

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2024
NAME OF PROVIDER OR SUPPLIER  Coffman Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 Pennsylvania Avenue Hagerstown, MD 21742	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>18819</p> <p>Based on complaint, review of the facility policies and a closed medical record, as well as staff interviews, it was determined that the facility staff failed to immediately notify a resident's physician and responsible party when a resident had fallen and received an injury. This was evident for 1 (Resident #6) of 6 residents reviewed during a complaint survey.</p> <p>The findings include:</p> <p>A review of complaint MD00183144 on 03/22/24 revealed an allegation that Resident #6 had fallen and was not assessed or treated for 6 hours.</p> <p>A review of the facility Change in a Resident's Condition or Status policy on 03/22/24, revealed that: 1) The nurse will notify the resident's attending physician or the physician on-call when there has been an accident or incident involving the resident. Under #4 of the policy: Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: the resident is involved in any accident or incident that results in an injury including injuries of an unknown source.</p> <p>A review of Resident #6's closed medical record on 03/22/24 at 11 AM revealed that Resident #6 had been admitted to the facility for rehab after being treated at the hospital for a fall and subsequent neck surgery. Upon admission to the rehab facility, on 04/22/22, Resident #6 was noted with: not being steady on his/her feet, having numbness in the hands and feet, requiring a maximum assist of 2 staff members while ambulating with a walker. Resident #6 was also receiving the anticoagulant medications, Eliquis, orally, twice daily for blood clot prevention.</p> <p>Further review of Resident #6's closed medical record revealed that on 06/13/22 at 3:30 am, RN #7 was alerted to Resident #6's room by Resident #6 calling out for help. Upon entering the room, RN #7 observed Resident #6 lying on the floor beside the bed. RN #7 documented that Resident #6 was unable to give a response as to how he/she fell. RN #7 also documented that Resident #6 was observed with new bruising and skin tears to the extremities.</p> <p>In an interview with the complainant #1, for complaint MD00183144, on 03/25/24 at 10:24 am, complainant #1 stated that he/she was not notified until 9 am on 06/13/22 that Resident #6 had fallen and had injuries.</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
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with Resident #6's attending physician on 03/26/24 at 10:38 am, Resident #6's attending physician stated that he/she was not immediately notified of Resident #6's fall with injuries until later in the morning on 06/13/22. Resident #6's attending physician also stated that Resident #6 was receiving an oral anticoagulant at this time. Resident #6's attending physician stated that upon notification of Resident #6's 3:30 am fall on 06/13/22, Resident #6's attending physician instructed the nursing staff to send Resident #6 to the emergency room for evaluation and to rule out bleeding in the brain. Resident #6 was later readmitted to the facility with no indication of bleeding on the brain.</p>