

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>08AL049</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/12/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORNINGSIDE HOUSE AT ST. CHARLES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>70 VILLAGE STREET WALDORF, MD 20602</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p>Initial Comments</p> <p>On 12/12/2013, an unannounced visit was made to the above named facility to conduct a complaint investigation. Survey activities included an interview of the Director of Health and Wellness (DHW), an observation of the residents, a tour of the facility and a review of a closed resident's record and facility documentation.</p> <p>Based on survey findings, in relation only to complaint # MD 00078780 allegations, the following deficiencies were identified on the date of the investigation.</p> <p>The facility's census at the time of the survey was eighty-seven (87) residents.</p>	E 000		
E3480	<p>.28 D .28 Services</p> <p>D. Personal Care Services. The assisted living manager shall provide or ensure the provision of all necessary personal care services, including, but not limited to, the range of assistance needed by a resident to complete the following activities of daily living:</p> <ul style="list-style-type: none"> <li>(1) Eating or being fed;</li> <li>(2) Personal hygiene, grooming, bathing, and oral hygiene, including brushing teeth, shaving, and combing hair;</li> <li>(3) Mobility, transfer, ambulation, and access to the outdoors, when appropriate;</li> <li>(4) Toileting and incontinence care; and</li> <li>(5) Dressing in clean, weather-appropriate clothing.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on a review of a closed resident's record and an interviews of the facility DHW, the facility staff failed to have documentation indicating that</p>	E3480		

OHCQ  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E3480	<p>Continued From page 1</p> <p>a physician's order for the resident's special oral hygiene's order was being executed.</p> <p>Findings included:</p> <p>On 12/12/2013, a review of Resident #1's record revealed an order, dated 5/29/13, by the resident's dentist: "Pt. (patient) has poor OH (oral hygiene), will need assistance brushing (teeth) 3 x daily".</p> <p>On 12/12/2013, a review of the resident's record and an interview of the facility DHW failed to reveal documentation indicating the dentist order was executed by the facility staff members.</p>	E3480		
E3680	<p>.29 M .29 Medication Management and Administration</p> <p>M. Medications and treatments shall be administered consistent with current signed medical orders and using professional standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on a review of a closed resident's record and an interview of the facility DHW, the facility staff failed to ensure that the resident's medications were administered consistent with current signed medical orders and were following professional medication standards of practice.</p> <p>Findings include:</p> <p>On 12/12/2013, a review of Resident #1's physician's order, dated 4/10/2013, revealed the following order:</p>	E3680		

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E3680	<p>Continued From page 2</p> <p>1) Florinef 0.1 mg bid (twice a day) on schedule, hold only for SBP (systolic blood pressure) &gt; 180 2) Florinef 0.1 mg PRN for SBP &lt; 140 3) Check BP TID (three times a day)</p> <p>On 12/12/2013, a review Resident #1's May 2013's Medication Administration Record (MAR) revealed:</p> <p>A.</p> <p>Florindf 0.1 mg was administered to Resident # 1 on the following days and times when the resident's systolic blood pressure was greater than 180. It is contrary to the physician order:</p> <p>184 on 5/6/13 at 8am 191 on 5/9/13 at 8am 190 on 5/9/13 at 8pm 195 on 5/14/13 at 8pm 194 on 5/18/13 at 8pm 185 on 5/19/13 at 8pm 189 on 5/20/13 at 8pm 198 on 5/21/13 at 8pm 207 on 5/23/13 at 8am 199 on 5/24/13 at 8pm 197 on 5/25/13 at 8pm 185 on 5/26/13 at 8am</p> <p>B.</p> <p>Florindf 0.1 mg PRN was not administered to the resident, when the resident's SBP was lower than 140 on the following days and times:</p> <p>134 on 5/1/13 at 2pm 132 on 5/1/13 at 8pm 115 on 5/3/13 at 8am 125 on 5/4/13 at 8pm 123 on 5/5/13 at 8pm 95 on 5/10/13 at 8am 124 on 5/14/13 at 8am</p>	E3680		

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E3680	<p>Continued From page 3</p> <p>123 on 5/15/13 at 8am 134 on 5/16/13 at 8am 118 on 5/19/13 at 8am 119 on 5/22/13 at 8pm 124 on 5/23/13 at 8pm 131 on 5/28/13 at 8am 125 on 5/29/13 at 8am</p> <p>C.</p> <p>Florindf 0.1 mg PRN was administered to the resident on 5/11/13 at 2pm, when his SBP was recorded at 165. Since his SBP was &gt;140, Florindf 0.1 mg should not have been administered.</p>	E3680		