

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Carriage Hill Bethesda		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 Cedar Lane Bethesda, MD 20814	

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 - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to ensure that a resident's right to make his/her own decisions, including the right to participate in and direct his/her personal and financial affairs, and the right to refuse services, was honored. The facility also failed to obtain the resident's consent prior to submitting a Medicaid application and inaccurately represented the resident's decision-making capacity. This deficient practice was identified for 1 of 1 resident (Resident #69) reviewed for resident rights. Findings include: During an interview conducted on 3/24/25 at approximately 11:00 AM with Resident #69 and the resident's daughter regarding complaint #2719381, Resident #69 stated that he/she had previously informed the social worker that he/she did not want to apply for Medicaid and planned to return home. The resident and the resident's daughter further stated that the facility submitted a Medicaid application without the resident's knowledge or consent. Resident #69 stated, I don't know how they could do that without my information and my permission. During an interview with the Administrator (Staff #1) on 3/24/25 at approximately 1:00 PM, the Administrator confirmed that a Medicaid application had been submitted on behalf of the resident, stating it was done to help him/her. During an interview with the Business Office Manager (Staff #13) on 3/25/25 at approximately 1:30 PM, she stated she had been advised by the facility that it was acceptable to submit the Medicaid application on the resident's behalf. Upon request, the surveyor reviewed the Medicaid application submitted for Resident #69. Review revealed the application was completed under the designation applicant without representative who lacks capacity to appoint a representative. However, review of the resident's medical record revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating the resident was cognitively intact and capable of making his/her own decisions. These findings demonstrate the facility failed to honor the resident's right to make informed decisions and to refuse services and failed to accurately represent the resident's decision-making capacity.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Carriage Hill Bethesda		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 Cedar Lane Bethesda, MD 20814	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on medical record review and interview, the facility and facility pharmacy services failed to identify incorrect indications/reasons for medications being administered. This was evident for 1 (#50) of 8 residents reviewed for medications during the annual survey. The findings include: During review of Resident #50's March 2026 Medication Administration Record (MAR) on 03/19/2026 at 10:30 AM revealed that on 03/09/2026 the physician ordered Depakote Oral Tablet Delayed Release 250 MG (Divalproex Sodium) Give 1 tablet by mouth two times a day for seizures and on 03/26/2025 the physician ordered Lamotrigine Oral Tablet 25 MG Give 4 tablet by mouth one time a day for epilepsy. Further review of Resident #50's medical records revealed that resident has no history or current medical condition / diagnosis of seizures or epilepsy. During an interview on 03/19/2026 at 12:30 PM staff #2 stated, (The resident) Does not have epilepsy or seizures and there is nothing in the medical file that states he/she ever had a history of epilepsy or seizures. Staff #2 also stated, I will let the doctor know so this can be corrected. Staff #2 was unable to explain how the facility or pharmacy verified that the correct indication/reason was used for Resident #50's medication orders.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Carriage Hill Bethesda		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 Cedar Lane Bethesda, MD 20814	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on resident medical record review and interview, it was determined that the facility failed to ensure that medications were administered as ordered. This was evident for 1 (#50) of 1 resident reviewed for significant medication errors during the annual survey. The findings include: 1. During review of Resident #50's medical record on 03/23/2026 at 9:10 AM revealed that on 10/06/2025 the physician ordered Acetaminophen Oral Tablet 500 MG (Acetaminophen) give 2 tablet by mouth every 8 hours as needed for moderate pain do not give more than 3g within 24 hours. On 02/19/2026 the physician ordered Tylenol Extra Strength Oral Tablet 500 MG (Acetaminophen) give 2 tablet by mouth three times a day for pain. Review of March 2026 Medication Administration Record revealed Resident #50 received the 3 times a day Acetaminophen and received as needed Acetaminophen totaling 4000 mg which exceeds 3g (3000 mg) on 03/05 and 03/17. During an interview on 03/23/2026 at 10:00 AM with staff #2, Resident #50's March 2026 Medication Administration Records were reviewed with surveyor. Staff #2 agreed that Resident #50 received over 3g of Acetaminophen on 03/05, 03/17 and would contact the doctor to have medication order corrected. 2. Review of Resident #50's medical record on 03/23/2026 at 9:20 AM revealed that on 09/11/2025 the physician ordered Oxycodone HCL Oral Tablet 5 MG (Oxycodone HCL) Give 1 tablet by mouth every 6 hours as needed for mild to moderate pain, and Oxycodone HCL Oral Tablet 7.5 MG (Oxycodone HCL) Give 7.5 mg by mouth every 6 hours as needed for severe pain rated 7 to 10. Review of March 2026 Medication Administration Records revealed on 03/18/26 Resident #50 received Oxycodone 5mg 1 tablet by mouth at 07:47 AM for pain level 5, and Oxycodone 7.5mg 1 tab by mouth at 09:37 AM for pain level 4. During an interview on 03/23/2026 at 10:05 AM with staff #2, Resident #50's March 2026 Medication Administration Records were reviewed with surveyor. Staff #2 agreed and verified that resident #50 was given an additional dose of Oxycodone 7.5 mg in error because it was before the 6-hour time frame. 3. Review of Resident #50's medical record on 03/23/2026 at 9:25 AM revealed that on 09/11/2025 the physician ordered Oxycodone HCL Oral Tablet 7.5 MG (Oxycodone HCL) Give 7.5 mg by mouth every 6 hours as needed for severe pain rated 7 to 10. Review of March 2026 Medication Administration Records revealed Resident #50 received Oxycodone 7.5mg 1 tab by mouth on 03/01, 03/02, 03/10, 03/15, 03/18 for a pain level of 4, on 03/14 for a pain level of 6 and on 03/18 for a pain level of 3. During an interview on 03/23/2026 at 10:15 AM with staff #2, Resident #50's March 2026 Medication Administration Records were reviewed with surveyor. Staff #2 agreed and verified that resident #50 was given Oxycodone HCL Oral Tablet 7.5 MG for resident pain levels that were not severe rated 7 to 10 per physician orders and was given in error.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Carriage Hill Bethesda		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 Cedar Lane Bethesda, MD 20814	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observations and interviews with facility staff it was determined the facility failed to ensure that a resident has access to a phone and a working television (TV) remote control in their room. This was found to be evident for 1 (#109) of 62 residents reviewed during the facility's annual Medicare/Medicaid survey. Findings include: Intake # 2959654 was reviewed on 3/20/26 for multiple concerns. One of the concerns was that resident # 109 did not have a phone in the room and that the television remote control was not working. An observation was made on 3/26/26 at 10:45 AM; there was one phone jack observed on the wall between Resident #109's bed and the roommate. There were two staff that came into the room upon surveyor request for dual observation. Staff #34, a Geriatric Nurse Assistant (GNA) and staff #35 a Registered Nurse (RN). Staff #35 confirmed that there was only one phone jack in the room and the only phone line is connected to Resident #109's roommate. The nurse (#35) confirmed that Resident #109 does not have a personal phone or a facility provided phone in his/her room. The surveyor asked both staff (#34, #35) how Resident #109 is able to communicate with family privately, and they both stated that sometimes, Resident #109 will use the roommate's phone. The Nurse stated that she would contact maintenance regarding the phone line for Resident #109. On the same date at approximately 11:15 AM, the Administrator asked if this surveyor would accompany him to Resident #109's room. Upon entering the resident room, the Maintenance Director (MD) staff #5 was present and pointed out that there is only one phone jack in the room. The Administrator went on to explain that there are multiple rooms in the facility that have only one phone jack. He went on to explain that before acquiring the building, the rooms were considered private. He stated that the facility is currently working on resolving this. The Administrator stated that the charge nurse carries a phone that the resident can use in the interim but confirmed that the resident does not have access to a phone. Another observation was made at that time with the Administrator and the MD, of the resident TV remote control. The MD was asked if the resident remote control worked? The MD tried multiple times to get the television to come on using the remote control and it did not turn on. The MD manually turned the TV on. The Administrator instructed the MD to change the batteries in the TV remote control. The MD verbally agreed.</p>		