

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/22/2024
NAME OF PROVIDER OR SUPPLIER  North Oaks Communities		STREET ADDRESS, CITY, STATE, ZIP CODE  725 Mount Wilson Lane Baltimore, MD 21208	

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 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>50385</p> <p>Based on observations and staff interview, it was determined that the facility failed to store cold foods in a safe manner and failed to ensure staff had access to proper hand washing facilities. This practice was evident for multiple areas of the main kitchen during the initial kitchen tour and had the potential to affect all residents eating food prepared in the facility's kitchen.</p> <p>The findings include:</p> <p>During observation rounds of kitchen on 7/18/24 at 8:15 AM, the initial kitchen tour was conducted by Dietary Manager (Staff #5).</p> <p>During initial observation, the kitchen was noted to have a stream of clear drainage coming from the dishwashing area. Upon closer observation, a pipe from underneath the manual dishwashing station was leaking.</p> <p>Both handwashing stations in the main kitchen did not have working paper towel and soap dispensers.</p> <p>One freezer temperature was not at an appropriate temperature at 8:30 AM on 7/18/2024. The freezer next to stoves and ovens closer to the dishwashing station was at 42 degrees F. This freezer contained a 3 of bags of what appeared to be breaded foods that were soft to the touch.</p> <p>Upon inspection of dates on foods throughout all refrigeration and freezers, only one date was written and/or posted visible on all foods both in the refrigerator and the freezer.</p> <p>Frozen food boxes were stored on the floor of the freezer and there was ice build up on the back walls of the freezer.</p> <p>During interview with the Food and Beverage Director (Staff #8) at 10:30 AM on 7/18/24, A more in-depth tour of the kitchen was conducted. When he was asked what was being done about the leak in the dishwashing area he stated, I did not know of a leak, but I will take a look into it now.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>At this time both hand wash stations' paper towel and soap dispensers were still not functional. When asked where the kitchen staff are supposed to wash their hands properly if both handwashing stations were not functional, he stated that there were other sinks outside of the main kitchen employees could go to.</p> <p>When asked what the dates on the food in the refrigerator and freezer represented, he stated, The dates on them are the dates those foods were used and stored in the fridge. Staff #8 clarified that no foods other than some packaged refrigerator and frozen foods had use by dates on them.</p> <p>After surveyor intervention, Staff #8 had fixed both hand washing stations' paper towel and soap dispensers.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>48167</p> <p>Based on medical record review and staff interview, it was determined that the facility failed to maintain accurate medical records on each resident. This was evident for 1 (resident #19) out of 8 residents that were reviewed during the survey.</p> <p>The findings include:</p> <p>On 07/18/24 at 9:30 AM the facility submitted a Matrix Roster to the survey team for review. The matrix roster revealed that Resident #19 was not on palliative care.</p> <p>Review of Resident #19 medical record on 07/19/24 at 10:15 AM revealed a Maryland Medical Orders for Life-Sustaining Treatment (MOLST) form dated 03/27/2024. The MOLST form stated that Resident #19 was a [name of hospice provider] patient. Further review of Resident #19's record revealed that [name of hospice provider] was a hospice company that provides palliative care.</p> <p>During an interview on 07/19/24 at 11:00 AM the Director of Nursing (DON), Staff #3, verified the Matrix Roster that was given to the survey team was incorrect, Resident #19 was on palliative care patient.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50385</b></p> <p>Based on observations and staff interviews, it was determined that the facility failed to have an effective pest control plan so that the facility is free of mice. This was evident on the [NAME] ridge unit of the facility.</p> <p>The findings include:</p> <p>During observation rounds on 07/19/2024 at approximately 9:15 AM the Director of Nursing (DON) was standing outside in the facility hallway in front of room [ROOM NUMBER], a resident's room. While the DON was standing in this location, a mouse was observed running on the floor out of room [ROOM NUMBER], stopped at the DON's feet, and ran back into room [ROOM NUMBER].</p> <p>During an interview on 07/19/2024 at 9:25 AM resident #2 stated that there were mice in his/her room and there have been many mice in his/her room.</p> <p>During an interview on 07/19/2024 at 9:28 AM staff #14 stated that a mouse pad was placed down in room [ROOM NUMBER]'s floor, and this is what the facility had been doing for the mouse problem.</p> <p>During an interview on 07/19/2024 at approximately 9:39 AM staff #15 stated that the facility has had mice problems for some time and the facility has switched over to a new exterminator company about a year and half ago. When asked what was being done with based on recommendations that pest control company has provided, she stated that they had been continually fixing doors and patching holes that mice could come through as they are reported. The pest control Logs were provided from weekly treatments and recommendations for this year.</p> <p>The pest control logs were reviewed on 7/19/24 at 9:50 AM. On the report of the visit on 6/21/24 it stated, Inspected and service throughout areas Inspected and serviced tin cats no mouse activity. Inspected and service glue boards, no mouse activity Mice are getting in door into main kitchen. Mouse tail hanging out of door unable to remove door needs to be taken down and fixed. One request for gnats at 519 Went over everything with. On the report of the visit on 6/28/24 it stated, Inspected and service throughout areas. Inspected and serviced tin cats no mouse activity. Inspected and service glue boards, no mouse activity Mice are getting in door into main kitchen. Mouse tail hanging out of door unable to remove door needs to be taken down and fixed. One request for gnats at 519 Went over everything with [staff name].</p> <p>On observation rounds on 7/19/24 at 10:12 AM, this surveyor observed the loading dock double door. The bottom of the right door where both doors meet from the inside had a 4 inch by 1 inch sized opening. Outside of door there were 5 large bags of trash sitting on the floor of the loading dock.</p> <p>An interview was conducted on 7/19/24 at 10:15 AM with the Plant Operations Director (Staff #16) . Staff #16 was asked about the dock door opening, he stated he did not know of the opening, but will fix it as soon as possible.</p> <p>During an interview on 07/19/2024 at approximately 10:50 AM, the Administrator stated that there was a mouse in room [ROOM NUMBER] alive and the facility was working on removing the mouse.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>48167</p> <p>Based on review of facility documentation and interviews, the facility failed to provide the required 12-hour minimum yearly in-service training for nurses' aides. This was evident in 1 out of the 5 employee records that were reviewed during the survey.</p> <p>The findings include the following:</p> <p>Review of Geriatric Nursing Assistant (GNA) #20 employee record on 07/22/2024 at 09:45 AM revealed a hire date of 06/28/2022. The GNA #20 was still employed by facility and there was no documentation that the required 12-hour minimum yearly in-service training was completed by GNA #20 for the year 2023.</p> <p>During an interview on 07/22/2024 at 10:15 AM, the facility's Human Resource Director #19, stated that she was unable to provide documentation that GNA #20 completed the required 12-hour minimum yearly in-service training for the year 2023.</p>		