

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANOR CARE HEALTH SERVICES - WHEATON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11901 GEORGIA AVENUE WHEATON, MD 20902</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 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on the review of the clinical records and staff interview, it was determined that the facility's staff failed to develop a comprehensive resident centered care plan to meet residents' Coronavirus 2019 (COVID-19) diagnosis. This finding was evident for 3 of 6 residents selected for review during a Focused Infection Control survey (Residents #1, #5, and #6). The findings include: 1. On 07-28-2020 a review of Resident #5's clinical records revealed that the resident had been in the facility since 04-20-2017. On 04-22-2020 the resident tested positive for COVID-19. Further review of the record revealed that on 04-26-2020 Resident #5 was transferred to the hospital due to the resident experiencing difficulty breathing. Resident #5 was readmitted to the facility's observation unit on 05-09-2020. A review of the resident's hospital transfer summary record revealed a [DIAGNOSES REDACTED]. However, surveyor review of Resident #5's clinical record revealed no evidence that a care plan including interventions were developed specifically to address Resident #5's clinical condition related to the resident's COVID-19 diagnosis. On 07-30-2020 at 1:40 PM, an interview with the Director of Nursing (DON) did not reveal additional information. 2. On 07-29-2020 surveyor review of Resident #6 clinical record revealed the resident had been in the facility since 03-03-2016. On 04-05-2020 the resident was sent to the hospital for an unresolved elevated temperature of 102 degrees Fahrenheit. a continued record review revealed that the resident tested positive for COVID-19 at the hospital. Resident #6 was readmitted to the facility on [DATE]. The resident's hospital discharge summary revealed multiple diagnosis, including COVID-19. There was no evidence in the clinical record indicating that the facility initiated a care plan that addressed the Resident #6's COVID-19 diagnosis. On 07-30-2020 at 1:40 PM, an interview with the DON did not reveal additional information. 3. On 07-28-2020 at 11:38 AM, surveyor toured the facility identified COVID-19 positive unit. Surveyor observed Resident #1 in a private room. Droplet and contact precaution signs were placed at the entrance of the unit. On 07-28-2020 at 11:44 AM Resident #1 was interviewed. Resident #1 stated, I came here about two weeks ago from the hospital. I was diagnosed with [REDACTED]. On 07-29-2020 surveyor review of Resident #1's clinical record revealed the resident was admitted to the facility on [DATE]. The resident was admitted with multiple [DIAGNOSES REDACTED]. #1's COVID-19 [DIAGNOSES REDACTED]. On 07-30-20 at 1:40 PM, surveyor interview with the DON did not reveal additional information.		
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.