STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215164	A. BUILDING _____ B. WING _____	06/03/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SHADY GROVE NURSING AND REHABILITATION CENTER	9701 MEDICAL CENTER DRIVE 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 0689 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** Based on medical record review and interview, the facility staff failed to ensure a resident was free from accidents (Resident #1). This was evident for 1 out of 6 residents reviewed during a complaint survey. The findings include: During interview with Resident #1's family member on 06/01/2020 at 9:59 AM, the family member stated the Resident's leg got twisted when being transported by a volunteer in March 2020. Review of the facility's documentation of the incident provided by the Director of Nursing revealed on 03/10/2020 the Resident was being transported by Volunteer #1 from activities to his/her room when his/her foot dropped off the leg rest. Further review revealed the physician and family member were notified on 03/10/2020. A review of Resident #1's medical record revealed the physician ordered an X-ray on 03/10/2020 which was obtained and revealed no fracture. The nurses notes from 3/10/2020 until 03/13/2020 reveal the Resident was not in any pain. Interview with the Director of Nursing on 06/02/2020 at 10:36 AM revealed Volunteer #1 was to be supervised by the volunteer's agency onsite. During interview of the Unit Secretary on 060/2/2020 at 12:15 PM, she stated Resident #1 was being transported by Volunteer #1 in a wheelchair and she heard the Resident make a noise. The Unit Secretary looked up and saw the Resident's leg off the wheelchair and dragging. The Unit Secretary stated she immediately stopped Volunteer #1 and adjusted the Resident's leg back on the wheelchair. The Unit Secretary then stated she notified the Resident's nurse. The Unit Secretary stated no one was supervising Volunteer #1 transporting of the Resident. Interview with the Director of Nursing on 06/02/2020 at 12:10 PM confirmed the facility staff failed to provide supervision to prevent an accident of a resident.
F 0757 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure each resident's drug regimen must be free from unnecessary drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, the facility staff failed to ensure a resident's drug regimen was free from unnecessary drugs (Resident #1). This was evident for 1 out of 6 residents reviewed during a complaint survey. The findings include: A review of Resident #1's medical record on 05/28/20 revealed the Resident was admitted to the facility on [DATE] from the hospital. The Resident was then discharged to assisted living on 10/18/2019 and readmitted to the facility on [DATE]. A review of Resident #1's Medication Administration Records for February 2020 and March 2020 revealed the Resident received the influenza vaccine on both 02/04/2020 and 03/29/2020. According to recommendation from the Centers for Disease Control and Prevention (CDC) everyone 6 months and older should receive the influenza immunization annually. Interview with the Director of Nursing on 06/02/2020 at 10:36 AM confirmed the Resident received the influenza vaccine twice instead of once, as recommended by the CDC. See F883
F 0883 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement policies and procedures for flu and pneumonia vaccinations.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, facility policy review and interviews, the facility staff failed to screen residents immunization status on admission to the facility, obtain consent and administer vaccines in a timely manner (Resident #1 and #3). This was evident for 2 out of 6 residents reviewed during a complaint survey. The findings include: 1. Review of Resident #1's medical record on 5/28/20 revealed the Resident was admitted to the facility on [DATE] from the hospital. The Resident was then discharged to assisted living on 10/18/19 and readmitted to the facility on [DATE]. Review of the Resident's Influenza and Pneumonia Immunization Consent forms revealed consents for the immunizations were not obtained until 3/29/20. Review of the Resident's Medication Administration Records (MAR) for February and March 2020 revealed the Resident received the influenza vaccine on both 2/4/20 and 3/29/20. Further review of the Resident's March 2020 MAR indicated [REDACTED]. 2. Review of Resident #3's medical record on 5/29/20 revealed the Resident was readmitted to the facility on [DATE]. Review Review of the Resident's Influenza Consent form revealed consent for immunization was not obtained until 1/20/20. Review of the Resident's Pneumonia Immunization Consent form revealed consent for immunization was not obtained until 3/28/20. Review of the Resident's MAR for January 2020 revealed the Resident received the influenza vaccine on 1/20/20. Review of the Resident's MAR for March 2020 revealed the Resident received the pneumococcal vaccine on 3/28/20. Review of the facility's policy on Resident Influenza Vaccine provided by the Administrator states, Residents residing in the facility just prior to the onset of the influenza will be offered the influenza vaccine, unless medically contraindicated or the resident has already been immunized for this season and New admission will be offered the education and influenza vaccine upon admission in the event admission occurs during the influenza season, October 1 through March 31. Review of the facility's policy on Pneumococcal Immunization provided by the Administrator states Upon admission, obtain the patient's pneumococcal vaccination history. Offer an initial pneumococcal vaccine to all patients who have never received the vaccine. Offer a different, second pneumococcal vaccine, if appropriate, based on recommended schedule. Interview with the Director of Nursing on 6/2/20 at 10:36 AM confirmed the facility staff failed to administer influenza and pneumococcal vaccines in a timely manner. See F757

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.