

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2025
NAME OF PROVIDER OR SUPPLIER  Tuckerman Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5550 Tuckerman Lane North Bethesda, MD 20852	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>42783</p> <p>Based on record reviews and interviews, it was determined that the facility failed to ensure a thorough investigation was completed for allegations of abuse. This was found to be evident for 2 (Resident #189 &amp; 180) out of 8 Residents investigated for abuse during the recertification and complaint survey.</p> <p>The findings include:</p> <p>A review of the Facility Reported Incident (FRI) MD00183205 conducted on 04/24/25 at 9:07 AM revealed an allegation of abuse for Resident #189. The facility investigated the allegation of abuse, however failed to interview staff and obtain statements.</p> <p>During an interview conducted on 04/24/2025 at 10:19 AM, the Director of Nursing (DON) reviewed the facility ' s investigation and confirmed the investigation did not include staff interviews and statements. The DON further stated that he would look for staff statements and would follow up.</p> <p>The DON returned on 04/24/2025 at 12:03 PM and advised this surveyor that he was unable to locate staff interviews and statements.</p> <p>A review of the Facility Reported Incident (FRI) MD00181282 conducted on 04/25 /25 at 7:05 AM revealed an allegation of abuse for Resident #180. The facility investigated the allegation of abuse, however failed to interview residents, staff and obtain statements.</p> <p>During an interview conducted on 04/25/25 at 8:00 am, the DON stated he would look to see if he could locate resident and staff interviews.</p> <p>The DON returned on 04/25/2025 at 11:49 AM and advised this surveyor he was unable to locate interviews and statements for residents and staff. This surveyor advised the DON of the concern of not conducting a thorough investigation for allegations of abuse.</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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