

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Devlin Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10301 North East Christie Road Cumberland, MD 21502	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46319</p> <p>Based on interview, record review, and policy review, the facility failed to develop a care plan related to anticoagulant medication for one (Resident (R)28 residents in the sample of 28 residents. The deficient practice had the potential to cause an adverse reactions from receiving an anticoagulant medication.</p> <p>Findings include:</p> <p>1. Review of R28's Face Sheet, located under the Profile tab of the electronic medical record (EMR), revealed R28 was admitted to the facility on [DATE] with diagnoses that included unspecified disorders of the brain-cerebral ventriculomegaly, and paroxysmal atrial fibrillation.</p> <p>Review of R28's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/22/24 located in the EMR under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 09 out of 15 which indicated R28 was moderately impaired for decision-making. This MDS assessment further indicated R28 receives an anticoagulant.</p> <p>Review of R28's Physician Orders dated 10/16/23 in the EMR under the Orders tab indicated Eliquis 5 milligram (mg) tablet by mouth two times a day.</p> <p>Review of R28's Comprehensive Care Plan, located in the EMR under the Care Plan tab did not show a focus, measurable goals, or interventions for anticoagulant medication use.</p> <p>During an interview with the MDS Coordinator (MDSC) on 01/16/25 at 3:30 PM, the MDSC stated that the care plans are updated or revised by her during each quarterly assessment. The MDSC stated that the anticoagulant should have been on the care plan.</p> <p>During an interview with the Director of Nurses (DON) on 01/16/25 at 3:42 PM, the DON stated that R28 does receive Eliquis which is an anticoagulant. The DON also stated this information should be included in the Care Plan.</p> <p>Review of the facility's policy titled Nursing Policy and Procedures dated 05/05/23 indicated, .developing a comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care.</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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