

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER LARGO NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 600 LARGO ROAD GLENARDEN, MD 20774	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, review of resident medical records, and interview with residents and facility staff, it was determined that the facility failed to ensure that a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral health. This was evident for 1 (Resident #1) of 13 residents reviewed during the complaint survey. The findings include: Resident #1 was interviewed in his/her room on 8/20/20 at 2:04 PM. During the interview, the resident indicated that s/he was dependent on staff for movement and positioning at all times and required additional help with other Activities of Daily Living (ADLs) depending on how s/he was feeling. S/he indicated that his/her condition fluctuated throughout the day but that his/her gross and fine motor abilities were deteriorating as a result of his/her condition. Resident #1 indicated that s/he would sometimes struggle with eating and was entirely dependent on staff for hygienic practices such as hand washing, bathing, and other grooming activities. It was noted that the resident had facial hair growth of an inch or more and the resident indicated that s/he had wanted to be shaved for well over a week. Review of Resident #1's medical record began on 8/21/20. The review revealed that Resident #1 was diagnosed with [REDACTED]. Review of the most recent quarterly Minimum Data Set (MDS) assessment with assessment reference date (ARD) of 6/9/20 revealed that Item G110, H indicated that the resident required supervision with eating and 1 person physical assist, and Item G110, J indicated that the resident required extensive 2 person physical assist with personal hygiene. Further record review revealed a dietary note dated 8/10/20 that stated that Resident #1 had a documented 21 lbs weight loss and the resident was documented as saying to the dietician, I can't eat the food. The dietician documented that the resident feeds self with assistance provided by staff. Review of resident weights demonstrated that the resident weighed 130 lbs on 3/30/20, 133.4 lbs on 5/5/20, 132.5 lbs on 6/8/20, 135.6 lbs on 7/8/20, and 114.8 lbs on 8/5/20. The Dietician was interviewed on 8/21/20 at 10:55 AM. During the interview, the dietician stated that the resident was being treated for [REDACTED]. #1's ability to eat required additional setup from staff and, based on an Occupational Therapy (OT) evaluation, the resident was to be given a soup spoon to enhance his/her ability to self feed. The resident's Occupational Therapist was interviewed on 8/21/20 at 11:18 AM. During the interview, the therapist indicated that the resident had a goal of being able to feed himself/herself but that the resident required assistance at times. The therapist stated that adaptations of using bowls and using a soup spoon assisted the resident with being able to self feed. Licensed Practical Nurse (LPN) #2 was interviewed on 8/24/20 at 9:30 AM. During the interview, LPN #2 indicated that Resident #1's ability to perform tasks could vary from day to day. A follow up interview was performed with Resident #1 on 8/24/20 at 11:28 AM. During the interview, Resident #1's breakfast tray was noted to still be in the resident's bedroom. It was also noted that the resident had been given a soup spoon. The resident's tray had oatmeal still in a bowl and the oatmeal had gone uneaten. The resident stated, I wanted to eat the oatmeal, it's one of the few items I can actually eat. But the spoon was too heavy for me and the oatmeal was too watery to get to my mouth. I needed help eating my oatmeal. I'm trying not to lose any more weight and I'm hungry, but I'm not getting the help I need to eat. Who do I have to talk to so that I can get help eating when I need it? During the same interview, the resident indicated that s/he felt her hands were very dirty. The surveyor identified visible brown grime underneath the resident's fingernails. The resident stated that came from eating hamburger with his/her bare hand and that her hands had not been cleaned since yesterday or even earlier. The resident was also noted to have bandages on two knuckles of his/her right hand that were brown. These are the same bandages that you saw when you were talking to me last Thursday. They haven't been changed in five days. I wear them because I develop painful calluses from repositioning myself in my geri chair. I've asked to have these bandages changed and nobody has changed them for me yet. The resident was also noted to still have facial hair. S/he stated, nobody has shaved me since last Thursday. It's been well over two weeks since I've been shaved.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.