

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER Lorien Health Systems MT Airy		STREET ADDRESS, CITY, STATE, ZIP CODE 705 Midway Avenue Mount Airy, MD 21771	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on a complaint, medical record review, and interview, it was determined the facility failed to ensure staff followed physician orders as evidenced by failure to ensure residents receive medications as ordered by the physician. This was evident for 1 (Resident #69) of 37 residents reviewed during a recertification/complaint survey. The findings include: On 8/8/2025 at 11:26 AM, review of a complaint #365844 revealed that Resident #69's medicines were not given as prescribed. On 8/11/2025 at 8:11 AM, a review of Resident #69's Medication Administration Audit Report from 4/3/2025 through 4/9/2025 for actual times meds were given revealed the resident's meds were not given as scheduled on the following dates/time:- On 4/3/2025: Med [Tizanidine HCL 4 mg tab ordered for 23:00 (11:00 PM) was given on the next day (4/4/2025) at 06:40 (6:40 AM)] - more than 7 hours past the scheduled time.- On 4/3/2025: Meds scheduled for 20:00 (8:00 PM) were given on the next day (4/4/2025) at 06:40 (6:40 AM).- On 4/4/2025: Pain med scheduled for 20:00 (8:00 PM) was given at 23:44 (11:44PM); more than 3 hours late.- On 4/6/2025: Meds scheduled for 07:00 (7:00 AM) were given at 14:55 (2:55 PM), 15:05 (3:05 PM), and 15:35 (3:35 PM) respectively.- On 4/9/2025: Meds scheduled for 07:00 (7:00 AM) were given at 12:46 PM. On 8/11/2025 at 10:16 AM a review of the facility's policy and procedure for Administration of Drugs revealed the following It is the policy of this facility that medications shall be administered as prescribed by the attending physician. Under procedure: 7). Medications must be administered within one (1) hour before or after their prescribed time. (Note: before meals = one hour before meals, after meals=two hours after the end of meals). and 9). Unless otherwise specified by the resident's attending physician, routine medications should be administered as scheduled. On 8/11/2025 at 9:19 AM an interview was conducted with the Unit Manager (UM #12) for Prospect Unit, in the presence of the Director of Nursing (DON): Regarding medication administration times, UM #12 stated that meds that have a specific time scheduled to be given were expected to be given either an hour before or an hour after the scheduled time. For example, a med scheduled for 7:00 AM could be given as early as 6:00 AM and/or as late as 8:00 AM. Surveyor reviewed Resident 69's medication administration times for 4/3/2025 through 4/9/2025 with UM #12 and the DON. They both verified and confirmed that there was a delay in Resident #69's med administration on the aforementioned dates. DON stated that they were working with the nursing staff to address issues regarding delays in medication administration to residents.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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