

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FAIRLAND CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2101 FAIRLAND ROAD SILVER SPRING, MD 20904</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews with the resident's family members and facility staff, it was determined that the facility failed to follow physician's orders [REDACTED]. This finding was evident for 1 of 4 residents reviewed during the survey (Resident #3). This finding was identified during the investigation of complaint #MD 070. The findings include: On 03-10-2020, a review of Resident #3's clinical record revealed that the resident was admitted to Hospice services on 07-04-2018 for [MEDICAL CONDITION] disease. Other pertinent [DIAGNOSES REDACTED]. A review of the physician orders [REDACTED]. Further review of the physician orders [REDACTED]. On 03-10-2020 a review of the change of condition assessment written on 02-01-2020 at 7:00 PM revealed Resident #3 was noted with lung congestion, decreased level of consciousness, and an oxygen saturation of 89% on room air. A review of Resident #3's February 2020 Medication Administration Record [REDACTED]. On 03-10-2020 at 10:23 AM, surveyor phone interview with Resident #3's family member revealed the family member had visited the facility on 02-01-2020 at approximately 5:00 PM. The family member observed Resident #3 lying in the room and having difficulty breathing. The family member alerted Nurse #1 of Resident #3's symptoms, however, the nurse did not provide oxygen or medication to alleviate Resident #3's respiratory symptoms. Nurse #1 informed the physician of the resident's decreased oral intake and lung congestion. The family member insisted that Nurse #1 contact the physician again and requested to transfer Resident #3 to the hospital for symptom management. The physician was contacted again by Nurse #1 and the resident was transferred to the acute hospital on 02-01-2020 at approximately 8:00 PM. On 03-10-2020 at 12:00 PM, in an interview, Nurse #1 revealed on 02-01-2020, the resident was noted with lung congestion and decreased oral intake. Furthermore, Resident #3 had an oxygen saturation of 89% on room air. The attending physician was notified and diagnostic testing and IV fluids were ordered. Nurse #1 stated they could not recall administering to oxygen or pain medication to alleviate the respiratory symptoms Resident #1's. In addition, Nurse #1 stated the resident did not appear to be in respiratory distress but the family insisted on contacting the physician again to transfer the resident to the hospital. The resident was transferred to the hospital on 02-01-2020 at approximately 8:00 PM per family request. However, on 03-16-2020 surveyor review of 911 ambulance records revealed the emergency ambulance was dispatched to the facility on [DATE] at 8:03 PM and arrived at 8:18 PM. Upon arrival, the emergency medical technician (EMT) noted that Resident #3 appeared to be having trouble breathing. Furthermore, the resident was not wearing oxygen and had an initial oxygen saturation of 72%. The EMT placed Resident #3 on oxygen via a non-rebreather mask at 15 liters per minute and transported the resident to the nearest hospital.		
F 0758  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor review of clinical record and staff interview, it was determined that the facility staff failed to consistently monitor and document the response to the use of [MEDICAL CONDITION] medications for 1 of 4 residents reviewed during the survey (Resident #1). This finding was identified during the investigation of complaint MD 623. The findings include: 1 a. On 03-10-2020 a review of the clinical record for Resident #1 revealed that on 02-18-2020 the attending physician ordered the [MEDICAL CONDITION] medication [MEDICATION NAME] ([MEDICATION NAME]) 0.5 mg to be administered to the resident via the gastrostomy tube (GT) three (3) times a day x 14 days for anxiety. A GT is a tube placed directly into the stomach through the abdomen and is used to administer nutrition, fluids and medicines. A review of the February and March 2020 Medication Administration Record [REDACTED]. On 03-02-2020 the attending physician ordered the continuation of the [MEDICATION NAME] 0.5 mg to be administered to Resident #1 via the GT x 14 days. Record review and review of the March 2020 MAR indicated [REDACTED].		

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.