| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215353 | A. Building<br>B. Wing | 03/31/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Ingleside at King Farm | 701 King Farm Boulevard<br>Rockville, MD 20850 |

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 0921<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.<br><br>Based on observation and interview with facility staff, it was determined that the facility failed to provide a sanitary environment for residents, staff and the public. This was evident during the initial kitchen tour of the annual survey. The findings include:At 10:30 AM, the surveyor observed steam escaping from both ends of the high temperature conveyor dish machine and scattering throughout the dish machine room. In addition, the surfaces and the open seams of the two vent stacks were found to be covered in an excessive buildup of black substances. Furthermore, there was significant buildup of black substances along the edges of the dropdown ceiling tiles and the drywalls in the mechanical dish room.At 10:35 AM, an interview was conducted with Staff #3, Staff 4, and Staff #6 all of whom confirmed that the dish machine room will be scheduled for deep cleaning, and a work order will be submitted to the maintenance staff to evaluate the vent stacks and the adjustable dampers to ensure proper ventilation. |

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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| F 0712<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that the resident and his/her doctor meet face-to-face at all required visits.<br><br>Based on a medical record review and interviews, it was determined that the facility staff failed to ensure that residents were seen by an attending provider at least every 60 days. This was evident for 1 (Resident #5) of 1 resident reviewed for hospice care.The findings include:A review of Resident #5's medical record on 3/26/26 at 1:11 PM revealed attending provider visit notes for 3/4/25, 3/5/25, 3/10/25, 3/12/25, 3/31/25, 4/1/25, 4/8/25, 4/11/25, 4/21/25, 4/28/25, and 6/18/25. However, there were no documented visits by an attending provider for August 2025 until the next visit on 12/1/25, indicating that Resident #5 was not seen by an attending provider for 166 days between visits.During an interview on 3/31/26 at 10:30 AM, the director of clinical operations stated that residents must be seen by an attending provider at least every 60 days after admission.In an interview on 3/31/26 at 11:14 AM, the attending provider for Resident #5 stated that his residents received visits every 60 days after admission. However, the visits were alternated between him and a nurse practitioner, and he sometimes recorded the visit in the residents' physical chart.In a follow-up interview on 3/31/26 at 11:31 AM, the attending provider for Resident #5 reviewed the resident's physical chart for notes. However, there was no evidence that the resident received visits from August 2025 until the next visit in December 2025. The provider confirmed that Resident #5's chart lacked documentation of provider visits during that period and stated he would address the concern going forward. |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>Based on record reviews and interviews, it was determined that the facility failed to ensure that attending physicians reviewed and acted on Irregularities identified by the pharmacist in a timely manner. This was evident for one (Resident #4) of 5 Residents reviewed for unnecessary medications.The findings include:A medical record review on 3/30/26 at 7:33 AM showed that Resident #4 had been residing in the facility since 2019 and received multiple drugs, including an antidepressant.The ongoing review included monthly medication review (MRR) notes for Resident #4 from March 2025 to the present. On 8/8/2025, there was a recommendation stating, This resident has been using DULOXETINE 60mg QD [every day] since 9/11/20. If this therapy is required to prevent future depressive episodes, please document that effect in your progress notes. Please consider if it may be possible to conduct a trial GDR [gradual dose reduction-an approach to tapering or discontinuing medications] at this time, perhaps to DULOXETINE 40mg QD.The review showed that Resident #4's attending provider signed the recommendation dated 8/8/25 on 10/29/25, 82 days after it was made, with a response to reduce the antidepressant from 60 mg to 30 mg daily. During an interview on 3/30/26 at 11:42 AM, the director of clinical operations stated that the facility was implementing a new process to ensure no pharmacy recommendations were missed.During an interview on 3/31/26 at 12:09 PM, the director of nursing (DON) stated that pharmacy recommendations were usually faxed to the providers' office and then flagged in the resident's hard chart for their attention. The DON confirmed that Resident #4's MRR from 8/8/25 had not been addressed for two months and explained that the recommendations were typically addressed by the attending providers before the pharmacist's next medication review the following month. However, earlier record review showed that Resident #4 had subsequent MRRs completed on 9/17/25 and 10/9/25. At the same time, the one from 8/8/25 was not addressed until 10/29/25. |

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| F 0908<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep all essential equipment working safely.<br><br>Based on observation and interview with facility staff, it was determined that the facility failed to maintain essential equipment in proper operating conditions. This was evident for 2 of 2 pieces of equipment reviewed during the annual survey.The findings include:All essential kitchen equipment, including but not limited to walk-in coolers, steam tables, dishwashers, convection ovens, stoves, and warming cabinets, must be maintained in safe operating condition in accordance with the manufacturer's specifications and remain accessible throughout kitchen operations.On 03/26/2026 at 9:50 AM, an initial kitchen tour was conducted with Staff #4 and Staff #6. The surveyor observed a sign posted on a nonfunctional hand sink located by the food preparation area which indicated that the hand sink faucet had not been working since 3/18/2026. At 9:52 AM, an interview with Staff #4 and Staff #6 confirmed that a work order had been submitted on that date. At 10:10 AM, the surveyor observed that a Continental undercounter freezer was turned off. An interview with Staff #4 confirmed that the undercounter unit was nonfunctional and a work order has been submitted. |