

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Broadmead		STREET ADDRESS, CITY, STATE, ZIP CODE 13801 York Road Cockeysville, MD 21030	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, and staff interview it was determined the facility failed to ensure residents received medications in accordance with professional standards of practice. This was evident for 1 resident (#10) out of 17 residents reviewed during the survey.</p> <p>The findings include the following:</p> <p>Review of Resident #10's medical record on 03/20/2024 at 09:30 AM revealed that the resident was discharged from the hospital and admitted to the facility on [DATE]. On the hospital discharge summary, it stated that Resident (#10) was to be given medication, Cefdinir, twice a day for 9 days as a course of antibiotic therapy and Resident (#10) was to begin Cefdinir on 02/21/2024.</p> <p>Review of facility investigation on 03/20/2024 at 11:00 AM revealed that Resident (#10) did not receive Cefdinir until 02/26/2024 and therefore missed 11 doses of this medication.</p> <p>During the interview with the Director of Nursing (#2) on 03/20/24 at 11:15 AM he/she confirmed the medication error and findings in the facility investigation.</p> <p>All concerns were shared with the Administration Team at the time of exit on 3/21/24 at 2:00 PM.</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 215123	If continuation sheet Page 1 of 4

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on medical record review and staff interviews, it was determined that Pharmacy continued to prepackage a medication for Resident (# 29) after the medication was placed on hold. This occurred for 1 of 4 residents observed during the medication pass.</p> <p>The findings include:</p> <p>During observation of a medication pass on 3/20/24 at 9:00am with LPN (Licensed Practical Nurse) (Staff # 11) revealed that Resident #29 had Lasix 40mg in his/her prepackaged medications dated 3/20/24. Staff #11 stated, Lasix is in the package to be administered however, I know the medication is on hold.</p> <p>Review of the medical record on 3/20/24 at 11:30am revealed the medication was placed on hold on 3/15/24 at 9:30am.</p> <p>During an interview with the DON (Staff #2) on 3/20/24 at 1:30pm, she stated medications are delivered to the facility every 2 days for each resident and the Lasix should not have been in the package with Resident #29's medications. During a follow up interview on 3/20/24 at 2:15pm, the DON stated she spoke with pharmacy and the medication was being removed.</p> <p>All concerns were shared with the Administration Team at the time of exit on 3/21/24 at 2:00 PM.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on record reviews and interviews with facility staff, it was determined that the facility failed to address a pharmacy recommendation in a timely manner. This was evident for 1 (Resident #20) of 5 residents reviewed for unnecessary medications.</p> <p>The findings include:</p> <p>On 3/19/24 at 5:07 PM, record review of Resident #20's medical record revealed the following pharmacist recommendation dated 1/25/24, Please consider discontinuing PRN artificial tears and melatonin for no use in &gt; 6 months. Furthermore, the document titled Letter to Physician, noting the response of the pharmacist's Recommendation and Medical Regimen Review (MRR) date of 1/25/24, contained a handwritten response of done.</p> <p>On 3/19/24 at 5:10 PM, record review of physician's orders in the electronic health record (EHR), revealed Resident #20 was ordered Artificial Tears Ophthalmic Ointment 83-15 % (White Petrolatum-Mineral Oil); Instill 1 application in both eyes every 24 hours as needed for Dry Eyes and Melatonin Oral Tablet 3 MG (Melatonin); Give 1 tablet by mouth every 24 hours as needed for Insomnia Give at bedtime. Both medications were ordered on 7/6/23. The discontinuation date listed in the physician's orders section of the EHR for both medications was 2/26/24.</p> <p>On 3/20/24 at 11:57 AM, further record review of Resident #20's medical record revealed the exact same pharmacy recommendation from January 2024 that was dated 2/24/24 stating, Please consider discontinuing PRN artificial tears and melatonin for no use in &gt; 6 months. In addition, the aforementioned recommendation was listed on a document titled, Consultant Pharmacist's Medication Regimen Review Active Recommendations Lacking a Final Response, also dated 2/24/24. Furthermore, the document titled Letter to Physician, noting the response of the pharmacist's Recommendation and Medical Regimen Review (MRR) date of 2/24/24, contained a signature from the Medical Director #5, and a date of 2/26/24 with the Agree box checked.</p> <p>On 3/20/24 at 12:01 PM, in an interview with the Director of Nursing (DON), she stated the process for Medication Regimen Review (MRR) was as follows: the pharmacist sends the recommendations to the DON who sends them to the appropriate discipline. The pharmacist recommendations on the skilled unit are addressed within 24 hours and the pharmacist recommendations on the long term care unit are addressed before the next MRR.</p> <p>On 3/21/24 at 9:57AM in an interview with Staff #3 (who during January and February 2024 held the title of Interim DON), spoke with Medical Director #5 and stated that she received the MRR via email, and Staff #12 was to address it for her, but did not. When the exact same recommendation from January 2024, showed up again on the February 2024 MRR, Medical Director #5 discontinued the medications at that time.</p> <p>The following concerns were shared with the Administration Team at the time of exit on 3/21/24 at 2:00 PM.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and staff interview, it was determined the facility failed to store food in accordance with professional standards for food safety.</p> <p>The findings include:</p> <p>An initial tour of the facility Kitchen was completed on 03/18/24 at 08:10 AM with Staff (#8) and the following items were found to be missing an expiration date on the product:</p> <ol style="list-style-type: none"> 1) Two cans of black-eyed peas 2) Two boxes of classic salt 3) Several spice containers that included ground ginger 4) Two containers of avocado smash <p>During the tour interview on 03/18/24 at 08:25 AM with Staff (#8), he/she stated that the above items did not have an expiration date on them and he/she would check on these items to be sure that they were able to be used and not expired.</p>		