

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50502</p> <p>Based on record reviews, interviews and a review of the facility's investigation, it was determined that the facility failed to accurately code the Minimum Data Set (MDS) assessments for: 1) the use of residents' 1/8 grab bars and 2) the resident's status after a fall. This was evident for 5 residents (Resident #5, #15, #23, #2 and #231) of 18 residents reviewed during the annual survey.</p> <p>The findings include:</p> <p>Minimum Data Set (MDS) is a core set of screening, clinical, and functional status data elements, including common definitions and coding categories, which form the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid. The data elements (also referred to as items) in the MDS standardize communication about resident problems and conditions within nursing homes, between nursing homes, and between nursing homes and outside agencies. MDS assessments need to be accurate to ensure each resident receives the care they need.</p> <p>Physical restraints are any manual method, or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.</p> <p>A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess and evaluate the effectiveness of the resident's care</p> <p>Activities of Daily Living (ADL) are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.</p> <p>Falls with injury (except major) Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain.</p> <p>1a) A review of Resident #5's medical record was conducted on 11/20/24 at 07:51 AM. The review revealed a physician's order for 1/8 rail grab bar to be provided to promote independence with bed mobility and repositioning while in bed.</p> <p>A review of the ADL Care Plan for Resident #5 included an intervention for bilateral grab bars to promote independence with bed mobility and repositioning while in bed.</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: 215329	Facility ID: 215329 If continuation sheet Page 1 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A continued review of the medical records confirmed Resident #5 had a Side Rail assessment dated [DATE] that listed the bedrails as Mobility Aids and enablers.</p> <p>A review of Resident #5's MDS Section P-0100 for Physical Restraints, it was revealed that the bedrails were inaccurately identified. The MDS record stated the bedrails were used daily as Physical Restraints on 8/28/24, 5/30/24, 2/29/24, and 11/29/23.</p> <p>During an observation conducted on 11/21/24 at 08:23 AM, the Surveyors and Assistant Director of Nursing (ADON) observed the bedrails on Resident #5's bed. The ADON confirmed the bedrails were physician-ordered 1/8 grab rail bars for mobility.</p> <p>1b) During a review of medical records conducted on 11/20/24 at 11:26 AM, it was found that Resident #15 had a physician's order for 1/8 rail grab bars to promote independence with mobility and repositioning while in bed.</p> <p>On 11/20/24 at 11:30 AM a review of Resident #15's medical records was conducted. The review revealed an ADL Care Plan that included an intervention for bilateral grab bars to promote independence with bed mobility and repositioning while in bed.</p> <p>A continued review of the medical records confirmed Resident #15 had a Side Rail assessment dated [DATE] for grab bars to be used as Mobility Aids. A review of the Resident's MDS Assessment Section P - P0100 Physical Restraints, documented that bedrails were being used daily as restraints on 09/12/24, 6/12/24, & 3/12/24.</p> <p>During an observation conducted on 11/21/24 at 08:25 AM, the Surveyors and Assistant Director of Nursing (ADON) observed the bedrails on Resident #15's bed. The ADON confirmed that the bedrails were the physician ordered 1/8 grab rail bars for mobility.</p> <p>1c) On 11/20/24 at 8:57 AM, a review of Resident #23's order written on 06/18/2024 revealed Bilateral 1/8 rail grab bars to promote independence with bed mobility and repositioning while in bed, define parameter of bed every shift.</p> <p>Further review of records revealed that the quarterly bed rail assessment completed on 8/28/2024, indicated The use of siderails has been requested by the resident to aid in mobility, however, Resident #23's Quarterly MDS record with an Assessment Reference Date (ARD) of 8/28/24 revealed that the bed rail was coded in Section P- Restraints and Alarms as used daily.</p> <p>1d) On 11/20/24 at 10:01 AM, a review of Resident #2's order written on 01/03/2024 revealed Bilateral 1/8 rail grab bars to promote independence with bed mobility and repositioning while in bed, define parameter of bed every shift, however, Resident #2's quarterly MDS with an ARD 10/10/24 revealed that the bed rail was also coded in Section P- Restraints and Alarms as used daily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/20/24 at 10:33 AM, in an interview, the MDS Coordinator stated that when completing an MDS assessment, he/she utilizes the medical record and physically assess the resident. The surveyor asked the MDS Coordinator what his/her understanding in coding restraints on the MDS. He/she confirmed that no one in the building was on restraints, and bed rails were only used as an enabler/for bed mobility. He/she added that he/she utilized the Resident Assessment Instrument (RAI) manual in PCC for coding guidance. The surveyor informed the MDS coordinator that Residents #23 and #2's use of bed rails were inaccurately coded as restraints in the MDS assessments.</p> <p>On 11/20/24 at 11:01 AM, during an interview with the Director of Nursing (DON), she stated that the facility had no residents who were on restraints but had used side rails for bed mobility. The DON was notified of the concern that bed rails were inaccurately coded as restraints in the MDS assessments. She stated that she will ask the MDS nurse to correct the assessments.</p> <p>2) On 11/21/24 at 5:00 PM, a review of MD00190943 revealed that on 4/4/2023 at 7:31 PM, Resident #231 had a fall while walking towards campus security and was noted with skin tear to right eyebrow. The discharge MDS assessment with an ARD of 4/11/2023 Section J1900- Number of falls since admission /entry or reentry, revealed an inaccurate coding of No injury- no evidence of any injury is noted on physical assessment by the nurse or primary care clinician.</p> <p>On 11/22/24 at 11:17 AM, during an interview with the MDS nurse, he/she stated that when coding falls in the MDS, he/she referred to the incident reports and any related documentation. The MDS nurse was made aware of the inaccurate coding of Resident #231's section J of the discharge assessment. He/she confirmed that he had incorrectly coded the section.</p> <p>On 11/22/24 at 11:26 AM, the DON and the Regional Clinical director were made aware of the inaccurate coding for falls with minor injury.</p> <p>51491</p> <p>:</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	

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 - Some</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** 50502</p> <p>Based on record reviews and interviews, it was determined that the facility failed to develop and implement comprehensive person-centered care plans for residents residing in the facility for: 1) the use of Hearing Aids 2) Pain 3) Chronic Constipation and 4) the use of bilateral Grab Bars. This was evident for 4 (Resident #233, #230, #5 and #23) of 18 residents reviewed for care planning during the annual survey.</p> <p>The findings include:</p> <p>A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess, and evaluate the effectiveness of the resident's care.</p> <p>Minimum Data Set (MDS) is a core set of screening, clinical, and functional status data elements, including common definitions and coding categories, which form the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid. The data elements (also referred to as items) in the MDS standardize communication about resident problems and conditions within nursing homes, between nursing homes, and between nursing homes and outside agencies. MDS assessments need to be accurate to ensure each resident receives the care they need.</p> <p>1) Resident #233 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness(Generalized), Unsteadiness on Feet, Need for Assistance with Personal Care</p> <p>On 11/18/24 at 9:40AM the surveyor observed Resident #233 who was at risk for falls, hobbling in his/her room moving items around. The surveyor attempted to engage the resident in a conversation, but the resident was having difficulty hearing the surveyor. Upon inquiry, Resident #233 stated that the staff did not provide assistance with his/her hearing aids so he/she was looking for them.</p> <p>The Director of Nursing (DON) who was in the vicinity of the resident's room at the time, was notified by the surveyor.</p> <p>On 11/18/24 at 2:00PM the DON informed the surveyor that Resident# 233's hearing aids were located, and the resident was wearing them.</p> <p>On 11/19/24 a review of Resident #233's clinical record revealed that upon admission, a skilled nursing evaluation and a Baseline Care plan were completed on 11/14/24. Both documents revealed that the resident had impaired hearing to the Right and Left ears. In addition, the skilled nursing evaluation confirmed hearing aids to the resident's Right and Left ears.</p> <p>Further review of Resident#233's clinical record revealed that a care plan was initiated on 1/15/24 with the following: Focus- I have a communication problem relating hearing deficit. Goal: I will be able to make my needs known on a daily basis. Intervention: Refer to Audiology for hearing consult as ordered. The care plan did not reveal the resident's use of hearing aids.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	
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 - Some</p>	<p>In addition, the care plan failed to reveal that the facility developed and implemented specific interventions and approaches to provide Resident #233 with assistance to use his/her hearing aids.</p> <p>In an interview on 11/21/24 at 11.03AM the DON confirmed that interventions relating to the resident's use of hearing aids should be documented in the resident's clinical record and care plan.</p> <p>2) On 11/18/24 at 9:18AM during rounds, Resident #230 informed the surveyor that he/she had back pain which comes and goes when sitting. The resident stated that the pain is usually relieved by Tylenol and he/she would ask the nurse for the medication. The surveyor asked the resident for the level of pain to which the response was 5 in a scale 1-10.</p> <p>On 11/20/24 at 8.05AM a review of Resident #230's clinical record revealed that the resident had been receiving medications Gabapentin at bedtime for leg pain and Tylenol as needed for pain.</p> <p>Further review of the clinical record revealed that the facility failed to develop and implement a care plan for pain to meet the resident's needs.</p> <p>During an interview on 11/21/24 at 10.58AM the DON confirmed that the facility failed to develop a care plan for pain for Resident #230. The DON stated I will take care of that</p> <p>On 11/21/24 11:50AM, the surveyor was given a copy of a care plan which was initiated on 11/21/24 with interventions for pain management for Resident #230.</p> <p>3) During a review of Resident #5 ' s medical record conducted on 11/20/24 at 12:12 PM, it was noted the resident had a history of Chronic Constipation.</p> <p>A review of the Medication Administration Record (MAR) revealed a physician ' s order for MiraLAX and Colace which had been administered daily. The Resident also had an additional order for Milk of Magnesia for Constipation as needed.</p> <p>During a continued review of the resident ' s medical records it was determined constipation was not included in Resident #5's care plan.</p> <p>In an interview conducted on 11/20/24 at 10:50 AM, the Assistant Director of Nursing (ADON) stated it is the facility's expectation that residents treated for constipation would have it identified in their care plans.</p> <p>4) On 11/20/24 at 8:57 AM, a review of Resident #23's order written on 06/18/2024 revealed Bilateral 1/8 rail grab bars to promote independence with bed mobility and repositioning while in bed, define parameter of bed every shift. Further review of records revealed that the quarterly bed rail assessment completed on 8/28/2024, indicated The use of siderails has been requested by the resident to aid in mobility</p> <p>On 11/20/24 at 9:09 AM, a review of the MDS significant change in status assessments with an Assessment Reference Date (ARD) of 5/29/24 indicated that bed rails were used daily in Section P-Restraints and Alarms, however, there was no evidence that a care plan was developed since admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	

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 - Some</p>	<p>On 11/20/24 at 10:33 AM, in an interview with the MDS Coordinator, he/she stated that when completing an MDS assessment and the Care Area Assessment (CAA) is triggered in Section V, he/ she created the care plan, or communicated to the Director of Nursing (DON), Assistant Director of Nursing (ADON) and to the other disciplines such as Dietary, Rehabilitation, Recreation and Social Services that a care plan needed to be developed.</p> <p>On 11/20/24 at 11:01 AM, the DON was notified that Resident #23 had no care plan for side rails.</p> <p>On 11/21/24 at 8:33 AM, a review Resident #23's care plan indicated that on 11/20/24, a care plan was added after surveyor intervention which indicated Bilateral 1/8 rail grab bars to promote independence with bed mobility and repositioning while in bed, define parameter of bed.</p> <p>50504</p> <p>51491</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50504</p> <p>Based on interviews, record reviews and observations, it was determined that the facility failed to: 1) have quarterly care plan meetings 2) review and revise interdisciplinary care plans to reveal accurate interventions for residents residing in the facility. This was found to be evident for 2 (Resident #5 and #230) of 18 residents reviewed during the survey.</p> <p>The findings include:</p> <p>A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess and evaluate the effectiveness of the resident's care. Care Plan meetings are meetings with a team of care providers (attending physician, a registered nurse, nursing assistant dietary services, resident, and the resident's representative if applicable) to ensure the plan is continually adjusted to meet the changing needs or concerns of residents.</p> <p>The MDS (Minimum Data Set) is a health status screening and assessment tool used for all residents of long-term care nursing facilities. The MDS is part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid-certified nursing homes. This process provides a comprehensive assessment of each Resident's functional capabilities and helps nursing home staff identify health problems.</p> <p>1) During an interview conducted on 11/18/24 at 12:49 PM, Resident #5's family member stated he/she had not been invited to any care plan meetings.</p> <p>On 11/18/24 at 01:45 PM, an interview was conducted with Resident #5's spouse. The spouse reported he/she was not aware of any care plan meetings for Resident #5.</p> <p>During a medical record review conducted on 11/20/24 at 07:51 AM, it was revealed that Resident #5 had a history of Dementia.</p> <p>The review also revealed Social Service notes that documented a Quarterly Care Plan Meeting with Resident #5's family member on 6/04/2024, 3/28/2023, and 8/24/2022. No additional quarterly Care Plan meetings were documented.</p> <p>During an interview conducted on 11/21/24 at 08:41 AM, the Social Service Coordinator advised that she conducts quarterly Care Plan Meetings based on the Minimum Data Set (MDS) quarterly assessment. The meetings would be documented in the Electronic Medical Record (EMR) under Progress Notes when they are held. The surveyor requested documentation from the Social Service Coordinator for the last 12 months of Care Plan meetings held for Resident #5.</p> <p>On 11/21/24 at 10:53 AM: The Social Services Coordinator provided a sign-in sheet for Care Plan meetings held. There was only one sign-in sheet dated 6/04/24 which included the resident's family in attendance. No additional documented meetings were provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2) Resident #230 was readmitted to the facility on [DATE] from the emergency room with diagnoses including Constipation, Dysphagia, Pain in the Leg and Disease of Digestive System.</p> <p>A review of the clinical record on 11/20/24 at 8:05 AM revealed that Resident #230 was receiving speech therapy and was assessed by the dietitian on 11/15/24 for nutritional needs.</p> <p>A further review of the clinical record revealed an active care plan dated 8/29/24 with the Focus I have alteration in nutritional status (1) recent significant weight loss, multifaceted in origin, and relating to resolving lower extremity edema 2+ bilateral noted upon admission to (facility) as well as periods of insufficient intake relating to acute chronic processes.</p> <p>The surveyor also reviewed Resident #230's current clinical record including the admission nursing assessment record dated 11/09/24. The clinical record failed to reveal the presence of edema of the bilateral lower extremities.</p> <p>On 11/21/24 at 8:49AM in an interview with the Registered Dietitian (RD) Staff #6, the surveyor enquired about the care plan dated 8/29/24 which did not accurately reflect the resident's current clinical condition. The RD Staff #6 confirmed that Resident #230, did not have bilateral 2+ lower extremity edema and that the care plan was an old one from a previous admission which the computer automatically pulled into the resident's clinical record. Further, the problem was addressed before but it continued. RD Staff #6 stated that the care plan would be resolved.</p> <p>On 11/21/24 at 11:50AM the DON gave the surveyor a copy of Resident #230's care plan with the interventions resolved pertaining to the resident's bilateral lower extremity edema.</p> <p>51491</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>50502</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on interview and observation, it was determined that the facility failed to ensure that food was delivered to residents at an appropriate and palatable temperature. This was evident for 1 out of 1 observation of test tray temperatures. This practice has the potential to affect all residents who eat food prepared by the facility.</p> <p>The findings include:</p> <p>On 11/19/24 at 7:53 AM, in an interview with the Regional Certified Dietary Manager (CDM), she revealed the meal schedule for the [NAME] Brooke Court/ Skilled Nursing Unit are as follows:</p> <p>Breakfast- 8:00 AM</p> <p>Lunch- 12:30 PM</p> <p>Dinner -5:30PM</p> <p>The Regional CDM took the surveyor to the Assisted Living (AL) kitchen which temporarily served the Skilled Nursing Unit and stated that she came to the facility to assist because the facility's CDM recently resigned.</p> <p>On 11/19/24 at 8:01 AM, the surveyor conducted a breakfast line tray observation, and a test tray was requested to be included on the cart going to the Skilled Nursing Unit.</p> <p>On 11/19/24 at 8:10 AM, Staff #9 and # 10 were observed preparing the breakfast trays.</p> <p>As the trays were completed, they were placed one at a time, in an open steel cart, which also included the test tray. The surveyor and the Regional CDM followed the steel cart that was transported at 8:15 AM by Staff #10 via an elevator from the AL kitchen (1st floor- named M) to the Skilled Unit floor (basement, named T). As soon as the steel cart arrived in the Skilled Unit dining area, the trays were then transferred to 2 closed green carts by Staff #10 and the Regional CDM. The 1st and 2nd green carts were out to the floor at 08:19 AM for distribution. The surveyor informed the Regional CDM that it was past the scheduled breakfast.</p> <p>On 11/19/24 at 8:20 AM, the test tray was tested in the presence of the Regional CDM. The temperatures were: cream chipped beef, 110.4 F; Cold Milk, 41 F; Cream of wheat, 123.9 F. The Regional CDM was made aware of the concern of the food temperatures and how the trays were transported from the kitchen to the unit using an open steel cart. She confirmed that trays should have been transported using the closed carts, she added that the staff stated that they used the open steel cart because the closed carts were too heavy for them to transport from one floor to another.</p> <p>On 11/20/24 08:08 AM, the Regional CDM stated that they made a few changes and broke down the distribution of carts to the unit into 3 trips.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The findings were also reported to the Nursing Home Administrator (NHA) and the Director of Nursing (DON) during the exit conference on 11/22/2024.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke CT Skilled Care Buckingham's Choice		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baker Circle Adamstown, MD 21710	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50502</p> <p>Based on observation and staff interview, it was determined that the facility failed to store and label food items to maintain the integrity of the specific item. This was evident during the initial tour of the Skilled Nursing Unit kitchen. This deficient practice has the potential to affect all residents.</p> <p>The findings include:</p> <p>On [DATE] at 9:03 AM, the surveyor conducted an initial tour of the Skilled Nursing Unit kitchen. The surveyor was assisted by Staff #10. The surveyor observed 4 cartons fat free choco milk labeled use by [DATE] in one of the refrigerators. Staff #10 confirmed that the items were expired. Another refrigerator was also noted with 5 unlabeled and undated white paper cups covered with plastic lids containing white and brown colored ice cream. Staff #10 confirmed the findings and discarded the items in the trash.</p> <p>On [DATE] at 7:53 AM, the Regional Certified Dietary Manager (CDM) was notified of the findings from the initial kitchen tour conducted on [DATE]. She stated that she would be covering until a new CDM was hired.</p> <p>On [DATE] at 8:08 AM, in an interview with the Regional CDM, she updated the surveyor that she had a conversation with the kitchen managers on [DATE] regarding checking of the refrigerators for the expiration dates of food items.</p> <p>On [DATE] at 9:20 AM, the surveyor received documents from the Regional CDM, she stated that the following forms will be utilized by the managers:</p> <p>1) Opening Inspection Report, To be completed each morning and signed off by the opening manager on duty.</p> <p>Item number 8 of the said document indicated, Refrigerators and freezers checked (all items wrapped and labeled, neat, organized, food properly stored and locked).</p> <p>2) Closing Inspection Report, To be completed each night and signed off by the closing manager or designee on duty.</p> <p>Item number 9 also indicated Refrigerators and freezers checked (all items wrapped and labeled, neat, organized, food properly stored and locked).</p> <p>The Nursing Home Administrator (NHA) and the Director of Nursing were made aware of the findings during the exit conference held on [DATE].</p>