STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35690 Based on observation, interview, record review, and facility policy review, the facility failed to ensure one of 39 sampled residents (Resident (R) 23) was treated with dignity and respect during meals. Specifically, staff stood over the R23 while assisting the resident with eating, staff did not offer R23 an alternate for lunch when the resident continued to spit out his/her food, and staff failed to remove a large tube of A&D Medicated Ointment (used during incontinent care to treat rashes and protect the skin) off of R23's bedside table prior to placing his/her meal tray on the table. Findings include: Review of the facility's policy titled, Patient Rights, dated 01/23/20, revealed, The Health and Rehabilitation Center promotes the education and exercising of the legal rights of all patients. Review of the R23's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/05/24 and located under the MDS tab of the electronic medical record (EMR), revealed the resident was readmitted to the facility on [DATE] and had diagnoses that included depression and cerebrovascular accident (CVA). The MDS recorded a Brief Interview for Mental Status (BIMS) score of five out of 15, indicating R23 was severely cognitively impaired. It was recorded R23 expressed little interest or pleasure in doing things, felt down, depressed or hopeless, had difficulty sleeping, had very little energy, and had a poor appetite. It was also recorded R23 had no behaviors and required supervision or touching assistance with eating. During an observation on 11/07/24 at 1:07 PM, R23 was heard calling out help me, help me. R23 was lying in bed with the head of the bed elevated. The resident had slid down in the bed, approximately 18 inches from the top of the bed. His/her overbed table was pulled close to him/her, and he/she had a meal tray with pureed foods in front of him/her. A spoon had been placed in one of the foods on the tray. A four-ounce tube of A&D Medicated Ointment was next to R23's plate. R23 stated he/she could not find the call light. Geriatric Nursing Assistant (GNA) 8 entered the room at 1:10 PM and confirmed the ointment should not be sitting on the bedside table next to the resident's food. GNA8 removed the ointment from the over bed table and placed it in a drawer next to the bed. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Continuing with the observation on 11/07/24 at 1:12 PM, Unit Manager (UM) 1 walked into the room, stood next to R23's bed, and began feeding R23. UM1 stated staff should never leave A&D Ointment at the bedside and especially near food. UM1 stated normally she would not stand up and feed a resident. UM1 continued standing next to the resident and stated the best way to assist a resident with their meal was to sit next to them. UM1 remained standing and attempted to feed R23. R23 kept spitting out each bite. The UM said three times, You don't like it, we will get you a shake. She did not ask the resident if he/she would like an alternate meal. UM1was asked if there were alternate meals available for residents receiving pureed meals. She stated she did not know but would have GNA8 check. Continuing with the observation on 11/07/24 at 1:25 PM, the Assistant Dietary Manager entered the room. He stated there was always an alternate for the puree meal, and today, it was a pureed hamburger or hotdog, pureed rice, and pureed green beans. R23 stated he/she loved hamburgers and would like one. Continuing with the observation on 11/07/24 at 1:53 PM, R23 received his/her alternate meal. He/she stated it was very good. During an interview on 11/08/24 at 10:05 AM, Certified Medicine Aide (CMA) 2 stated when staff fed a resident, they should always sit down and make eye contact. She stated it was important to not stand over the residents. CMA2 stated staff should never leave A&D Ointment at the bedside and especially near food. During an interview on 11/08/24 at 10:28 AM, GNA2 stated that when staff feed a resident, they should always sit down and make eye contact. She stated you do this so you can look at the residents and not look over them disrespectfully. She stated you never leave A&D Ointment at the bedside because it is medicine, and the resident might get confused and grab it. She stated ointments should never be left by food. GNA2 stated she knew there were choices with the puree meal, and they should be offered. During an interview on 11/08/24 at 10:31 AM, Licensed Practical Nurse (LPN) 5 stated ideally you should never stand up to assist a resident with meals, but because we are so busy, if a resident is fast with eating, we will stand. LPN5 stated you never leave A&D Ointment at the bedside and especially near food. During an interview on 11/08/24 at 4:43 PM, the Administrator and the Assistant Director of Nursing (ADON) stated that staff should never stand over a resident and feed them. They stated staff should always get on the resident's level by sitting down and making eye contact. Both stated there were always alternates for meals, and all residents should be offered an alternate. Both stated staff should never leave A&D Ointment at the bedside and especially near food.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident has the right to receive notices in a format and a language he or she understands. 30428 Based on a complaint, medical record review and interview with facility staff, it was determined that the facility failed to provide and review admission agreement with the appropriate resident or representative (RP). This was evident for 2 of 39 (#813 and #830) residents reviewed during a recertification/complaint survey. The findings include: 1. Review on 11/6/24 at 10:45 AM of the complaint #MD00205155 revealed concerns related to the reviewing and signing of the admission contract. Resident (R) # 813 was admitted to the facility in early February 2024 and assessed on the admission minimum data set (standardized clinical assessment that evaluates a resident's health needs and functional capabilities) as having a brief interview of mental status (BIMS-mandatory tool used to screen and identify the cognitive condition of residents) of '00' which would indicate severe cognitive impairment. On R #813's admission, there was an identified representative that met with the facility social worker and business office according to the progress notes. A review of the resident's admission contract on 11/7/24 at 12:30 PM revealed that it was electronically signed, however the initials on the form could not be determined if they were the residents or the RP's as they did not match either individual. The admission contract was reviewed with the Admissions Director (AD) on 11/7/24 at 1:49 PM. She too was unable to determine the signature and initials as well and stated that the employee that had completed the form is no longer here. Surveyor reviewed the identified concerns with the facility Administrator on 11/7/24 at 2:30 PM. 2. Review of the complaint # MD00191774 regarding general care concerns reviewed on 11/6/24 at 12:22 PM also revealed concerns regarding the completion of the admission contract. According to R #830's admission assessment s/he was noted unable to participate in the assessment secondary to his/her mental status and was noted oriented only to 'self.' A review at this time of R #830's admission contract revealed that on page 11, the residents initials were entered very neatly and legibly in the blanks acknowledging that s/he had received and reviewed the following documents: Exhibit 1:Rights of Resident/patient, Exhibit 2:Private pay, Exhibit 3: medical assistance, how to apply for Medicaid, Exhibit 4: items not covered, Exhibit 5: policies and procedures, Exhibit 6: physicians who practice at the facility , Exhibit 7: services provided by outside health care providers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On page 12 the signature page, Resident # 830 signed the form. When comparing the illegible signature and initials portion at the bottom of page 12 with the neatly entered initials on page 11 in the spaces acknowledging the receipt of the exhibits, the surveyor was not able to determine that it was the same individual. Additionally, the resident was not identified as their own representative and the person that should have received the admission contract. On 11/7/24 at 2:30 PM this was presented to the Administrator and Admissions director. They confirmed that the initials and signatures did not match and that the employee with the title Patient Experience Coordinator, no longer works at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30428 Based on medical record review and interview with facility staff, it was determined that the facility failed to ensure that the correct person was identified to make medical treatment decisions on the Maryland Order for Life Sustaining Treatment (MOLST) form. This was evident during the review of 1 of 3 (#818) MOLST forms, reviewed during a recertification/complaint survey. The findings include: Review of the medical record for Resident (R) # 818 on [DATE] at 12:38 PM revealed diagnosis including diabetes mellitus and frequent falls. Upon admission to the facility in October of 2022, R# 818 arrived with a completed MOLST stating that s/he was a full code, to attempt cardiopulmonary resuscitation (CPR), according to section 1 CPR status based on the patient's request dated [DATE]. However, on [DATE] a new MOLST form was completed with section 1 filled out to say that R#818 was now to be a 'do not resuscitate/do not intubate.' This decision was now based on the residents' surrogate decision maker. On the back of the MOLST it was noted to say that the decision was discussed with the resident and family. Resident #818 was certified incapable of making medical decisions on [DATE]. The current facility social worker was interviewed on [DATE] at 9:19 AM. The identified concern was reviewed with him at that time. He verbalized understanding that the MOLST was inappropriately changed according to the documented Surrogate decision makers choice, not the way the resident chose on admission according to their identified wishes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on interview, record review, and review of facility policy, the facility failed to ensure an injury of unknown origin was reported within two hours and investigative results were reported within five working days to the State Survey Agency (SSA) for one of nine residents (Resident (R) 18) reviewed for abuse out of a total sample of 39, and for 1 (Resident #807) of 16 facility reports reviewed for abuse during the recertification/complaint survey. Findings include: 1) Review of the facility's policy titled, Abuse/Neglect/Misappropriation/Crime, dated 10/17/23, indicated, . Immediately upon notification or any alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, the Administrator will immediately report to the State Agency (SA), but no later than two hours after the allegation is made, if the events that caused the allegation involves abuse or results in serious bodily injury, or not later than 24 hours if the events that caused the allegation do not involve abuse or do not result in serious bodily injury . The Administrator must thoroughly investigate and file a complete written report of the investigation of the submitted facility reported incident (FRI) to the SA within five (5) working days of the incident . Review of R18's Admission Record, found under the Profile in the electronic medical record (EMR), indicated that R18 was admitted to the facility on [DATE] with diagnoses including Right femur fracture, cognitive communication deficit, and a history of falling. Review of R18's Crescent Cities Nursing and Rehabilitation Center Radiology Results Report, dated 07/23/24 and provided by the facility, indicated, . Findings . There is a dislocated right hip with comminuted fracturing of the proximal right femur. There is a right hip prosthesis in place . Review of facility provided Change in Condition Evaluation, dated 07/23/24, indicated, . X-ray with new or unsuspected finding . 911 called . Review of the facility provided Maryland Department of Health Office of Health Care Quality FRI Initial Report Form for R18, dated 07/24/24, indicated, . An order was placed to obtain an x-ray to rule out osteomyelitis secondary to an existing wound. X-ray report was received showing an incidental finding of a displacement of the right acetabulum [the socket of the ball-and-socket hip joint] with comminuted fracturing of the proximal right femur . Findings . There is a dislocated right hip with comminuted fracturing of the proximal right femur. There is a right hip prosthesis in place . A new order was obtained to transfer the resident to the hospital for further evaluation. R18 was transferred to the hospital in a stable condition. Investigation is in progress. It was recorded that the incident report was submitted to the SSA on 07/24/24 at 6:00 PM. This was one day after the facility gained knowledge of the injury of unknown origin. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility provided Maryland Department of Health Office of Health Care Quality FRI Follow-Up Investigation Report Form (five-day summary) for R18, dated 07/31/24, indicated, . [R18] was admitted on [DATE] with diagnosis of right femur fracture s/p hip hemiarthroplasty for femoral neck fracture. [R18] is alert/oriented x one, Brief Interview for Mental Status (BIMS) score of zero. An order was placed to obtain an x-ray of the right hip, sacrum, and coccyx to rule out osteomyelitis secondary to existing wound. X-ray results received showed an incidental finding of a displacement of the right acetabulum with comminuted fracturing of the proximal right femur. The resident was immediately assessed head to toe with no further injuries noted. A pain assessment was completed, and [R18] was medicated with his/her routine Tylenol. The medical doctor [MD] was called and notified of the result. An order was obtained to transfer the resident to the hospital for further evaluation . A follow-up report was received from the hospital indicating no displaced fracture noted but revealed a dislocated right hip prosthesis. The resident remains in the hospital and will be discharged back to the facility . Interviews/Statements obtained did not reveal any abnormal findings and/or unusual occurrence . Staff educated on hip precautions. It was recorded that the follow-up report was submitted to the SSA on 07/31/24 at 3:45 PM. This was eight days after the facility gained knowledge of the injury of unknown origin. During an interview on 11/06/24 at 10:15 AM, the Director of Nursing (DON) stated that an allegation of abuse, including injury of unknown origin, should be initially reported to the SA within two hours of learning of the allegation, and the five-day summary should be reported to the SA within five business days. The DON stated that the day of the incident was not considered day one. The DON confirmed that R18's initial and 5-day summary containing the investigative results was reported late to the SA. 31982 2) Resident (R) #807's medical record was reviewed on 11/13/24 at 10:11 AM. A Change in Condition Evaluation dated 4/3/23 20:13 revealed the nurse observed a dark discoloration on the residents right upper arm and the resident was not able to say what happened. The physician and the resident's representative were notified. On 11/13/24 at 1:53 PM the Director of Nursing (DON) was asked to provide any/all documentation related to the reported injury of unknown origin on 4/3/23 for R #807 including the report to the state agency. On 11/14/24 at approximately 8:00 AM the DON provided a packet of investigation documents which included copies of documentation from R#807's Electronic Medical Record (EMR) as well as staff statements dated 4/3/23 and 4/4/23, staff education for Abuse/Managing residents with behaviors dated 4/4/23 and 4/5/23 and a root cause analysis conducted on 4/7/23 regarding the discoloration on the resident's arm. The documentation did not include evidence that the facility reported the injury of unknown origin to the state agency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON was present and upon interview indicated that the injury was not reported to the state agency because the facility knew how the injury occurred. She explained that one of the GNA (Geriatric Nursing Assistant) statements indicated that the resident had been removing drawers from his/her wardrobe and pushing furniture in his/her room and that is when the injury occurred. GNA #10's statement dated 4/3/23, indicated that on 4/1/23 he observed the resident removing the wardrobe drawers, packing clothes into the trash can and also pushing the dresser toward the door. He attempted to redirect the resident so s/he would not hurt themselves, but the resident kept swinging his/her arms at GNA #10. He indicated he left the room so the resident could cool off and returned 10 minutes later to obtain R#807's weight. There was no indication that he witnessed an injury or bruise in his statement. Statements from other staff also failed to reveal evidence of when or how the injury occurred. The facility staff failed to report an injury of unknown origin to the state agency within 2 hours as required. The Administrator was made aware of these findings on 11/14/24 at 10:00 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on record review, interview, review of Facility Reported Incidents (FRI), and facility policy review, the facility failed to ensure an injury of unknown origin was thoroughly investigated for 2 residents (Resident (R) 18, #12) out of 39 reviewed during a recertification/complaint survey. There was no evidence that the facility interviewed other current residents regarding the allegation. This failure had the potential to place all residents at risk of continued abuse. Findings include: 1) Review of the facility's policy titled, Abuse/Neglect/Misappropriation/Crime, dated 10/17/23, indicated, . The Administrator must thoroughly investigate . The written follow-up investigative reporting document that is submitted must contain sufficient detail to demonstrate that a thorough investigation was conducted . Review of R18's Admission Record, found under the Profile in the electronic medical record (EMR), indicated that R18 was admitted to the facility on [DATE] with diagnoses including right femur fracture, cognitive communication deficit, and a history of falling. Review of the facility provided Maryland Department of Health Office of Health Care Quality FRI Initial Report Form for R18, dated 07/24/24, indicated, . An order was placed to obtain an x-ray to rule out osteomyelitis secondary to an existing wound. X-ray report was received showing an incidental finding of a displacement of the right acetabulum [the socket of the ball-and-socket hip joint] with comminuted fracturing of the proximal right femur . Findings . There is a dislocated right hip with comminuted fracturing of the proximal right femur. There is a right hip prosthesis in place . A new order was obtained to transfer the resident to the hospital for further evaluation. [R18] was transferred to the hospital in a stable condition. Investigation is in progress . It was recorded the incident report was submitted to the state agency (SA) on 07/24/24 at 6:00 PM. Review of facility provided Maryland Department of Health Office of Health Care Quality FRI Follow-Up Investigation Report Form, dated 07/31/24, indicated, . [R18] was admitted on [DATE] with diagnosis of right femur fracture s/p hip hemiarthroplasty for femoral neck fracture. [R18] is alert/oriented x one, Brief Interview for Mental Status (BIMS) score of zero [severely cognitively impaired]. An order was placed to obtain an x-ray of the right hip, sacrum, and coccyx to rule out osteomyelitis secondary to existing wound. X-ray results received showed an incidental finding of a displacement of the right acetabulum with comminuted fracturing of the proximal right femur. The resident was immediately assessed head to toe with no further injuries noted. A pain assessment was completed, and [R18] was medicated with his routine Tylenol. The medical doctor [MD] was called and notified of the result. An order was obtained to transfer the resident to the hospital for further evaluation . A follow-up report was received from the hospital indicating no displaced fracture noted but revealed a dislocated right hip prosthesis. The resident remains in the hospital and will be discharged back to the facility . Interviews/Statements obtained did not reveal any abnormal findings and/or unusual occurrence . Staff educated on hip precautions . It was recorded the follow-up report was submitted to the SA on 07/31/24 at 3:45 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During further review of the FRI, there was no evidence that residents were interviewed as part of the investigation of the injury of unknown origin. During an interview on 11/06/24 at 10:15 AM, the Director of Nursing (DON) confirmed that the investigation of the injury of unknown origin did not include resident interviews. She stated that residents were only interviewed when investigating resident-to-resident and/or employee-to-resident allegations of abuse. 42886 2) Review of Resident #12's facility reported incident (MD 00190335) on 11/4/24 at 11:00 AM revealed the facility reported the resident sustained a fracture to the right ankle on 3/17/23 but the facility was unable to determine when or how the resident obtained the injury. The surveyor's review of the facility investigation on 11/4/24 at 11:30am revealed that the facility failed to thoroughly investigate the events surrounding the allegation of abuse/injury of unknown origin. The facility investigation did not contain other resident interviews inquiring about abusive or neglectful treatment from facility staff. Interview with the Administrator on 11/6/24 at 9:00 AM confirmed the facility investigation of Resident #12's abuse/injury of unknown origin did not contain resident interviews disproving facility staff abusive or neglectful treatment of residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40927 Based on record review and interview it was determined that the facility failed to permit a resident to stay in their facility. This was evident for 1 (#810) of 2 residents reviewed for discharge complaints during the recertification/complaint survey. The findings include: On 11/8/24 at 10:55 AM a medical record review was conducted for Resident #810. On 8/11/24 the physician documented the resident was admitted for subacute rehabilitation services. According to a Discharge Planning Psychological Assessment completed on 8/12/24, the resident wanted to be discharged home. A capacity form was completed by the attending physician on 8/13/24 which noted the resident had capacity to make decision. A care plan note dated 8/19/24 read the resident was adamant to move back to his/her home. On 9/6/24 a progress note was entered that the resident was issued a Notice of Medicare Non-Coverage (a document that informs the resident of the date that their medication coverage will end and list their options to appeal the decision). On 9/10/24 a discharge note documented the resident had periods of confusion and was being transferred to another facility for Assisted Living. Another note on 9/10/24 noted the resident was approved to transfer to the other facility and was going to be picked up by Uber at 5:00 PM. A discharge summary dated 9/10/24 noted the resident was transferred to an Assisted Living Facility. Further, review of the record revealed no documentation that this was a resident-initiated discharge, whether the resident agreed with the discharge, and a transfer notice. Review of the care plan revealed no care plan was initiated for discharge for this resident. During an interview with the Business Office Manager on 11/13/2024 at 11:19 AM she reported she had not been working on a Medicaid Application with Resident #810. She provided a copy of the Notice of Medicare Non-Coverage (NOMNC). Review of that form revealed Resident #810 had signed it on 9/6/24 and then was discharged on [DATE]. On 11/8/24 at 11:25 AM an interview with the resident's representative (RP) revealed that s/he had concerns with the resident's discharge from the facility. The RP had not been notified of the discharge until the resident was already at the new facility. The RP reported that a meeting with the resident revealed they were confused why they were sent to the new facility as they wanted to go home. The RP reported that when s/he notified the facility about the discharge they were unable to tell them what the resident was receiving at the new facility that they were unable to provide. An interview with the Director of Nursing at the receiving facility on 11/13/24 at 10:27 AM revealed the resident was admitted to a long-term care bed and remained there until discharge a few days ago. Based on this information the resident was not discharged to go to an Assisted Living Facility as indicated in the discharge summary. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Director of Social Services (DSS) was interviewed on 11/12/24 at 9:17 AM regarding the discharge. He reported that R#810 was admitted to a skilled bed and when the resident needed a long-term care bed, they were full. He reported the resident was adamant to go home but was not able to discharge safely home due to the resident's lack of support in the community and was not willing to sign over assets to apply for Medicaid. They facility discharged the resident to a sister facility that had a long-term care bed available. He reported the resident had not told him that s/he wanted to leave this facility. During a subsequent interview with the DSS on 11/14/24 at 9:38 AM, he reported that he had initiated a discharge care plan for the resident. However, the surveyor had reviewed the care plan in the electronic medical record on 11/8/24 and found no discharge care plan. The surveyor requested and received a copy of the resident's care plans that same day and there was no discharge care plan included. An interview with the Discharge Planner (DP) on 11/14/24 at 9:30 AM revealed the resident had not told her that s/he wanted to go to another facility but wanted to go home. The concerns were discussed with the Nursing Home Administrator on 11/14/24 at 9:57 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 40927 Based on record review and staff interview it was determined the facility failed to issue a 30-day transfer notice to a resident prior to transferring them to another facility. This was evident for 1 (#810) of 2 residents reviewed for discharge during a recertification/complaint survey. The findings include: A record review for Resident #810 on 11/14/24 at 9:04 AM revealed a progress note dated 9/6/24 that noted the resident had been issued a Notice of Medicare Non-Coverage (NOMNC). A progress note dated 9/10/24, noted the resident had been discharged to another facility. However, further review failed to reveal any documentation that the resident had initiated the transfer, the resident agreed with the transfer, or a 30-day discharge/transfer notice. On 11/13/2024 at 11:19 AM a review of the Notice of Medicare Non-Coverage (NOMNC) issued to Resident #810 revealed it was signed by the resident on 9/6/24 and stated the resident's benefits ended on 9/11/24. An interview with the Director of Social Services (DSS) on 11/12/24 at 12:17 PM confirmed it was not a resident - initiated discharge. He reported that the facility had not issued a 30-day discharge/transfer notice to the resident as required. The Discharge Planner (DP) reported that the resident had not initiated the discharge because s/he had wanted to go home not to another facility. The concerns were reviewed with the Nursing Home Administrator on 11/14/24 at 9:57 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Plan the resident's discharge to meet the resident's goals and needs. 40927 Based on record review and staff interview it was determined that the facility failed to provide discharge planning for a resident. This was evident for 1 (#829) of 2 residents reviewed for discharges during a recertification/complaint survey. The findings include: On 11/13/24 at 1:11 PM a review of complaint #MD00196716 revealed that there were concerns regarding the facility's failure to provide a discharge date for Resident (R) #829. A medical record review for R #829 on 11/13/24 at 1:22 PM revealed a discharge planning progress note written by the Discharge Planner on 8/24/23 that noted the resident the plan was for the resident to go back home upon discharge. A progress note written by Nurse Practitioner (NP) on 8/25/23 revealed the resident had been admitted to the facility for aftercare of a right femoral fracture, high blood pressure, and cardiomyopathy. The resident was ordered occupational and physical therapy. A care plan note dated 8/29/23 noted that the discharge plans were the same. Further review revealed that facility failed to initiate a discharge care plan. A discharge care plan allows the resident to set goals for discharge and the facility then implements interventions to help the resident meets those goals. An interview with the Discharge Planner on 11/14/24 at 9:23 AM revealed that she met with the resident to discuss discharge and insurance benefits. She stated she was responsible for setting up services in the community, however, was not responsible for initiating the discharge care plan. The Director of Social Services (DSS) was interviewed on 11/14/24 at 9:38 AM regarding the discharge planning process. The DSS was not working at the facility when R #829 was admitted . He reported that a discharge care plan was to be initiated upon admission to the facility and confirmed that one had not been initiated for this resident. The concerns were reviewed with the Nursing Home Administrator on 11/14/24 at 9:57 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 31982 Based on record review and interview it was determined the facility staff failed to ensure each resident received treatment and care in accordance with professional standards of practice by failing to 1) obtain a dental consult, 2) monitor resident behaviors as ordered by the physician, and 3) obtain a resident's stool sample and send the stool sample for laboratory analysis (#806). This was evident for 2 (#807 and #806) of 16 reports reviewed for abuse during a recertification/complaint survey. The findings include: 1) Resident (R) #807's medical record was reviewed on 11/13/24 at 10:11 AM. A Change in Condition Evaluation dated 3/26/24 18:52 revealed the nurse observed the resident's right lower jaw was swollen. Not painful when touched. The resident did not complain of pain and was in no acute distress. The Physician was notified and provided an order to schedule the resident for a dental appointment. Further review of the medical record failed to reveal a dental consult report. The DON was asked to provide the surveyor with any information regarding the dental consult or documentation regarding if and why it was not obtained. In an interview on 11/14/24 at approximately 8:00 AM the DON indicated that she was unable to find that R#807 saw a dentist. She initially indicated that she thought it was because the swelling was determined to be an injury, not a dental issue, then indicated that the resident refused many assessments and interventions and that she thought that the resident likely refused to go to the dentist. At approximately 10:10 AM the DON confirmed that no other documentation was found related to the resident's dental consult. 2) The record review on 11/13/24 at 10:11 AM also revealed that R#807's Medication Administration Records (MAR) for 4/2023 and 5/2023 included orders for monitoring behaviors: 1=Mood Swings, 2=Sad, 3=Continuous Crying, 4=Withdrawn, 5=Depressed, 6=Angry, 7=Poor eye contact and 8=Other; every shift Interventions 1=redirect, 2=1:1, 3=Offer fluids, 4=Reassure, 5=Back rub, 6=sit with pt and hold hand, 7=Offer snacks. Outcome: 1=improved, 2=same, 3=worsened. The Order date was 10/12/22. In the spaces provided day, evening and night shift staff signed off and documented either NO or YES which was documented 21 times in 4/2023 and 27 times in 5/2023. There was no documentation on the MARs reflecting which behaviors were observed, the interventions implemented nor the outcomes as per the number keys. On 11/14/24 at approximately 8:00 AM the DON was made aware of these findings and indicated that behavior monitoring was documented in the progress notes. However, upon review only 12 behavior progress notes were provided for 4/2023, and 6 notes were provided for 5/2023. She was asked to explain why staff weren't documenting behaviors as ordered by the physician and indicated on the MAR. She indicated that it was a systems error. She was unable to explain what the nurses were expected to do, to ensure behaviors were documented as ordered when they encountered the systems error. The Administrator was made aware of these findings on 11/14/24 at 10:00 AM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	42886 3) During a review of R #806's electronic medical record on 11/13/24 at 8:40 AM revealed a 6/29/23 order to obtain a stool sample to be sent for analysis to determine the cause of the resident's constipation. Review of the resident's laboratory results after 6/29/23 revealed no evidence that the stool sample was taken and sent to the laboratory for analysis. Interview with the Director of Nursing (DON) on 11/14/24 at 9:00 AM confirmed that the facility failed to follow the provider's 6/29/23 order to obtain a stool sample and send the stool sample for analysis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on interview, record review, and facility policy review, the facility failed to ensure one of one resident (Resident (R) 44) reviewed for safe transfers from a total sample of 39 was safe during a transfer that required a mechanical lift. This failure caused R44 to have a right femur fracture. Upon identification of the fracture, the facility failed to report the fracture, failed to conduct a root cause analysis of the fracture, and failed to ensure staff were provided education on proper mechanical lift transfers. R44 reported to Geriatric Nursing Assistant (GNA) 1 on an unknown date that she was afraid of the Hoyer lift because of a previous incident. GNA1 reported this information to the nurse on duty (Licensed Practical Nurse (LPN) 1). It was reported that LPN1 assessed R44 at the time; however, there was no documentation of the assessment. LPN1 failed to report the incident to the Director of Nursing (DON) or Administrator. These failures caused serious injury to R44. An Immediate Jeopardy was identified on 11/06/24 in the area of S483.25(d)(2) Accidents at F689 at a Scope and Severity of a J and was determined to exist on 04/26/24 when it was found that R44 had a right femur fracture. The Administrator, Regional Director of Operations, Regional Clinical Consultant, and Regional Director of Reimbursement were notified of the Immediate Jeopardy on 11/06/24 at 6:02 PM. The facility provided an acceptable removal plan on 11/06/24 at 10:20 PM. The removal plan included training on the use of mechanical lifts, including return demonstration, reporting accidents/incidents to the Administrator or Director of Nursing (DON), and ongoing monitoring and evaluation. The survey team was unable to validate implementation of the removal plan and exited the facility on 11/08/24 at 7:45 PM with the Immediate Jeopardy on-going. The survey team confirmed abatement on 11/12/24 at 1:30PM. After removal of the immediacy, the deficient practice remained at a scope and severity of D for the remaining residents. Findings include: Review of the facility's policy titled, Unusual Occurrences, dated 01/29/24, indicated, . A licensed nurse will report to the supervisor any unusual instances or occurrences related to the care of the patient. Procedure . A licensed nurse will closely monitor and document the behavior and condition of the patient(s) involved to evaluate for any injury and to prevent recurrence of the incident . A licensed nurse will complete an incident report for any patients involved . Notify the Administrator and Director of Nursing (DON) of the incident . An investigation by the Administrator and/or DON will be initiated within twenty-four (24) hours of their knowledge of the incident . Review of the facility's policy titled, Mechanical Lift, dated 01/29/24, revealed, . A mechanical lift may be used to enable staff to lift and transfer a patient safely . Two trained staff must assist with mechanical lift and transfer . Ensure sling and mechanical lift are in acceptable condition prior to transfer . Follow manufacturer's guidelines for use . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R44's Admission Record, located under the Profile tab in the electronic medical record, revealed R44 was admitted to the facility on [DATE] with diagnoses that included end stage renal disease, asthma, gout, and glaucoma. Review of R44's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/20/24 and located under the MDS tab of the EMR, revealed R44 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated the resident was cognitively intact. It was recorded R44 required substantial to maximal assistance with all transfers except from lying to sitting, where he/she was dependent on staff. Review of R44's Care Plan, located under the Care Plan tab of the EMR and dated 03/16/24, revealed no documented evidence of the resident's transfer needs, including the type of transfer the resident required or the number of staff required for transfers. Review of R44's Health Status Note, dated 04/26/24 and located under the Notes tab in the EMR, indicated, . Order to transfer R44 to the nearest hospital for blood transfusion. Called 911 and R44 was transferred to [name of hospital] at 1:30 AM . Review of R44's [name of hospital] Discharge Summary, dated 05/15/24 and located under the Miscellaneous tab in the EMR, indicated, . Struck by Hoyer [mechanical] lift, closed fracture of distal end of right femur . 05/01 . ORIF [Open reduction and internal fixation, a surgical procedure that treats broken bones], right distal femur . Review of R44's Admission Record, located under the Profile tab in the electronic medical record (EMR), indicated that R44 was readmitted to the facility on [DATE] with a diagnosis including unspecified fracture of lower end of right femur. Review of R44's Admission Note, dated 05/15/24, located under the Notes tab in the EMR, indicated, . Right femur fracture . Patient noted with right leg surgical incision . Review of R44's Psychosocial Note, dated 05/16/24, written by the NP, and located under the Notes tab in the EMR, indicated, . Patient was transferred for abnormal lab and found to have a distal femur fracture after being struck by Hoyer lift five days earlier . Review of R44's quarterly MDS, located under the MDS tab in the EMR and with an ARD of 10/19/24, indicated that R44's BIMS score was 15 out of 15, which indicated R44 was cognitively intact. On 11/04/24 at 11:45 AM, the surveyor attempted to speak with R44; however, the resident refused. On 11/05/24 at 3:45 PM, the surveyor again attempted to speak with R44, but he/she refused. During an interview on 11/05/24 at 2:32 PM, the Administrator was asked to provide the investigative file regarding R44's right femur fracture. He confirmed that there was no investigation by the facility regarding an incident that occurred in April 2024 for R44. During an interview on 11/05/24 at 3:30 PM, the Administrator stated that he spoke with R44 and R44 confirmed that he/she did not have a fall but had bumped his/her leg on the Hoyer lift a couple of days prior to going out to the hospital in April 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 11/05/24 at 3:41 PM, the Nurse Practitioner (NP) confirmed that R44 was transferred to the hospital on 04/26/24 due to critical labs and needing a blood transfusion. The NP indicated that upon R44's return from the hospital, she read in the hospital discharge summary that was uploaded into the EMR that R44 had a right distal femur fracture after being struck by Hoyer lift five days earlier. The NP confirmed that she did not inform anyone in administration about this but spoke with R44, who did not recall anything regarding an incident. During an interview on 11/05/24 at 4:26 PM, the Administrator indicated that he would have expected the NP to report this to her superiors. On 11/05/24, the Director of Nursing (DON) identified GNA2 as the aide that took care of R44 the weekend of 04/20/24. An attempt to interview GNA2 was made on 11/5/24 at 5:31 PM. There was no answer or the option to leave a voice mail. During an interview on 11/05/24 at 6:00 PM, Licensed Practical Nurse (LPN) 1 stated that R44 had told an aide that during the weekend of 04/20/24, his/her leg got bumped during a transfer from the bed to the chair using the Hoyer lift. LPN1 stated that R44 had informed an aide of this and then the aide informed her. LPN1 stated after she had been informed, she assessed R44. LPN1 stated that there were no visible injuries, and R44 had told her that his/her leg was fine. LPN1 indicated that R44 denied being dropped. LPN1 confirmed she did not inform anyone of the incident reported to her. Review of R44's Change in Condition Evaluation, located under the Assessments tab in the EMR, indicated no evidence LPN1 completed an assessment of R44 in April 2024. Review of R44's Progress Notes, located under the Notes tab in the EMR indicated no evidence LPN1 completed an assessment and/or speaking with R44 in April 2024. During an interview on 11/05/24 at 6:15 PM, the Director of Nursing (DON) stated that she was not aware of R44's fracture or how it occurred. The DON stated R44 was dependent on staff for transfers with the Hoyer lift. During an interview on 11/05/24 at 7:15 PM, the DON stated that R44 had a history of osteopenia. The DON confirmed that R44 went to dialysis on Saturday, 04/20/24. She stated dialysis occurred on-site. She stated that because dialysis occurred onsite, staff brought the residents' dialysis chairs to their room, and then residents were transferred to the dialysis chair in their rooms. The DON reported this was done to minimize the number of times residents were transferred. During an interview on 11/06/24 at 10:00 AM, the DON indicated that there had not been any further incidents that involved a Hoyer lift. The DON confirmed that GNA2, who worked the weekend of 04/20/24, was interviewed. The DON stated that GNA2 did not recall any incident happening over that weekend; however, GNA2 had been suspended pending investigation. During an interview on 11/06/24 at 11:02 AM, GNA1 confirmed that on one day during the week following 04/20/24, R44 told her that he/she feared the Hoyer lift due to a previous episode that occurred with the lift. GNA1 stated R44 did not go into detail about the episode. GNA1 indicated that she informed LPN1 at that time of her conversation with R44, and LPN1 had assessed R44. GNA1 stated that she could not recall the date of the conversation with R44. GNA1 stated that after LPN1 spoke to and assessed R44, she and LPN1 transferred R44 back to bed without incident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 11/06/24 at 12:00 PM, the Medical Director confirmed that he was not aware of any incident involving R44 and indicated that this should have been reported. He stated that each week the facility held a risk meeting, and all residents that went out to the hospital were discussed. During an interview on 11/07/24 at 11:17 AM, Staff Development stated staff competency with Hoyer lifts was checked during the new hire process. She stated that Hoyer lift training was not part of the staff's annual competency checks. Review of the facility's annual nursing department training curriculum, titled, Relias 2024 Additional Annual Education for Specific Departments, dated 02/2024, indicated, Transferring safely, nursing personnel was a topic included in the annual training. Review of the facility provided Relias Transcript for GNA2, dated 02/13/24, indicated, Transferring Safely Self-Paced was a topic included in GNA2's training. The training course was .25 hours and did not include Hoyer lifts.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 42886 Based on medical record review and staff interview, it was determined that the facility failed to provide adequate monitoring of a resident's pain (R#12) resulting in the resident receiving delayed treatment for a fractured right ankle. This was evident for 1 of 39 residents reviewed during a recertification/complaint survey. The findings include: A Medication Administration Record (MAR) - a document that records when and how much medication a resident is administered. For as-needed pain medication, it also documents what pain score a resident is reporting and whether the pain medication was effective at easing that pain. Failure to maintain an accurate MARs prevents members of the healthcare team from knowing when and why medication has been given. This can result in medication mistakes, overdose, or denying practitioners information on how much medication a resident receives. On 11/4/24 at 11:00am, the surveyor reviewed a facility investigation dated 3/18/23 regarding the facility's inability to determine the cause of R#12's fractured right ankle. A review of R#12's medical records on 11/6/24 at 9:03 AM revealed a 3/23 MAR which contained a pain monitoring tool which was to be completed daily by facility nursing staff. The pain monitoring tool did not have a space for nursing staff to place the resident's pain score at the time of the assessment. Further review of R#12's medical records on 11/6/24 at 9:30am revealed a change in condition note which stated facility nursing staff observed that resident's right ankle was swollen during routine resident care on 3/17/23. The change in condition documentation stated that the resident was unable to verbalize if he/she was in pain at the time of the assessment. There was no evidence of a alternative pain scale available in the medical record for facility nursing staff to appropriately monitor the resident's pain. Additional review of R #12's medical record on 11/6/24 at 9:40 AM revealed the resident was admitted to the facility with long and short-term memory issues. Interview with the Director of Nursing on 11/6/24 at 11:00 AM revealed the DON was unable to determine if R#12 had a alternative pain scale available for facility nursing staff use to accurately document and monitor the resident's daily pain. Interview with the Nurse Practitioner (NP) on 11/13/24 at 11:00 AM was conducted regarding the necessity of an alternative pain scale for R#12. The NP confirmed that R#12 was non-verbal and the use of an alternative pain scale should be used to monitor the resident's daily pain. The alternative pain scale should include facial grimaces and behavior as a tool to monitor the resident's pain. The surveyor met with the Administrator and the DON on 11/14/24 at 8:30 AM regarding the facility's failure to provide R #12 with an alternative pain scale that is suitable for his/her inability to verbalize pain when assessed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0840 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service. 30428 Based on medical record review and interview, the facility staff failed to follow up with outside resources for the care of residents (Resident #820). This was evident for 1 of 4 residents reviewed during a recertification/complaint survey for ordered appointments or services not rendered inside the facility. The findings include: Review of the medical record for Resident (R) #820 on 11/13/24 at 9:29 AM revealed admitting diagnosis including multiple pressure ulcers and deep tissue injuries of the left foot. R #820 was assessed by the facility wound physician on 10/6/22. This was a comprehensive skin and wound evaluation. According to the plan and consults the wound care team recommended a vascular consult with doppler exam for further evaluation of vascular assessment. It was noted that the staff and facility were aware and explained in detail. On 11/13/24, this was reviewed with the facility DON and the assessments and studies were requested as they could not be found in the resident's medical record. Follow up on 11/13/24 at 3:03 PM the facility Consultant Nurse reported to the survey team that the vascular consult and doppler study were not completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215323	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Cities Nursing & Rehabilitation Center	4409 East West Highway Riverdale, MD 20737

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 49148 Based on record review and interview with staff, it was determined that the facility failed to maintain complete and accurate medical records in accordance with acceptable professional standards. This was evident for 1 (Resident #513) out of 33 resident records reviewed during the revisit survey. The finding include: On 1/8/2025 at 12:30PM, a review of Resident #513's treatment administration record (TAR) revealed a check sign entered on 1/3/2025 dayshift, which indicated that the stool specimen collection task had been completed and signed off by Licensed Practical Nurse (LPN) #13. On 1/9/2025 at 9:20AM, an interview with the Nursing Home Administrator (NHA)#5 revealed that there were no results for Resident #513's stool specimen in the electronic medical record because the specimen was never collected. The Surveyor was informed that LPN #13 signed off that the stool specimen was collected in the resident's TAR, but never actually completed the task because the resident never had a bowel movement. An interview with the Regional Clinical Nurse (RCN) # 9 on 1/9/2025 at 1:15PM confirmed that a check sign on the TAR indicates that a task was completed. RCN #9 informed the Surveyor that LPN #13 was educated on the completing accurate documentation within a resident's medical record and facility's protocol for stool specimen collection.