Cook(s) use proper cooking techniques to ensure color and flavor retention.</p> <p>1. Observations on 11/18/24 from 12:27 PM to 12:50 PM revealed staff were serving residents their lunch meals in the facility's main dining room. Observations of four randomly observed residents, who were eating in the main dining room and whose meal tray slip specified they were to receive a dysphagia advanced diet, revealed they were served a scoop of an unidentifiable food item on their plate which had a very dry appearance.</p> <p>During an interview on 11/18/24 at 12:46 PM, the Dietary District Manager (DDM) identified the scoop of dry food served on the plates of the four randomly observed residents eating in the dining room as the ground meat chicken pot pie. The DDM confirmed the chicken pot pie served to these four residents was very dry. The DDM stated the cook made this menu item too thick and it needed to be moistened.</p> <p>During an interview on 11/18/24 at 1:30 PM, the DDM stated the cook did not follow the recipe when preparing the chicken pot pie that was served to residents on ground meat or dysphagia advanced diets at lunch. The DDM stated that when preparing the chicken pot pie, the cooks should have moistened this menu item to get it to the desired consistency as specified in the recipe.</p> <p>Review of the facility's diced chicken pot pie recipe, provided by the DDM, specified, For Ground: Measure desired # [number] of servings into food processor. Grind to appropriate consistency. If needed, add gravy or broth to moisten meat.</p> <p>During an interview on 11/19/24 at 1:45 PM. the Administrator stated her expectation was for staff to follow recipes and for resident meals to be palatable and hot.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of R16's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/21/24, located in the resident's electronic medical record (EMR) under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. Review of R16's physician's orders, located in the EMR under the Orders tab, revealed the resident had a current order to receive a regular diet.</p> <p>During an interview on 11/18/24 at 1:01 PM, R16 stated the food served at meals was usually cold and did not always taste good. The resident stated this happened too often and it depended on who was cooking if the food tasted good at meals.</p> <p>3. Review of R59's quarterly MDS with an ARD of 10/07/24, located in the resident's EMR under the MDS tab revealed a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. Review of R59's physician's orders, located in the EMR under the Orders tab, revealed the resident had a current order to receive a regular diet.</p> <p>During an interview on 11/18/24 at 3:03 PM, R59 stated the food served at the facility could be improved. R59 specified the food served at meals lacked seasoning and she/he would like the food better if it were seasoned.</p> <p>During an observation on 11/19/24, in response to residents' complaints about food, a test tray was requested to be sent on the last meal delivery cart to the facility's East hallway (100 and 200 hallways) for the evening meal. Observation revealed, before the test tray left the kitchen at 6:27 PM, temperature monitoring of food being served from the kitchen's tray line revealed the food was at acceptable levels, of greater than 135 degrees Fahrenheit (F). The meal trays were placed on an open cart with no heating element.</p> <p>The meal cart with the test tray was observed to arrive in the East hallway at 6:29 PM. Staff were observed to complete the resident meal pass at 6:35 PM when staff served and set up a resident's evening meal in his/her room on the facility's 200 hallway. At this time, the foods and beverages on the test tray were sampled in the presence of the facility's DDM and Visiting Dietary Manager (VDM). The VDM utilized a calibrated facility thermometer to obtain the temperatures of the foods and beverages on the test tray. The VDM also tasted foods and beverages served on the requested test tray with the surveyor. Observation and tasting of the food on the test tray revealed the following concerns:</p> <ul style="list-style-type: none"> -The country style tomatoes served on the test tray tasted bitter. The VDM tasted the tomatoes and confirmed they tasted bitter. -The mashed potatoes served on the test tray tasted very bland and lacked seasoning. The VDM tasted the mashed potatoes and confirmed they tasted very bland and lacked seasoning. <p>During an interview on 11/19/24 at 6:40 PM, the VDM stated she assisted in the preparation of the food served to residents during the evening meal of 11/19/24 including the country style tomatoes and mashed potatoes. The VDM stated the country style tomatoes were not prepared with any sugar or flour. The VDM explained the mashed potatoes were prepared by adding only water and margarine to the dry potato mix.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/19/24 at 6:55 PM, the DDM provided the recipes for the country style tomatoes and mashed potatoes served during the evening meal of 11/19/24. The DDM stated the staff did not follow the recipe when preparing the country style tomatoes because they did not prepare this menu item with white sugar and flour as specified in the recipe. The DDM stated the mashed potato recipe only specified for staff to combine dry mashed potato mix, water, and margarine when preparing this menu item.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure food stored in the kitchen was labeled, dated, and/or covered, kitchen equipment and kitchen walls were clean, cookies on resident meal trays were covered when delivered from meal delivery carts to resident rooms, and pudding was served from the kitchen's tray line at an internal temperature of 41 degrees Fahrenheit (F.) or below. This had the potential to affect 74 of 75 residents who consumed food prepared in the facility's kitchen.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Food Storage: Cold Foods, with a revision date of ,d+[DATE], indicated 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>Review of the facility's policy titled, Equipment, with a revision date of ,d+[DATE], indicated Policy Statement All foodservice equipment will be clean, sanitary, and in proper working order. Procedures 1. All equipment will be routinely cleaned and maintained in accordance with the manufacturer's directions and training materials. 2. All staff will be properly trained in cleaning and maintenance of all equipment. 3. All food contact equipment will be cleaned and sanitized after every use. 4. All non-food contact equipment will be cleaned and free of debris.</p> <p>Review of the facility's policy titled, Environment, with a revision date of ,d+[DATE], indicated Policy Statement All food preparation areas, food service areas, and dining areas, will be maintained in a clean and sanitary condition. Procedures 1. The Dining Service Director will ensure that the kitchen is maintained in a clean and sanitary manner, including walls, ceilings, lighting, and ventilation. 2. The Dining Services Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing of all food service equipment and surfaces. 3. All food contact surfaces will be cleaned and sanitized after each use. 4. The Dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces.</p> <p>Review of the facility's policy titled, Meal Distribution, with a revision date of ,d+[DATE], indicated Policy Statement Meals transported to the dining locations in a manner that ensures proper temperature, maintenance, protects against contamination, and are delivered in a timely and accurate manner .3. All foods that are transported to dining areas that are not adjacent to the kitchen will be covered.</p> <p>Review of the facility's policy titled, Food: Preparation, with a revision date of ,d+[DATE], indicated, Policy Statement All foods are prepared in accordance with the FDA [Food and Drug Administration] Food Code. Procedures .13. All foods will be held at appropriate temperatures, greater than 135 [degrees] F [Fahrenheit] (or as state regulations requires) for hot holding, and less than 41 [degrees] F for cold food holding.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1. Observation on [DATE] from 10:15 AM to 10:50 AM, during the initial kitchen inspection, with the Dietary District Manager (DDM) present, revealed the following food storage concerns:</p> <p>a. Observation of food stored in the kitchen's walk-in refrigerator revealed two undated bowls of fruit cocktail, one undated pan of peaches and pears, one undated pan of prepared pudding, one opened and undated gallon container of mayonnaise, one partially covered pan of leftover tomato soup, one partially covered pan of leftover pumpkin cream cheese, two partially covered slices of Swiss cheese with an expired discard date of [DATE], and one five pound bag of parmesan cheese was stored completely opened to air and unprotected from possible contamination.</p> <p>b. Observation of food stored in the kitchen's walk-in freezer revealed one 29.7-pound box of frozen biscuits and a twenty-pound box of frozen cookie dough that were opened to air and unprotected from possible contamination.</p> <p>c. Observation of food stored in the kitchen's dry storage room revealed a scoop was stored in a large bin of flour. The scoop's handle was observed to be embedded in the flour stored in the bin.</p> <p>During an interview on [DATE] at 10:35 AM, the DDM confirmed the opened and undated foods observed stored in the kitchen's walk-in refrigerator and walk-in freezer, and the scoop observed stored in the flour bin in the kitchen's dry storage area. The DDM stated food should be completely covered, labeled, and dated when stored and the scoop should not be stored in the flour bin.</p> <p>2. Observation on [DATE] from 10:15 AM to 10:50 AM, during the initial kitchen inspection, with the DDM present, revealed the following concerns with the cleanliness of the food preparation equipment and walls in the kitchen:</p> <p>a. The kitchen's mixer was stored with dried food splatter on the front of the mixer's base and on the mixer whip attachment that was stored in the mixer's bowl, a kitchen cabinet shelf where food processor attachments were stored was unclean with an accumulated dried yellow substance, the grill top's spill pan was unclean with a very heavy accumulation of burned on food spills, the kitchen's convection oven had a heavy accumulation of burned on food spills on its interior bottom shelf and a buildup of a dried brown substance on the interior of its two doors, and the kitchen's reach in refrigerator had an accumulation of spilled liquids pooled on its interior bottom shelf.</p> <p>b. The wall next to the kitchen's stove top was very unclean with numerous dried and multicolored food splatters.</p> <p>During an interview on [DATE] at 10:50 AM, the DDM confirmed the observed unclean kitchen equipment and unclean kitchen wall. The DDM stated kitchen equipment should be kept clean per the kitchen's cleaning schedule or as needed. The DDM stated the unclean kitchen wall observed with the numerous dried food splatters was where a garbage can was stored should be kept clean by staff.</p> <p>3. Observation on [DATE] from 6:00 PM to 6:44 PM of staff serving meals to residents on the facility's 100, 200, 600 and 700 hallways revealed residents were served two cookies that were uncovered on their evening meal trays. Staff were observed taking resident meal trays, which contained two uncovered cookies, from the enclosed food carts, which were parked near the East and Far East nursing stations and delivering the meal trays down the hallways to resident rooms.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 6:32 PM, Geriatric Nurse Aide (GNA) 1, who was delivering meal trays to resident rooms on the East and Far East units, stated the kitchen frequently served uncovered food on resident meal trays.</p> <p>During an interview on [DATE] at 1:10 PM, the DDM stated the cookies served on the resident meal trays during the evening meal of [DATE] should have been covered.</p> <p>During an interview on [DATE] at 1:45 PM, the Administrator stated she expected food to be covered on resident meal trays.</p> <p>4. Observation on [DATE] from 5:20 PM to 5:38 PM of food and beverages being served from the kitchen's evening tray line revealed bowls of pudding were being served from a metal sheet pan that was not refrigerated or contained any ice. The DDM was requested to monitor the internal temperature of one of these bowls of pudding with a facility calibrated thermometer. The internal temperature of the bowl of pudding was found to be elevated to 52.2 degrees F.</p> <p>During an interview on [DATE] at 5:38 PM, Dietary Aide (DA) 1 stated he prepared the pudding being served at this meal. DA1 stated he prepared the pudding by adding milk to the pudding mix. DA1 stated he did not monitor the temperature of the pudding prior to it being served from the tray line.</p> <p>During an interview on [DATE] at 5:40 PM, the DDM stated staff should have monitored the temperature of the pudding before it was served from the evening tray line. The DDM stated the pudding should have been maintained at a temperature of 41 degrees F. or below when served from the kitchen's tray line.</p>		

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<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>30347</p> <p>Based on record review, interview, and facility policy review, the facility failed to submit the required staffing information based on payroll data in a uniform format by the required deadline. The facility failed to submit data for quarter three (April 1-June 30, 2024) of the federal fiscal year.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, [Facility Name] Reporting Direct Care Staffing Information (Payroll-Based Journal), dated 08/2022 (sic), revealed Policy Statement: Direct care staffing information is reported electronically to Centers for Medicare & Medicaid Services (CMS) through the Payroll-Based Journal system. Policy Interpretation and Implementation: 1. Complete and accurate direct care staffing information is reported electronically to CMS through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS. 2. Direct care staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain their highest practicable physical, mental, and psychosocial well-being .9. Direct care staffing information is submitted on the schedule specified by CMS, but no less frequently than quarterly. 10. Staffing information is collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter. Dates are as follows .Fiscal Quarter 3, Date Range April 1 - June 30, Submission Deadline August 14 .</p> <p>A review of the facility's Payroll Based Journal report from CMS revealed the facility failed to submit data within the required timeline for quarter three of 2024.</p> <p>During an interview on 11/20/24 at 12:40 PM, the Administrator stated, I was not aware the Payroll Based Journal (PBJ) report was not submitted on time. Our Regional Office handles the reporting of the information for us. I do not have a record of when it was submitted.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28604</p> <p>Based on observation, interviews, record reviews, and policy reviews, the facility failed to follow infection control and prevention guidelines as follows: 1. The facility staff did not don (put on) personal protective equipment (PPE) prior to entering two resident's rooms for two of two residents (Residents (R) 1 and R19), that were on droplet and contact precautions and had COVID. 2. The facility staff did not wash their hands and change gloves after removing the dressing and cleaning the pressure ulcers during a wound care observation for R26. 3. The facility staff did not review the Legionella policies annually. This failure had the potential to affect the spread of infections.</p> <p>Findings include:</p> <p>1. Review of the facility-provided policy titled, Isolation - Categories of Transmission-Based precautions, revised September 2022, revealed Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection, arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents .Droplet Precautions 1. Droplet precautions are implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets larger than 5 microns in size) that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning). 2. Residents on droplet precautions are placed in a private room if possible .3. Masks are worn when entering the room. 4. Gloves, gown and goggles are worn if there is risk of spraying respiratory secretions .</p> <p>a. Review of R1's undated Admission Record located in the electronic medical record (EMR) under the Profile tab, revealed R1 was admitted to the facility on [DATE] and was readmitted on [DATE], with diagnoses including paraplegia, and asthma.</p> <p>Review of R1's Treatment Administration Record (TAR) dated 11/12/24 and located under the Orders tab in the EMR, revealed an order for Initiate and maintain strict droplet and contact COVID-19 isolation with use of N95 mask for 10 days. All services and care rendered in resident's room. Every shift for COVID positive for 10 days.</p> <p>Review of R1's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/22/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 10 out of 15, which indicated the resident had moderately impaired cognition.</p> <p>Observation on 11/18/24 at 12:33 PM revealed Hospitality Aide (HA) 1 walked into R1's room to deliver her lunch tray. HA1 failed to properly don any personal protective equipment (PPE) prior to entering the room. Isolation posters/notices for droplet and contact precautions were displayed on the wall next to R1's doorway.</p> <p>During an interview on 11/18/24 at 12:35 PM, HA1 stated, R1 is under isolation, and I should have donned the proper PPE before entering the room. The signage posted by the door indicates that the resident is under isolation, and I should have put on PPE before I went in, and I didn't put it on.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Dennett Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 Mary Drive Oakland, MD 21550	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Review of R19's undated Admission Record located in the EMR under the Profile tab, revealed he was admitted to the facility on [DATE] with a diagnosis of chronic respiratory failure. Additionally, a diagnosis of COVID-19 was added on 11/11/24.</p> <p>Review of R19's Physician's Orders, dated 11/12/24 and located in the EMR under the Orders tab, revealed an order to Initiate and maintain strict Droplet and Contact COVID-19 isolation with use of N95 mask x [times] 10 days. All services and care rendered in resident's room. every shift for COVID-19 Positive for 10 Days.</p> <p>Review of R19's comprehensive Care Plan, dated 11/16/24, and located in the EMR under the Care Plan tab, revealed a focus of [R19] requires special droplet/contact precautions in addition to standard precautions r/t [related to] known or suspected infection with Coronavirus (COVID-19) with an intervention of Staff and [R19] will comply with infection control practices until such time transmission based precautions can be discontinued.</p> <p>During an observation on 11/18/24 at 11:07 AM droplet and contact precaution signs were posted on the wall on the left side of R19's room door. The droplet precaution sign stated Everyone must: Clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry or remove face protection before room exit. The contact precaution sign stated Everyone must: Clean their hands, including before entering and when leaving the room. Providers and Staff must also: Put on gloves before room entry. Discard gloves before the room exit. Put on gown before room entry. Discard gown before the room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. Continued observation revealed a three-pocket hanger on the outside of the door that contained surgical face masks, N95 masks, face shields, gowns, gloves, and sanitizer.</p> <p>During an observation and interview on 11/18/24 at 11:09 AM, Housekeeper (HSK) 1 was mopping the floor inside R19's room by the door wearing a black surgical mask covering her nose and mouth and blue gloves on her hands. HSK1 stated the droplet and contact precaution signs were next to the door because R19 was receiving oxygen and he did not have COVID, so she did not have to wear a gown, or N95 mask. HSK1 also stated she was not providing care for him; she was just cleaning his room. HSK1 stated she had been educated on wearing PPE by the former supervisor but did not recall when she received the training.</p> <p>During an interview on 11/20/24 at 8:23 AM, the Housekeeping (HSK) Supervisor stated she was new to the position as of last week and had verbally warned HSK1 on 11/12/24 to wear the appropriate PPE prior to entering the resident's rooms that had COVID. The HSK Supervisor acknowledged the droplet and contact precaution signs were posted on the wall by R19's door and the pocket hanger contained PPE on the outside of the door.</p> <p>During an interview on 11/20/24 at 8:32 AM, the Infection Preventionist (IP) stated she expected staff to follow the droplet and contact precaution signs on the outside of R19's door to prevent the spread of COVID.</p> <p>During an interview on 11/20/24 at 10:02 AM, the Administrator stated she expected staff to wear the appropriate PPE as trained and to don and doff (take off) it correctly per the infection control policy.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of the facility-provided undated policy titled, Wound Care, revealed Purpose The purpose of this procedure is to provide guidelines for the care of wounds to promote healing . Steps in the Procedure . 4. Put on exam glove. Loosen tape and remove dressing. 5. Pull glove over dressing and discard into appropriate receptacle. wash and dry hands thoroughly .</p> <p>Review of R26's undated Admission Record located in the EMR under the Profile tab revealed R26 was admitted to the facility on [DATE] with diagnosis of unspecified dementia.</p> <p>Review of R26's Physician's Orders, dated 09/17/24 and located in the EMR under the Orders tab, revealed an order to Cleanse open area to sacrum with NS [normal saline] or wound cleanser and pat dry. Apply med-honey followed by calcium alginate with border foam until healed every day shift for wound treatment.</p> <p>Review of R26's comprehensive Care Plan, dated 06/14/24 and located in the EMR under the Care Plan tab, revealed a focus area of [R26] is at risk for pressure injury and other altered skin integrity related to decreased mobility, incontinence, diabetes, peripheral venous insufficiency, aspirin use . with an intervention to Apply treatment to sacrum as ordered (revised 10/23/24).</p> <p>During an observation of a pressure ulcer treatment on 11/19/24 at 1:02 PM in R26's room revealed Licensed Practical Nurse (LPN) 1 removed the old dressing from the wound on the sacrum, cleansed the open area on the sacrum with wound cleanser and gauze, applied med-honey and calcium alginate to the wound, applied a bordered foam dressing, discarded the soiled dressing and gauze in the trash can, and then removed his gloves and washed his hands.</p> <p>During an interview on 11/19/24 at 1:13 PM, LPN1 acknowledged he did not remove his gloves and wash his hands after removing the dressing from the wound and cleansing the wound. LPN1 stated he should have removed his gloves, washed his hands, and applied new gloves after he cleansed the wound to keep the wound clean so it would not get infected.</p> <p>During an interview on 11/19/24 at 1:16 PM, the IP stated staff should remove their gloves, wash their hands, and apply new gloves after removing the dirty dressing and cleansing the wound to prevent the wound from becoming infected.</p> <p>During an interview on 11/19/24 at 2:31 PM, the Administrator stated she expected staff to follow infection control guidelines from start to finish during wound care.</p> <p>3. Review of the facility's policy titled, Legionella Water Management Program revealed it was the facility's policy to review the water management program at least once a year. Review of this policy revealed it was last revised in July 2017.</p> <p>On 11/20/24 at 11:05 AM, the Maintenance Director provided an additional policy titled Water Management Program with a last reviewed date of 02/18.</p> <p>During an interview on 11/20/24 at 11:05 AM, the Maintenance Director stated he had been the Maintenance Director for the past two years and he could not remember anyone ever reviewing the water management policies.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/20/24 at 11:24 AM, the Administrator verified the water management policies had last been reviewed in 2018. She stated she had it on the agenda for the next safety committee meeting.		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28604</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure one of twenty-two baseboard heater covers was in good repair on the 100 Hall of the East Wing for one of one resident (Resident (R) 17) of 41 sample residents. This failure had the potential to cause injury to the residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Homelike Environment, revised February 2021 and provided by the facility, revealed Policy Statement Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p> <p>Review of R17's undated Admission Record located in the electronic medical record (EMR) under the Profile tab, revealed R17 was admitted to the facility on [DATE].</p> <p>Review of R17's quarterly Minimum Data Set (MDS) located under the MDS tab of the EMR, with an Assessment Reference Date (ARD) of 10/04/24, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R17 was cognitively intact.</p> <p>Review of the facility provided document titled, Preventive Maintenance Checklist, dated week of November 18, 2024, showed the heaters had been checked in the hallways on 11/18/24 and 11/19/24.</p> <p>During observation on 11/19/24 at 9:29 AM with the Maintenance Director in the hallway outside of R17's room, located on the 100 Hall of the East Wing, the edge of the baseboard heater's metal cover was sharp and protruding from the wall. Continued observation of the facility revealed there were 22 baseboard heaters in the hallways of the building.</p> <p>During an interview on 11/19/24 at 9:32 AM, the Maintenance Director stated he was not aware that the baseboard heater's metal cover edge was protruding from the wall next to R17's room but he had repaired a lot of them due to staff pushing the food carts and medication carts into them. The Maintenance Director also stated all the baseboard heaters had damage to the metal covers, he had tried to order new heater covers in the past, but the former owners of the facility denied his request. The Maintenance Director indicated no residents had been harmed by the metal covers and he made daily preventive maintenance checks on the heaters to ensure a homelike and safe environment.</p> <p>During an interview on 11/20/24 at 9:55 AM, the Administrator stated she was not aware of any resident injuries because of the heaters, and she expected the Maintenance Director to monitor them during daily rounds on the environment.</p>		