

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER FOREST HILL HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 109 FOREST VALLEY DRIVE FOREST HILL, MD 21050	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on administrative and medical record review and interviews with facility staff it was determined the facility failed to initiate a care plan for a resident known to refuse physician ordered treatments for the care of pressure ulcers. This was found to be evident for 1 (resident #1) of 2 residents reviewed during a complaint investigation. Findings include: Facility report #MD 724 was reviewed on 5/26/20 and 6/2/20 for allegations of neglect as the complainant indicated that the resident had wounds that appeared to look as if the resident was left in a saturated diaper. The Minimum Data Set (MDS) is a federally funded mandated process used for the clinical assessment of all residents. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. Resident # 1 was admitted to the facility with multiple pressure ulcers (areas of damaged skin caused by staying in one position for too long). An interview was conducted with the DON and NHA on 5/26/20 at 1:00 PM and the NHA stated that resident # 1 was in bad shape when admitted to the facility. The NHA further stated the resident has very sensitive skin and had multiple pressure ulcers upon arrival. The NHA went on to say the resident has a history of refusing care and treatment. Review of the resident admission MDS with ARD of 6/23/18 was reviewed on 5/26/20 and section M0300 indicates the resident was admitted to the facility with (4) stage 2 pressure ulcers and (4) stage 3 pressure ulcers. Review of the resident care plan submitted by the facility on 5/26/20 revealed that there was no care plan in place of the resident refusing care. A phone interview was conducted with the DON on 5/29/20 at 1:42 PM and she stated that the resident often refuses care and stated that an assessment was done of the resident on 4/26/20 and the resident refused to have treatment provided to a new area that was identified. An SBAR (Situation-Background-Assessment-Recommendation) document dated 4/26/20 was reviewed on 6/2/20. It revealed under Situation # 1 and # 2; resident # 1 with various purplish/red marks to inner groin, scrotum, and diaper lines that began on 4/25/20. In addition, listed under # 4, things that make the condition or symptom worse indicates the resident is non-compliant with allowing staff to perform incontinent care Q (every) 2 hours and refusing dressing changes at times. An interview was conducted with the DON on 6/2/20 at 1:25 PM and she confirmed that there was not a care plan for the resident who was known to refuse care as she previously thought. The DON went on to say that because this continues to be a concern, the facility initiated a non-compliance care plan on 5/29/20.		
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.