

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Montgomery Village Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 19301 Watkins Mill Road Gaithersburg, MD 20879	

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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of resident medical records and interview with facility staff, it was determined that the facility failed to implement an effective discharge process that adequately prepared Resident # 394 for transition to post-discharge care. This was evidenced by the failure to: 1) develop a discharge care plan for Resident # 394, 2) coordinate the referral to an outside provider for the transition of care, 3) order the recommended medical equipment and 4) provide complete and adequate discharge instructions for Resident # 394. This was evident for 1 (Resident #394) of 39 residents reviewed during the annual survey.</p> <p>The findings include:</p> <p>On 4/14/2025 at 10:10 AM, the Surveyor reviewed a complaint, MD00206515, submitted to the Office of Health Care Quality. The facility allegedly failed to adequately coordinate the discharge of Resident #394 from the facility.</p> <p>A record review was conducted for Resident # 394. He/She was admitted to this facility on 5/3/2024 from the hospital due to multiple fractures post fall and was discharged on 6/7/2024 to home after he/she was notified on 6/7/2024 that he/she had to go since his/her payer discontinued his/her coverage in the facility. Upon further record review, the resident had a care conference held on 5/6/2024 categorized as introductory care conference noted for the discharge plan, home with Mother No other care conference was found.</p> <p>Upon review of the Minimum Data Set (MDS) dated [DATE] Section GG - Resident # 394 required maximal to moderate assistance with toilet transfers, sit to stand, sit to lying, lower body dressing, toileting hygiene and bathing. Limited range of motion, on bilateral lower extremities. He/She was not able to control the bladder, with intermittent self-catheterization and not able to control bowel movements. Further record review revealed that on 6/7/2024 at 3:42 PM, an email was sent to Staff # 34 (Social Worker) by the insurance representative notifying the end of coverage was on 6/6/2024. It was noted that the discharge packet My Transition was incomplete, unlocked, and no home medication listed. It was initiated on 6/7/2024 at 5:42 PM.</p> <p>Review of the physician's discharge summary and instruction written on 6/7/2024 at 8:43 PM stated: He/She remained non-weight-bearing on the right lower extremity per orthopedic surgeon. He/She participated in Physical Therapy (PT)/Occupational Therapy (OT) as he/she was able. He/She had follow-up with urology, where urodynamic testing was not yet completed. Patient was discharged with wheelchair for movement due to end of payer benefit. Continue PT/OT Instructions: Non weight bearing to Right Lower Extremity; Urinary catheterization every 6 hours; Follow up with Orthopedic surgery on 6/19/2024; Follow up with Urology when ambulating; Neurology consult; Continue medications; Diabetic Diet.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 215272	If continuation sheet Page 1 of 3

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/15/2025 at 8:42 AM, Staff # 34 (Director of Social Services) was interviewed. She confirmed that she was in charge of the discharge planning, setting up for any referral to a home health agency. She also added that discharge planning starts on admission. Discharge paperwork includes medication list, Advance Directives, contact information for vendors and home health agencies. Staff # 34 provided a copy of Resident #394's discharge paperwork titled My transition.</p>

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of interviews and record review, it was determined that the facility staff failed to provide a resident with a completed discharge summary upon discharge. This was found to be evident for 1 of 39 residents (Resident #335) that were reviewed during the recertification survey.</p> <p>The findings include:</p> <p>On 4/14/2025 at 8:42 AM, the Director of Social Services for the facility was interviewed by surveyors. The Director stated that social services is responsible for arranging home health referrals and discharge paperwork will have contact information for any post facility agencies continuing care in the community. He/She also stated that residents and family members are made aware of any home health agencies that have been sent referrals by the facility.</p> <p>Resident #335's medical record was reviewed on 4/15/2025 at 8:25 AM. Record review revealed that the resident was admitted to the facility on [DATE] for short term rehabilitation after an acute care stay at a hospital due to a fall with fracture. The resident requested to leave the facility and was discharged on 3/8/2025. A social services note was reviewed with an effective date of 3/7/2025 at 9:34 AM and a created date of 3/9/2025 at 7:53 AM that stated that home health services were arranged through a local agency.</p> <p>On 4/15/2025 at 12:30 PM, the surveyor spoke with complainant about the resident's discharge from the facility. The complainant stated that the resident requested to leave the facility earlier and was informed that the facility would arrange home health services upon discharge. The complainant stated that the resident was discharged on 3/8/2025, was given discharge paperwork, and was picked up by their spouse. The complainant stated that the discharge paperwork the resident received was incomplete, missing pages (pages 11-13), and did not have contact information for the home health agency. The complainant tried contacting social services at the facility without success and stated it wasn't until two weeks later she was emailed a complete discharge summary on 3/21/2025 that had all sections filled out and included contact information for home health. The complainant also stated that when they were able to contact the home health agency, the agency stated that they were told that the resident was discharged on 3/11/2025.</p> <p>On 4/22/2025, the complainant sent a copy of the initial discharge paperwork to this writer. Review of the initial discharge paperwork dated 3/8/2025 revealed multiple sections that were not filled out, pages 11-13 were missing, and there was no contact information for any home health agency.</p>		