**FOIA Database** -The Law Office of Jeffrey J. Downey Serving Clients in Washington D.C., Virginia, and Maryland

If you have been injured in a nursing home or assisted living facility, call the Law Office of Jeffrey J. Downey for a free consultation.

Phone: 703-564-7318; email [jdowney@jeffdowney.com](mailto:jdowney@jeffdowney.com)

Hebrew Home of Greater Washington 6121 Montrose Road

Rockville, MD 20852

Facility Characteristics:

* Nursing Facility with 558 beds
* Operational Control -29 Directors operating since 5/11/2011, 29 Directors since 5/1/1989; 4 Managing Employees since 1/18/2010
* [www.hebrew-home.org](http://www.hebrew-home.org/)
* Legal Business Name - Hebrew Home of Greater Washington, Inc
* Non-profit Corporation

**Researching Nursing Homes**

A note by attorney Jeffrey J. Downey:

Thank you for visiting my website. Anyone who is considering the admission of a loved one into a nursing home should undertake a review of surveys or other data that will provide a snapshot of some of the issues or problems that the facility is experiencing. Keep in mind that this information can be limited and many not reflect the actual condition of the facility when your loved one is admitted. You should consider personal visits of any facility you are evaluating.

The Maryland Department of Health inspect nursing homes including Hebrew Home of Washington in Rockville, MD. Periodically they do inspections and complaint surveys which should be public record. You can write to the Office of Health Care Quality, 7120 Samuel Morse Drive, Second Floor, Columbia,

Maryland 21046-3422 or email [Maryland.molst@maryland.gov](mailto:Maryland.molst@maryland.gov)

or call (410) 402-8217

Having already researched Hebrew Home of Greater Washington in Rockville, MD and obtained FOIA responses, I am posting these statements of deficiencies here, in a searchable format.

Keep in mind that these surveys have been altered during the conversion process and you should update your search results.

I am interested in any additional information you may have on this facility. Please call me with any question about this or any other facility you may be interested in searching or prosecuting civilly for patient neglect or abuse.

**Disclaimer:** Information is built using data sources published by Centers for Medicare & Medicaid Services (CMS) under Freedom of Information Act (FOIA). The information disclosed on the NPI Registry are FOIA-disclosable and are required to be disclosed under the FOIA and the FOIA amendments to the FOIA. There is no way to 'opt out' or 'suppress' the NPPES record data for health care providers with active NPls. Some documents may not be accurately copied or some results may have changed upon appeal, which may not be noted here.



**MARYLAND**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

. **OFFICE O:f lJEALTH CARE QUALITY**

.. SP RIN:G-G; ROVECENTER

BLAND BRYANT BUILDING

55 WADE AY:miUE ' .

CATONSVItLE; MARYLAND 21228

**License No..15015** -

Issued to:Hebrew Home OfQreater Washington 6121 Mori'fi-ose Rdad

R9ckville, MD 20852

Type of Facility and Number .of Beds: . Comprehensive Care Facility - 5,56 Beds

Date Issued: May 20, 2013

This licens has been gran ted;to:-He brewHome ofGreaterWashington

'

Authority to operate in this tate i,s griµited,t,oJ he 'abo ve entity pursuant to The Health-General Article,

Title 19 Section 3I 8, Annot<1ted Code of Maryland, **1982** Edition, and subsequent supplements and is subject to any and all statutory provisions, including 'all applicable rules and regulations promulgated there under.

This document is not'transferable. ·

Expiration'Date: May 20,-201



Director

*Falsification of a license shall s.ubjecl the-perpetrator to aiminal prosecution and the imposition of civi( fines.*

ST AT E OF **MARYLAND**

DHMH

**Maryland Depart me nt of Health and Me nta l H yg ie ne**

Office of Health Care Quali ty

Spring Grove Center· Bland Bryant Building

55 Wade Avenue · Catonsville, Maryland 21228-4663

Martin O' Malley, Governor• Anlhony G. Brown, LI. Governo r - Joshua M. Sharfs te in M.D.. Secre tary

To: Kathy Schoonover, Nurse Administrator

Montgomery County Department of Health and Human Services Public Health Services

Health, Promotion, Prevention and Permitting Services

From: Patricia Tomsko Nay, M.D., Acting Director *)Wcv- d -"'J}(c, 1/1tffJ; 'l!f.1--*

0ffice of Health Care Quality *I/*

RE: Hebrew Home Of Greater Washington Date: April 25, 2013

----------------------------------------·--------------------------------------------------------·---------------------------

This is to acknowledge receipt of a license fee of $7,000.00 for 556 beds and an application for a license to operate Hebrew Home Of Greater Washington.

The enclosed license will bein effect until May 20, 2015, unlessrevoked. It is the facility's authority to maintain and comprehensive care facility with a licensed capacity of 556 beds under the provisions of COMAR 10 .07.20 .

Pease advise the facility that this license should be displayed in a conspicuous place, at or near the entrance, plainly visible and easily read by the public.

Attached, please find the room andbed breakdown for this facility TN/cjc

Enclosure: License No. 15-015

Cc: Meyers and Stauffer

Maryland Health Care Commission Medical Care Operations Administration Medical Care Policy Administration Lynda Lazaro

Debra Munford, Health FacilitiesCoordinator License File

To ll Free I-877-4M D-DHMH · TTY for Disabled - Maryland Relay Se rvice 1-800-735-2258

Web Site: [www.dhmh.Maryland.gov](http://www.dhmh.Maryland.gov/)

Kathy Schoonover, Nurse Administrator

Montgomery County Department of Health and Human Services RE: Hebrew Home Of Greater Washington

Page Two April 25, 2013

|  |  |  |
| --- | --- | --- |
| Room and bed breakdown: |  |  |
| **CATEGORY** | **LOCATION** |
| Comprehensive |  |
| Care Facility | **Smith-Kogod Building** |
|  | Single Rooms: 1101-1119, 1122-1136, |
|  | 1140-1144 | 39 beds |
|  | 2101-2119, 2122-2136, |  |
|  | 2140-2144 | 39 beds |
|  | 3101-2119, 3122-3136, |  |
|  | 3140-3144 | 39 beds |
|  | 4101-4119, 4122-4136, |  |
|  | 4140-4144 | 39 beds |
|  | **Total Single Rooms** - Smith-Kogod Bid. | **156 beds** |
|  | **Smith-Kogod Building** |  |
|  | Duplex Rooms: 2187-2207  3187-3207 | 42 beds  42 beds |
|  | 4187-4207 | 42 beds |
|  | **Total Duplex Rooms** -Smith-Kogod Bid. | **126 beds** |
|  | **Total Smith-Kogod Building** | **282 beds** |
|  | **Wasserman Building** |  |
|  | Single Rooms: 203-214, 216, 218, 220, |  |
|  | 222,224,229,231,233, |  |
|  | 235,237,239,241,243, |  |
|  | 254,256,258,260,262, |  |
|  | 264, 266, 268-275, 277, |  |
|  | 279,281,283,285-296 | 56 beds |
|  | 303-314, 316, 318, 320, |  |
|  | 322,324,329,331,333, |  |
|  | 335,337,339,341,343, |  |
|  | 354,356,358,360,362 |  |
|  | 364, 366, 370, 373, 375, |  |
|  | 377,379,381,383,385, |  |
|  | 386-396 | 52 beds |
|  | 403-414, 416, 418, 420, |  |
|  | 422,424,429,431,433, |  |
|  | 435,437,439,441,443, |  |
|  | 454,456,458,460,462, |  |

464,466,468,470,473,

475, 477, 479, 481, 483,

485-496

503-515, 518, 520, 522,

524,529,531,533,535,

537, 539, 541, 543, 554,

556,558,560,562,564,

566, 568, 570, 573, 575,

577, 579, 581, 583, 585-

596

**Total Single Rooms** Wasserman Bid.

**Wasserman Bulding**

Duplex Rooms: 201, 202, 226, 245, 250,

297, 298, 301, 302, 326,

344,345,371,397,398,

401,402,426,444,445,

471,497,498,501,502,

526, 544, 545, 571, 597,

598

**Total Duplex Rooms** Wasserman Bid.

**Total Wasserman Building Overall Total**

52 beds

52 beds

**212 beds**

62 beds

**62 beds**

**274 beds**

**556 beds**



**MARYLAND**

**DEPARTMENT OF HEALTH AND l\1ENTAL HYGIENE OFFICE OF HEALTH CARE QUALITY**

S PRING GROVE CENTER

OLAND BRYANT BUJLDING

*55* WADE AVENUE

CATONSV,LJf E, MARYLAND 21228

License No. 15015

Jss ued10: Ilebrew Home Of Greater Washington 612 1 MontroseRoad

Rockvillo, MD 20852

Typeof Facility and Numberof Bedi:

Comprehensive C'are Facil ity - *556* Beds

Date lss1.;tcd : May 20,2015

This license has bc-.cn granted to: Hebrew Home ofGreater Washingtort

, \ utho.ri1y 1(1• e in 1his Stateis grat1ted to the300 -ecn1ity purs ltoTheflenhh-Omml Aniclt, Title 19 s« tioo3 18. Annc,1:111«1 Codeof M.Ul')' l a.nd, 1982 Edi11o, o and lo,-ub cnt su:ppk mmts.:illd is.rubj«:t toanyaooaJISl3tut()r}' P"'"'isions.i,x:lud ingallappl abll!rulesMIi rcgul3.fk>ns promulgn.tcd there under.

ThisdocumMt is nl)t lr:ins-fm blc .

Exp irationDate: Moy 20. 2017



Director



S T,\ l l: t) I MA R Y i ,\ NJ>

*[* •l- I 11-f

Maryla nd Department of Heah h and Menta l Hygie ne

Office uf Hca hh Care Quality

Spring ( i rovc Center • Bl and Oryim l B uiJdin g

*55* Wade Avenue • Catonsville, M" ryland 212 28 -466 3

l.;1',\ n.;c J ll<•a11. Jt. . G l'!\'l'ln()t • Oo}<J K. lt ha lf<!'d, l.1 ( i(, \•t f'l'l(OI • , ,.. ·r:.\.1l i.·. hd l. S llt 'A'l1.f1

To: Kathy Schoonover, Nurse Administrator

MontgomeryCounty Department of HealthandHumanServices

Pu blic H ealth Services

Health, Promotion,PreventionandPermitting services

From: Pacrici a Tomsko Nay,M.D., Execuitve Director Officeof Health CareQual ity

RE: HebrewHome Of Greater Washington

Date: April **13,** 2015

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Thisis to acknowfedgereceipt of a license feeof S7;000.00 for556bedsandan application for a licesne to operateHebrew Homeof Greater Washington.

Thee n close d license willbein effectuntilMay20,2017,u nl s.s r evo ked. It Isthe: facility's c1utho rity to maintainand comprehensievc.are facility wi th *a* licensed capadty of 556 bedsunder theprovisionsof COMAR10.07.20.

Peaseadvise the facility that thtS licenseshould be displayed In aconspicuousplace, at or n a r the

entrance,plainlyvisible and asity readbythepublic. Attached,please find the room andbedbreakdown for this facility TN/ c jc



Enclosure: License No. 15-01S Cc: Meye,$• nd Stauffer

Maryland Health Care CommiWOn

Medical CareOperadons Administration Medk:alCar ePolciyAdmlnls-tr atioo Lynda Uuro

PattiMelodtnl, Health fac liliesCoordln.ator Llc;ens-eFile

Toll f re 1- 7i -4MO- DHMII • TTY 1(tr Oi-.Jbk J - M:uyfar.\l Rd :sySm ice 1-800 - 735•225 JI

W b Si11,,: ·ww.(lhrnh.fll:lt)'la,ld.g\W

**Kathy Schoonov,er Nurse Administrator**

**M on tgome,y County Department ofHealthand HumanServices Rf: Hebrew Home of Greater Washington**

**Page Two**

April13, WIS

**Room and bedbreakdown:**

CATEGORY LQCATION

**Comprehensive**

**care facility Smhh•Kogod Building**

Single Rooms: 11 01, 1102,110, 3 1104,

1105,1106,1107,1108,

1109, 1110,111, 1 1112,

1113, 1114,1115,1116,

1117,1118,1119,1122,

1123,1124, 1125,1126,

1127, 1128,1129,1130,

1131, 1132,1133,1134,

1135,1136,1140,1141,

1142,1143,1144

2101, 2102, 2103, 2104,

2105, 2106,2107, 210, 8

2109, 2110,2111, 2112.

2113, 2114, 2115, 2116,

2117,2118, 2119, 2122,

2123,2124, 2125, 2126,

2127, 2128, 2129, 2130,

2131, 2132, 2133,2134,

2135, 2136, 2140, 2141,

2142,2143,2144

3101,3102, 3103,3104,

3105,3106, 3107, 3108,

3109,3110, 3111, 3112,

3113, 3114,3115, 3116,

3117,3118,3119,3122,

3123, 3124, 3125, 3136,

3140-3144

4101, 4102, 4103, 4104,

4105,4106, 4107,4108,

4109, 4110, 4111,4112,

4113, 4114,4115, 4116,

4117, 4118,4119, 4122,

4123, 4124, 4125,4126,

4127,4128, 4129,4130,

4131,4132,4133, 4134,

4135, 4136,4140, 4141,

4142, 4143,4144

**TotalSJngle Rooms - Smith•KogodBid.**



39beds

39 beds

39beds

39 beds

156 beds

**Montgomery CountyDepartmen t ofHealthalldHumanSetvices RE:Hebrew Home ofGreaterWashington**

**Page Three**

April13, 2015

**Roomandbedbreakdown:**

CATEGORY LOCATIQ!I

**Smlth-Koe,od Buifdlng**

Duplex Rooms: 2187, 2188, 2189,2190,

2191, 2192, 2193. 2194,

2195, 2196,2197,2198,

2199, 2200, 2201, 2202,

2203, 2204, 2205, 2206,

2207

3187, 3188, 3189, 3190,

3191, 3192, 3193, 3194,

3195, 3196, 3197, 3198,

3199,3200, 3201,3202,

3203,3204, 3205, 3206,

3207

4187, 4188, 4189, 4190,

4191, 4192, 4193, 4194,

4195,4196, 4197,4198,

4199,4200, 4201,4202,

4203,4204, 4205,4206,

4207

**Total Duplex Room.s- Smith·KogodBid.**

Total **Smith-Kogod** 8ulld1ng

**Wasserman Buli;ding**

Single Roo m• : 203,204, 205, 206,207,

208,209,210,211,212,

213,214,216,218,220,

222,224, 229, 231,233,

235, 237,239,241, 243,

254, 256,258.260, 262,

264, 266, 268.269, 270,

271,272,213,274,275,

277, 279, 281, 283. 285,

286,287, 288, 289, 290.

291,292, 293, 294, 295,

296

303,304,305,306,307,

308,309, 310, 3ll,312,

313, 314,316,318, 320,

322, 32, 4 329, 331, 333,

335,337. 339, 341, 343,



42beds

42beds

42 beds

126 beds

282 beds

56 beds

**Ka1hy Schoonover, NurseAdministrator**

**Montgomery County Department ofHealht andHuman Services RE:Hebre w Home ofGreater Washinston**

**Page Four**

April 13, 2015

**Roomandbedbreakdown:**

CATEGORY LOCATION

354,356,358,360,362

**364, 366, 368, 370, *373,***

375,377,379, 381, 383,

385,386, 387,388,389,

390,391,392, 393, 394,

395,396

403,404,405,406,407,

408,409,410, 411,412,

413,414,416,418,420,

422, 424,429,431, 433,

435,437,439,441,443,

454,456,458,460,462,

464,466,468,470,473,

**475, *4n,* 479,481,483**

**1**

485, 486, 487, 488, 489,

490,491,492,493,494,

495, 496

503, 504,sos, 506, 507,

508,509,510, 511, 512,

513,514, 515,518,520,

5.22,524, 529,531.533,

**535, S37,539, 541, S43,**

554,556,558.560,562,

564,566,568, 570, 573,

575,577,579, 581, 583,

585, 586, 587,588.589,

590,591,592,593,594,

**S9S, 596**



52 beds

52 beds

52 beds

**TotalSinsle Rooms Wasserman Bid. 212beds**

**M ontgomeryCounty Department ofHealthandHumanServices**

**RE: Hebrew Home ofGreater Washington Page Five**

April13, 2015

**Room andbedbteakdown:**

CATEGORY **LOCATION** TOTAL

**Wau emr an8 uldlng**

DuplexRooms: 201, 202,226, 245, 250,

297,298, 301, 302,326,

344, 345, 371, 397, 398,

401, 402, 426, 444, 44S,

471, 497, 498, SOI, 502,

526, 544,54S, 571,597, S98

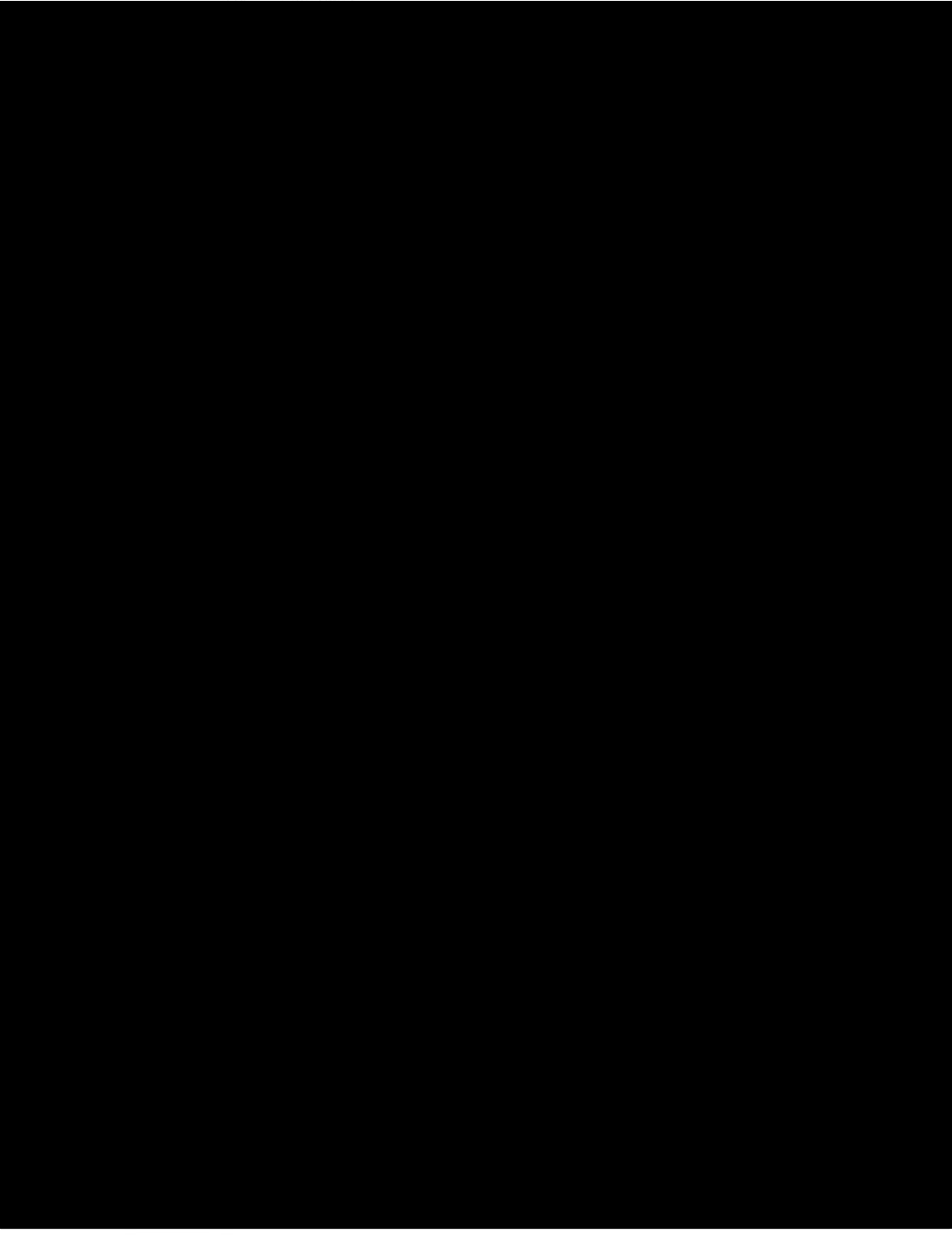
**Total DuplexRooms Wasserman Bid. TotaJ W a sserma n Building**

**Overall Total**

62 beds

62 beds

274 bed• S56 beds



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**Smi,th t<O<Jlld Bul!din9**

**CMegory**



**Priv• to Rooms**

1101 1102 1103 1104 1105 1106 1107 1108 1109 1110

11111112 11131114 1115 1116 11171118 1119 1122

**1123 t124 1125 1126 112? 1128 1129 1130 1131 1132**

**1133 1,34 1135 1136 1140 1141 1142 1143 1144**

**2101 2102 2103 2104 210$ 2106 2107 2108 2109 2110**

2111 211221132114 2116 2116 2117 2118 2119 2122

2123 2124 2125 2128 2127 2128 2129 2130 2131 2132

21332134 21as 2136 2140 2141 2142 2143 2144

3101 3102 3103 310< 31053105 3107 3108 3109 3110

3111 3112 3113 311< 3115 3116 3117 3118 3119 3122

3123 124 3125 31 3127 3128 3129 3130 3131 3132

3133 134 3135 3136 3140 3141 3142 3143 3144

410> 4102 4103 4104 4105 4106 4107 4108 4109 4110

**41 1' 4112 4113 4114 <¢115 4116 4117 41t8 4119 4122**

**4123 4124 412s 4126 4121 412a 4129 4130 4131 4132**

**4133 4134 4135 4136 4140 4141 4142 4143 4144**

**Doub! Rooms**

2187 2188 2189 2190 2191 2192 2193 2194 2195 2196

2197 2198 2199 2200 2201 2202 2203 2204 2205 2206

2207

3187 31AS :,199 3• 3191 3192 3193 3194 3195 3196

3197 3198 3199 3200 3201 3202 3203 3204 3205 3206

3207

4187 4188 4189 4190 4191 4192 4193 4194 4195 4196

4197 4198 4199 4200 4201 4202 4203 <204 4205 4206

4207

168

126

**To l;af** 282

**, -va.- ;s : oP: 37A1\:** ; *31* 4

**WO!'l$¢nt'i:lnB uilding**

**Category £!1**

**PrlYatf Booms**

203 20< 205 200 207 208 209 210 211 212

213 214 216 218 220 222 224 229 231 233

235 237 239 241 243 254 2S6 258 260 262

264 266 265 269 270 271 272 273 274 275

277 279 281 283 285 286 287 288 289 290

291 292 293 294 295 296

303 304 306 303 307 308 309 310 311 312

313 314 316 318 320 322 324 329 331 333

335 337 339 341 343 364 35<l 358 360 362

364 366 368 370 373 375 3TT 379 381 383

**385 .:.so *3-tl1 388* 389 390 391 3·92 393 394**

395 396

**403 4{i4 405 406 4(17 408 409 410 4 11 412**

**413 4'14 ,10 41a 420 422 424 429 431 433**

**435 437 439 441 443: 454 *456* 458 460 46 2**

464 <66 466 *•10* 473 475*•n* 479 •s1 483

485 486 487 488 489 490 491 492 493 494

**495 496**

503 504 505 506 507 sos 509 510 511 512

513 514 516 518 520 522 524 529 531 533

**535 Sa7 534? 5'1 543 5-54 S!e 58 560 562**

564 566 5€8 570 573 575 5TT S79 Ml 583

585 S8fi M7 5'18 589 590 591 592 593 594

**595 St:5**

**Doub Rooms**

201 202 226 245 250 297 298

301 302 326 3'4 345 371 397 39S

401 40-2 426 4<14 4"5 471 497 498

501 50:> S2S 544 545 571 597 598

Total

**2 12 Beds**

62 **Bed•**

**714 Bod1l**

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SK - 63 Dc.ubles 156 Singl.;s 2.1a 1c-0ms 282 Roi;idents Wa s - 31 OoublP.s 212 Si sles i!t-3 rnc1Jl5 27.-t Residents

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**I IEBREW HOME OF GREATER WASHINGTON**

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Mar ch 16, 2015

Via Federal Express

Ms. Cheryl Cook

**Long Tenn Care Unit**

Maryla nd Department of Health and Ment al Hygiene Office of Health Care Quality

**Spring Grove Center, Bland Bryam Building 55 Wade Avenue**

Cato nsville, Maryland 21228-4663

Re: Re ne wa l A pplica t ion Packe t

**H ebre w Home of Greater Washington**

Dear Ms. Cook:

**EncJosed, please find Lhc completed Ren ewal Applir.;1tion P<tc kcl for Comprehensive** Care and Extended Care F;icilities for the Hebrew I-lo m e of Greater Washingto n. If you haveany questions, J c a n be re ac h e d at (30 1) 77 0 -83 10.

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; llio tt Neal White, MHA, NJ-IA

**1\dministrator**

**Ilehrew Home of Greater Wash ington**

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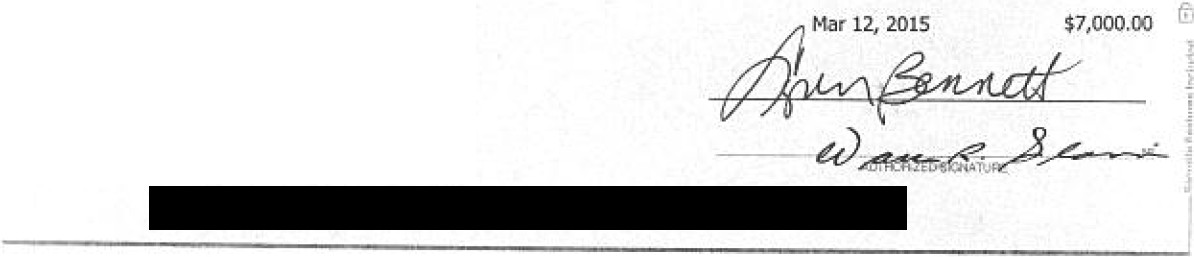
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BLAND BRYANT BUU.OING SPRING GROVE CENTER 55 WADEAVENUE CATONSVlll E, MD 21228

S ECTIO N B - LONG TERM CARE PROVIDER APPLICATIO N PRINCIPAi. PIIYSIC'IAN AGREEMENT

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SECTION B- LONG TERMCARE PROVIDER APPLICATION RELIEF PHYSICIAN AGREEMENT

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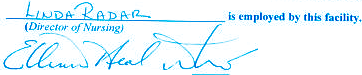
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STATEOF MARYLAND DEPARTMENT OFHEALTHANOMENTALHYGIENE

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STATEOFMARYLAND DEPARTMENTOFHEALTHANOMENI ALHYGIENE MEDICALCAREPROGRAM

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**DENTAL** SPECIALTYCODES

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| 057 | Nuclear Radiolouv |
| 131 | GeneralOtnmlrv |
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| 112. | Onhodontks |
| 117 | Ptdodontics. |
| * **111** | Periodontics |



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PROVIDERTYPE CODES

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| **50** | ADAACtrtlfi9dAddktions ou1n.,1, rentP,oa. | **S2** | EPSDTTherapeutic Nursery  Hatfwav HO.uh1Subs.tanct Abusel | **24**  **25** | Hurn Praetitioner nndlv. Or Grouo)  Nurse Psychotht rapistQndlv. Or  G100 0 )  NursinaAgt n Private 111m1l |
| * Tl | AmbulanceSewlc:es |
| **31**  ***7S*** | Ambtautorv Surcii calCen1er  As.slstingLivingServJcot:Provider | 111  **49** | HMO  HomeandCommunityBased  Servlcu , Other | **'7**  **71** | Nur1 fn g Faci /' "'  Nursing Home Waivo,Provider |
| **AT** | Attendant Cart Waiver | **41** | HomeH&atthAgtOCy | **11** | Occupational Therapist (lndlv, or Group) |
| **19**  IO | Audiol oav Servi cesProvidar  BehaviorConsultant PrOYider | 71  **OI** | Hospiceh ovidt r  Hot oltal Acute | **a**  **'4** | 0 SeNices  PersonalCare AJd t |
| * **11**   cc | Cast Manaaement | i.**O**.**S·** | Ho, oi,tal Rt habititation Acult | **45** | Pt rsooa l Cate Aide A,.,\_,.... |
|  | CeritfiedProfessional Counstlor | HosDnal RehabilitationChronic | **, --411** | Pers o nalC11e AideLevel 4 Aaencv |
| **12** | Children's Me<IJ..t St rv le es(CMS)  P rovider | Hos pital, Chronic | **(7"** | Ptrtonal CareMooNo, |
| **13** | Cbiropractor |  | KoS-oi tal S D al Ptdl.1ttlc | **RX** |  |
| ***'30***  I | Clinic. Abortion  Clinic, Chilcfrt nand Youth | *,a,*  **'5** | Hos· al..x,tf\;ial P!Y\_ch iatrie  IntermediateCareFaeJlity- Addiction /CF-A} | **11**  **2D** | **p** sl,eaJTrier .-.is t P h)'sici an |
| **32** | Clinic,Drug Abust (Methadone) | Ill | fntermedlato CareFacilityfor tht MentaDlt Rt latded OCF-MR\ | 11 | Podl.atry |
| **33**  **34** | ClinW.- F amirvPlannina  Clinic, FederallyQuatifled Health  COffte< | **' 14**  **10** | Kldn Oiseas.e Pr gram -  LabOf.,.\_Ollts , Medical | 15  **PR** | Ps I isl  P$yChiltlleRehab. Service Facility |
| **3S**  **3' .** | Clinic,LocalHealthDepartment | **91** | Local Education Ag tn ciH /Loeal Lta d Agencies | **SJ** | Rtsl dential Service A.gooey/ Home Haatth Aide Provider |
|  | Clinic, Maryland Qualified Health  Ct.mtfs | **72** | MCO | **88** | Residential Treamt ent Center |
| *-'11* | Clinic RuralHealth | **42** | Medical O,yCa,t, Adult  l . | "**88** | SChool BasedHealth Ct nt.e, |
| **3'** | Clinic Gentral | **4f** | Mid /ca, DavCare Ch.lctron |  | s.nJor Center Pfu5, |
| **80** | DOASeN ices Provider | **CII** | Ment.al He.ehh Cast Ma nagement  Provide-, | **SA** | Services to Medica llyComplax Pat ients in Nursin.oFacflltJM |
| 1, | Dtnlal | **11e·** | Mental Heatth Clinic | **,14** | SocialWorker |
| **14** | Diabt1os Ed ucation | ***'11*** | MentalHealthGroup P,ovlder  (Psychotherapsi t, Sodal Work&,, Nurse Psychotheurus-o | 17 | Sptte hll anguagePatholog'1t |
| **60** | Di.a9Ro rtie S. rvkes, other | **211** | Mental HygieneAdminisfraUOfl  S..Vlet | **re·** | Therapevtk Commvnify |
| **11** | Dlalysb Facilities | **11r-·** | l,lobile T,eatment | **211** | TherapyGr00pProvider (PT.OT.  Soeechl |
| **15**  **S2** | Dietician/Nutritionists. | 21 | Nurse Aoetthttlsis (lndiv. OrGrovo) | **u** | Vision Care |
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TYPEOF PRACTICECODES

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| **32** | lndfvld ualPractice, Emerg. Room onlv | **J3**  **21** | Pharmacy, ho$pltal based |
| **33,** | Ind ividual Ptad i« , OIPo, cfinic  ontv | Pharmacy,nurS-lng homebased |
| 1,0 | Nursina Home | **25** | Ph.armar-v,taxSU ned |

**IMPORTANT.** PLEASE READ ATTACHED INSlR u-C IONSBEFORE COMPLETINGAPPUCATION

* 1. **APPLICAHDN TYPE:**

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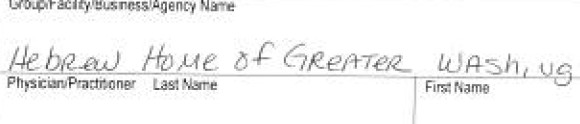
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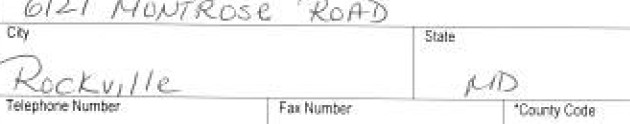
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SECTIOND.MEDICALCAREPROGRAM' PROV1DERAPPLCI ATION

81 MEDICAREINFORMATION

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1. OTHERPRACTICELOCATION INFORMATION

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Sl::CTION 0 - Rt\·is 3/16.llOJO

SECTIONO•MEOICAL CAREPROGRAM • PROVIDER APPI.ICATION

1. PRACTICE INFORMATION

* Pleaserefer tolheinwuetionslor awo prialerodes, ;J/ *ft-*

'HMO Type Catego<y

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1. SPECIALITY INFORMATION

* Pleaserefer to the instructions f0<the awrol)fiale codes, *IJ*/

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6)SPECIALTY VERIFICATION

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7JGROUP MEMBERSHIPINFORMATION

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S ECTIO N 0- Rt, ·istd 3116/2010

1. AUTHORIZATION

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SECTION O• MEDICAi.CARE PROGRAM• PROVIDER Al'i'UCATOI N

isrt atoro, authorized professional representativeof this group, herebyaffirmt ha t thsjin formatinog i ven

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Pleasereturn completedappilcation *to:* Systemsand Operations Admni istration

Provider Enrollment

P.O. Box 17030 Balmti ore, {) 21203

SECTION I). Re vised 3/1612010

PRACTITIONER 

**ttyouarepa rcit pi a itngina groupp,actice.do you also providecare to Maryland Mecfacaid recipients in *your* prrvatepractke**

andwishlobe reimbu rsedd•eclly bytheSlate?(Your personallax identificationnumbe<mustappear on thisapplication) Q YES ONO

GROUP *,u/A-*

**If your gro upisaffiMtedwithahealthcare ins-titutionormedical school, please enter thena.tne and fulladdtess of the**

inslitu1ion orschool.your title and**a**brief explanation of yourgroup'sduties:

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Is your group salaried by theaboveinstitution?0 YES O t-10

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If youa,ean 0 .0., are youpracticing optometry exclusively? D YES d pensingeyeglasses(asanoptician)? D YES D NO

0 NO oroptometryas**wet**aspreparing and

Isyour groupope,atlng aLocal Heallh Oepartmenl Clinic? D YES D NO ts your groupoperatinga Freestanding Clfnic D YES D NO

**NOTE:Allpractttionersina group mustbe en.rolled as MadlealCare Programproviders.**

LABORATORY INFORMATION

Completion of this sectionIs required**by**Individualp,. ctltlonersandgroups. Reimbursement formedicallaborat ory services youprovide toeligiblerecipientsisdependent on answering the follOlwngquestionsandsupplying codes ofCUA

**Certif.eate and. whenrequried, MarylandLabOfatory Permits orLettea-sorExces,oon. Practitionetproviderscannot be**

**re im bu rsed forservices retelTed tomedical laboratories orolher practices. Thoselaboratories orpracticesmustblif.**

Do youprovide medicallaboratory servioesfor your ownpalients?B..YES O NO

Doyouprovidemedicallaboratoryservices forother than your ownpatients? D YES e} NO

**Ooyoureceive specimens thata,eobtained fromother sites locatedinMaryland?0 YES O**

AllMaryal ndpractooners arerequired to havea Maryland LabotatoryPermit**o,** Letter ofException I-lumber (§HealthGeneral

Anicle 1-7 202and 17-205. AnnolatedCodeof Maryland) andCUACertificate Number (CliniclaLaborall>ryIm p rovemnet ol

1988PublicLaw 100,578)toperlormlabotatoryservices. Out-ol-sfareproviders areonlyrequiredloprovdi et h eirCLIA CertifrcateN umber, *d they* donotreceivespecimens thatoriginate inMaryland.

**SECTION 0 • Ht,·istd J/16/2010**

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LABORATORYINFORMATION

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c/o Hebrew Homeof CreaterWashington

6121Montrose Road Rockvllel , MD 20852

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SECTIONF- WORKERS' COMPENSATION LA\V QUESTIONAIRE

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(Please typeor print)

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If you have rut wi:rcd NO, pleaseattach a copy ofyour Ccnific.ate of Complianc.:c in accordance with S tate, Workers· Compensation Laws.

(See anachcd fonn*1\ 52* and lnstniction Sheet)

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STATE OF MARYLAND

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**10East BaltimoreStreet**

Baltini•rc, MD 21202

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SECTION G - CERTIFICATE OFCOMPLIANCE APPLICATION

INST RUCTION S HEET

P elase REVIEW INSTRUCT IO NS BEFORE CO IPLET ING the Ccrtilicate of Co mpliance App licatio n

**The \Vorkers' Compensation Commission will acce1H only the original applicat ion.**

**( Do Not fax, photocopy or dectronkally reproduce) Type or print LEG(RLY or a1)p tic:ttion**

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**Line # J Name ofComp;rn\_y ( lf thc company <loc."S 001 ba,·c a name ll-·.wc blank) Linc# 2 Owner's Name** ( If **corporation, list the name- of the cootacr J)Cr'Son)** Linc# 3 Compl<tc Busine,s Add,,., (P.O. Box is not acceptable)

**Line # 4 ComplNt Mailing Adc.Jress**

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PF.IN or Soci al Security Number is required. (If partnership, pl•• • **Initial & lis,t the last four digits ofSS# for each partner. If using a** PEIN#,SS #'sare not necessary.)

**Lint# 6 Cheek appropriah.' box (sec hack ofapplication). Additionally. where indicated, please complete an<l attach Ext'lu.sion Form C:-16R.**

**Line# 7 Sign anti Date (If partnership, ,A!! partners must sign)**

NOTE: Maryland Law§ 9-201 require an e mployer with one or more employees to car ry workers' compe nsa tion ins ura nce. Any employer wiht workers' compensa tion insura nce is to submit proof ( policy or binder number) of co\'crage to the Agency where they are applying for their license. 00 NOT COM PLETE THE CERTIFICAT E OF COMPLIANCE APPLICATIO N IF

YOU HAVE INSURANCE COVE RAGE. If you ha"e any questions regarding the Certilicate of Compliance, fllease call 410-864-5297 or 1-800-492-0479 and ask to be t ransfer red to extension 5297. If you do not follow the aforementioned inst ruction s, ii may cause a delay in the processing of your ap(llica tio n.

Thank youfor your cooperation.

SECTION G - CERTIFICATf; OF COMPLIANCE APPLICA TION

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SECTION G - CERTIFIC ATE OF COMPLIANCE APPLICAT ION

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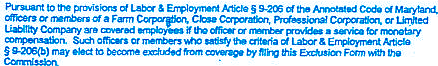
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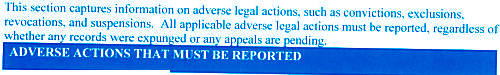


**IMPORTANT:** Su!mt**engtr,oi** formIOUle- **coramiSOlor,.** • -,10ll10

**- OIU>oc,orpo,otlon. andl<oep1 cci,y lbryo.,-.**



**S EC T ION** I : **ADVERS E ACTl O NS/CONVICT IO NS**



Con,•irtions

I. T he providt:r. supplier.or any owner of the provideror supplier ,vas. wi1hin the last IO ycnrs precedingenrollment or revaJidaril)n of enrollment, convicted of a Federall ) r S1a1 c felony oOl!nsc that C, "1S hasdetermined to bedetrimental to the best interestsof the program andit s beneficiaries. Offenses include:

Felo ny cdmc:s a\_gai n.s-t perso ns ,rnd olhcr similar c rimes for which the indi\'idual was

co vn icet d. including guiHy picas and adjudicated pr trial diversions;financial crimes. such

as extortion. em bezzlcmen1.income tax evasion. insurance fraud and other.similar crimes

fowr

hci

h the individual wascon\'ictcd. including guilly picas and adjudica ted pre-triaJ

d ive rsions: any felony 1hat plac-ed t he l\•fcdicaid program or its bcneliciaries at imm :diatc risk (such its a mafprac1icc s uit that re8ults in a conviction ofcriminal neglect or misconduct) and any felonies that ,.·.ould result in a 1nanda1ory exclusion under Section I128(a)of the Act.

1. Any misdemeanor C()ovlc1ion. under Federal of Sime law. related to: (a) lhc delivery ofan item or service under /\•fe dic a re or a State heahh care program,or (b) the abuseor rwglcct of a patic:nt in connc<:tions with thc deliveryof n hc.ahhcare item or service.
2. Any misdemeanor conviction. under Federal of Staie.law, reJatcd to theft fraud, t:mbczzlemeot, breach of fiduciary duty. or other fimtncial misconduct in connection' "·ith the deliveryof t1

heahhcare item or service.

1. Any misdemeanor conviction. under federal of S1ate Jaw. related to the interference with or t)l:>.$trnction of aJlY inves1iga1ion in10 any criminal ofli.:nsc described in 42 C.f.R. Section 1001. 10 1 o r 100 1.201.
2. Any misdemc.1nor con vk1ion. under f ederal of State law. relah.".CI to the unlawful manufacture. distribu1ion.prescription. or dispensing ofa c-0n1ro lk·dsubstance.

f2xcl u.sions, Revocations or Suspensions

1. Any revoca1ion or.suspension of a license lo provide health cure by any Sta(e licensing authority. This includes the surrender ofsuch license \\•hilc:, formal disciplinm:• proceeding w;,s pending helore a Staie licensingauthorit)'.
2. Any revoca1ion of susp t>nsion of accreditalion.
3. Any suspension or, e\:clusion frorn participation in. or any sanc1ion impo sed by.a Fedcml or Slate heahh c.:are prog ram.or any deb3nnent from participa(ion in any federal Executive nn1nch procureme nt or non-procure,nentprogram.
4. Any current Medicare payment s uspension underany Medicare billing number.
5. Any Medicare te \'OC,utio n ofany ·h.-dicarc billing number.

Rt, 'isf'd .)/16/2010

SECTION I: ADVERS E ACT IONS/C ONV ICTIONS (, on linuedJ

All \ "EJ<S E I. EG . \ J. III ST O JI\

.I Ha s y o ur organiza1ion, under any current or fonncr nam or businessidc nti)l\ ever has an

ad verseaclion listed on oal!e I of Section ( imnoscdaf•ai nst it?

0 YES - Continue Ild ow fz:rNO

2. If yes, r port each adverseaction. when it occurred. the Federal or State agency ort he co urt/admini lrntive body tha t imposed 1hc action. al\J lhc resolution, i f any. Attach:, copy t)f thc ad\'crse action docume11ta1io n and 1\"sohni<1. 0.

Taken By Rtsolu rfon

R, t ·iSt'd J/J6/20l0

2

SECTION J: CHAIN HOME OFFICE INFORMATION

T hisec tionc aptures infonmnion re£arding chain organi1ations. TI1is information will be. used to

e snu er Jl rOpc;r rei mbursement when the provider's year-endcost repor1 is filed ,.i,.t·h t h eM edci a i d

fe-e-for-scrvicecc,mlractor.

For more information onchain organi1.a1ions. sc 42 C.F. R. 421.4 04.

C H F.C K HER F.[ZFiFSECTION J D<) ES NOT APPLY ANU S KIP T HIS S ECTI O N

1. f' YPF, OF ACTIO:-i TIIIS PR0 \' 11>1'·.R IS REl'ORTl:-i<;

Chc".(:k one: Effc-.cth:e Date

0 Pro\'ider in chain is cnrofling in Medicare for

tht: first time *(1,.,rml Elcr,Jl rm.•,1 (If O Nmx;,0' / t Ji.. ,e,·slt(J1,*

D Pr o vider is no long.:r assocfrueu with the cha in organization prt:viously reportt·d

0 Provider has changed formone chain to another \_ \_ \_ \_ \_ \_

0 The name of provider's chain home office is

changing.*(alltJlhl:'r, l ,,jir mi 1tim1r enu,lnv1/w,n1111 J.*

Se<"tions to Co mplerc

Complete all of Section J.

Complete section J-C. identifying 1he former chain home office.

Complete Sectioo J in full to identify the new chain home officl!.

Complete Sectil)ll J-C.

1. Cll .\ 1:-i 110 \ IE Ofl'ICE ,lll \11:\ ISTR \ TOI{ l '.\FO R\ I.\ TI O '.'i

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name oflfomeOtrttc First .Na1111: | Middle Name | Last *Name* | | *J,r.* Sr,.  *CIC.* |
| Tille of Home:*O ffi ce* Adminism tor | Social Security Number | | Oate of Oinh*( rnntldd-J), )')* | |

R,e, ised J/1 6/ZOIO

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SE CT I ONJ: CHAIN HOME OFFICE INFORMATION *''°"''"""t11*

1. C II .\ J'.\ II0 JE O FFICE l'.\F0 IO J.\ TI0 '.\



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| 3. lf,.:in, Offi l'Ta.x h.L:nlilk a,li \ n t\mn r | | lfoml.' O llie,: Coi:i Rcp1mYa r-EOO l>:i1,:*(m.,.,Id)* | | | |
| *.* Hvm,: O!Ttl,',: l t"C· P1,...S,:ni(\ ' l' 11111ra1 or | | Home O ll11XChain l\umbo.·r | | | |

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Check on,c,:

Volunuiry:

0 Non-fJro fi1 - Rdigious O,ganization

Gon :mmcni :

0 F«Jeral

**0** Non-Prnfit - Olhcr *(.'if,.•o jj •J,\_ \_ \_*

**0** Propriclary

**0** lndi\'idual

0 Co rporation

*\_ \_ \_ \_*

0 Slate

o c;,y

**0** O mnly

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D Hosp ital Dis trict

0 Parincrship\_ \_

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**0** O thc.'r*1!,j1,•r lj iJ*

**0** Other*(S,,.c, lJ.i·J*

L 'l IHl \' IJJJ-:ll' S . \ f F JJ.J.\ T IO TO TI il-: C"II.\ I 110 11: O FF!( E

Check one:

0 Joint Vcnlure/Relationship

0 Opcr3lcd/Rclah:d

**D** (\•lunascd/Rcl.lted

0 Wholly Owned

**0** Leased

D 0 1he, *,'.iJ,,. ·wr* \_

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March 16, 2015

Y,ia Federal Express

Ms. Che ry l Cook

Long TermCare Unit

Maryland Department of IIeahh and Me ma l Hygiene Office of Health Care Quality

Sp ring Grove Cente r, Bland Bryant Building

55 Wr1de. Avenue

Cmonsvillc, Ma ry la nd 21228-,rn6J

Re: Rene wal Appl icat ion Packet

Hebrew Home orGre;iter \\tashingcon

Dear Ms. Cook:

1::nclose, d please fi nd the compl eted Renewal Application Packet for Compre hensive

Care and Extendccl Care Facilities for the Hebrew Home of Greater Wash ington . If

you have any ques tio,ns I can be reached ai (301) 770-8310.

*2-t6 JV"''------r----*

Neal

Elliott White, MI-IA, NI-IA

Administrator

Hebrew Home of GreaLer Washington

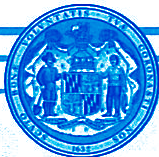
*61! 1, \ !, ,+1,1, .-..( R!m3* • *f., ),J,;p U< MD ) )I ,* '

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**MARYLAND DEPARTMENT OF HEALTH OFFICE OF HEALTH CARE QUALITY** SPRING GROVE CENTER

BLAND BRYANT BUILDING 55 WADE AVENUE

CATONSVILLE, MARYLAND 21228

**License No. 15015**

Issued to: Hebrew Home Of Greater Washington 6121 Montrose Road

Rock ville, MD 20852

Type of Facility and Number of Beds:

Comprehensive Care Facility - 556 Beds

Date Iss ued: July l , 2018

This license has been granted to: Hebrew Home of Greater Washington

Authorityto operate in this State is granted to the above entitypursuant to The Health-General Article.

Title 19 Sect ion-3 18.Annotated Code of Maryland. 1982 Edition. and subseq uent supplements and is subject to any and all stalutory provisions. including all applicable rules and regulations promulgated there under.

This document is not transferable.

Expiration Date: NON - F:XPIRING



Director

*Falsijica fio11 o f a license shall subject the pe,petratorto criminalprosecutionand the impositionof civilJines.*

**MARYLAND**

***.V***

Department of Health

*Lany Hogan, Governor* · *Boyd K. Ruthe,forcl, Lt. Governor* · *Robert R. Neall. Secretary*

To: Kathy Schoonover, Nurse Administrator

Montgomery County Department of Health and Human Services Public Health Services

Health, Promotion, Prevention and Permitting Services

From: Margie Heald, Deputy Director Office of Health Care Quality

RE: Hebrew Home of Greater Washington Date: August 2, 2018

The Maryland General Assembly recently passed Senate Bill 108, which the Governor has signed into law. This new law authorizes the Secretary of Health to eliminate license renewal requirements and licensing fees. Thus, beginning on **July 1, 2018,** the effective date of this new

law, you are no longer required to submit a license renewal application or submit a licensing fee. Rather, you are being issued the enclosed non-expiring license.

Although there are no longer any license renewal requirements, you are still required to comply with all statutory and regulatory requirements, and are subject to discipline, including license revocation, for any violations of these requirements.

It is your authority to maintain a comprehensive care facility with a licensed capacity of 556 beds under the provision of COMAR 10.07.02.

This license is to be displayed in a conspicuous place, at or near the entrance of your facility, plainly visible and easily read by the public.

The bed and room breakdown are attached.

Some insurance companies require proof of license renewal. Because the Department is no longer issuing renewal licenses, you may forward this letter to your insurance company as proof of your compliance with the Department's licensure requirements. If your insurance company has questions, they may contact me, at 410-402-8101.

*201 W Preston Street· Baltimore, lvfD 21201* · *liealth.ma,y/and.gov*· *Toll Free: 1-877-463-3464* · *77Y: I-800-735-2258*

Kathy Schoonover, Nurse Administrator

Montgomery County Department of Health and Human Services RE: Hebrew Home of Greater Washington

Page Two August 2, 2018

Room and bed breakdown:

**CATEGORY LOCATION TOTAL**

Comprehensive

Care Facility · **Smith-Kogod Building**

Single Rooms: 1101, 1102, 1103, 1104,

1105, 1106, 1107, 1108 ,

1109, 1110 , 1111, 1112 ,

1113 , 1114 , 1115 , 1116 ,

1117, 1118, 1119, 1122,

1123, 1124 , 1125 , 1126 ,

1127 , 1128, 1129, 1130 ,

1131 , 1132 , 1133, 1134 ,

1135 , 1136 , 1140, 1141 ,

1142 , 1143, 1144

2101, 2102, 2103, 2104,

2105, 2106, 2107, 2108,

2109, 2110, 2111, 2112,

2113, 2114, 2115, 2116,

2117,2118, 2119, 2122,

2123,2124, 2125, 2126,

2127, 2128, 2129, 2130,

2131, 2132, 2133, 2134,

2135, 2136, 2140, 2141,

2142, 2143, 2144

3101, 3102, 3103, 3104,

3105, 3106, 3107, 3108,

3 l09, 3110, 3111, 3112,

3113, 3114, 3115, 3116,

3117, 3118, 3119, 3122,

3123, 3124, 3125 , 3136 ,

3140-3144

4101, 4102, 4103, 4104,

4105, 4106, 4107, 4108,

4109, 41 l0, 4111, 4112,

4113, 4114, 4115 , 4116,

41 I7, 4118, 41l 9, 4122,

4123, 4124, 4125, 4126,

39 beds

39 beds

39 beds

Page Three August 2,2018

Room and bed breakdown:

**CATEGORY LOCATION TOTAL**

**Smith-Kogod Building**

4127,4128,4129 ,4130,

4131,4132,4133,4134,

4135,4136,4140 ,4141 ,

4142,4143,4144 39 beds

**Total Single Rooms** - Smith-Kogod Bid. **156 beds**

Duplex R ooms:1287,2188 ,2189,2190,

2191,2192,2193,2194,

2 195, 2196, 2197,2198,

2199,2200,212,2020,2

220,3220,4220,5220,6

2207 42 beds

3187,3188,3189,3190,

3191,3192,319 3,3194,

3195,3196 ,3197,3198,

3199,320,03201,320,2

3203,32,03420,5320,6

3207 42 beds

4187,4188,4189 ,4190 ,

4191 ,4192,4193,4194 ,

419,54196,4197,4198 ,

4199,420,04201,420,2

4203,4204,42,045206,

4207 42 beds

**Total Duplex Rooms**-Smith-Kogod Bid. **126 beds Total Smith-Kogod Building 282 beds**

Page Four August 2,2018

Room and bed breakdown:

**CATEGORY LOCATION TOTAL**

**Wasserman Building**

Single R ooms:2,0230,4205,20,620,7

20,8209,120,211,212,

213,214,216,218,22,0

22,222,4229,21,3233,

23,5237,2,32941,243,

25,4256,25,8260,262,

26,4266,26,8269,270,

271,272,27,3274,275,

27,7279,21,828,3285,

28,6287,28,8289,290,

291,292,29,3294,295,

296

303,304,30,5306,307,

308,309,130,311,312,

313,314,316,318,320,

322,324,329,331,333,

335,3,33739,31,4343,

354,356,358,360,362

364,36,6368,370,3,37

375,377,379,13,838,3

385,3,83687,388,389,

390,391,392,393,394,

39,5396

403,404,405,406,407,

408,4,04910,411,412,

413,414,416,418,420,

422,424,429,431,433,

435,437,439,441,443,

454,4,54658,4,64062,

464,4,64668,4,74073,

475,4,74779,481,483,

485,486,487,488,489,

56 beds

52 beds

490,491,492,493,494,

495,496 52 beds

Page Five August 2, 2018

Room and bed breakdown:

**CATEGORY LOCATION TOTAL**

Single Rooms:503, 504, 505, 506, 507,

508,509,510,511,512,

513,514, 515, 518, 520,

522, 524, 529, 531, 533,

535, 537, 539, 541, 543,

554, 556, 558, 560, 562,

564,566,568,570,573,

575,577,579,581,583,

585, 586,587, 588, 589,

590, 591,592, 593, 594,

595, 596 52 beds

**Total Single Rooms** Wasserman Bid. **212 beds**

**Wasserman Bulding**

Duplex Rooms:201, 202,226,245,250,

297,298,301,302, 326,

344, 345, 371, 397, 398,

401, 402 , 426 , 444 , 445 ,

471, 497, 498, 501,502,

526,544, 545, 571,597,

598 62 beds

**Total Duplex Rooms** Wasserman Bid. **62 beds Total Wasserman Building 274 beds**

**Overall Total 556 beds**



**1\-IARYLAN0**

**DEPARTMENT OF HEALT H AND MENTAL HYGI ENE OFFICE OF HEALT H CARE QUALITY**

Sl'RJN G GROVE CENTER BLAND BRY,\ NT BUILDING *55* W, \ Dc AVENUE

CATONSVILl.li. MARYi.AND 21228

Licc·.n $<' No. **15015**

Issued to: Hebrew Home Of Gn.'-llt('r Wasl1nig1on

6121 Montn»c Ro:,d

RocJ.:, •illc, MO 20852

Type of Facility :mJ Numb-cr (If Dcds:

Compn: hcn:s;i \' c C :u f.nd lity - *SS6* R.:ds

O:ilc Issued: l:ly 20.2017

* 111is liCCl'l$C hm: been gmmcd 10: Hcbn:w Home of Gre:11.:rWn.d1ington

Aul.h<'lrily ((l o,'J"' 'J'\IU' .. , IJ,h Stat< Ugrankd 10th( kt"Cf'llit y p.i n w ,u 01 I he II C" hh .al An k k' .

11lle I? s«1MVI J18. A11now C'J*Co.ko(* Maryl.and, 1?3'l f..di1ion, #Id I )I.Jrf'lc-mcnh and I, w 10.-ny and LIii t111.uu,,iy pm1.hM)tn , lncludir.gal l I.a.bkrub qua! ,poro,uft,a:c.'d tl ,m: un..k1. l tii,, do,,",\lmro l i, not ln ru fcn,bk .

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Maryland Department of Hca hh and Mcnrnl Hygiene

OHicc of Hcahh C:irc Quali1y

Spring Grove Ce nter • Ol:md 8 ry 11H B uilding

*55* Wrulc A"cnuc • Cntonsvillc. l\fa rylnnd 2122 -4663

/,.·•") '*,U 11:an. Go 1\,• rnor* • *ll o \_1d K. R11tlir ,ji.1,nl I.I. Ga,w nur* • lk 1111iJ *R. & Jm.Jdu , ai:.'Uf,)'*

To: Kathy Schoonover, Nurse Admlnistriltor

Montgorncry CountyDcparcmcnt of Healt h and tlum:'ln Servi ces

Public lie.11th SOrvlccs

He.11th, Promo1lon, Prevention ;:,nd Pe,m iu lngServices

f ro m: M arglc: Hc:i ld, De put y Direc t or *'1* Offic e of Jtcill1h Care Quality

RE: Heb rew Home of Gre.ater WJshln (tlo n

Dol e: April 18, 2017

- - - - - - •- • •- - • • - • o H O O OOH 00 000-0O- •--o♦ -O-o- •- ••- - •- ••••••••••- •- ••HOO- OOOOOOOUOO O· O o0 ♦ -- 000 - • • • • - -

This h to acknow l edge receipt of Jn .applit3tlon for ;, llccn c to operate Hebrew Home of Greater

Washincto n.

l he cnc!oscd license will be in effe ct unlil MJv 20. 20 19, un le ssrevoked. n ii 1he fad lily's JUlhotl tv to m;iinto1ln ;ind comptehenslvc c,3rc facilitywith a licensed c-;ipacity of S56 bedsunder the provisions of COMAR 10.07.20.

Pea«! dvlic the facility th.it this licenseshoudl bedlspt:,yedIn 3 conspicuous place, Jt or near the entrance, plainlyvisible;ind casitv rcJ d by the public.

AttJ chc d, PIN S<" rind th e room ;m: d bed br (!.1kdown fo r this fad Ut y

Mll / c jc

£ nc.losurc: license No. 15•015

C<; Mi:'(1:t:i.a n d S t ulh: r

Milryl:ind UN llh C.lrc Comml\ \iOn

Med k..JI0 1e 0 1>t: r .:tl lc)n\ Atfrn lnh lr.illo n Med itil l Ca rt: Policy Admlnlu t:illon Lynd *L'tl .l t O*

P.1111 Melo d lnl, Hc.al1h r.l d l! th! \ Coo .rd ln .1101 l k t:md l lc

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Wt b S il <-: 1t1.-v.-.·..dl u nl1.1n.uy l.u1d. \•

**KJ1hy Schoonover. Nurse Admlnistr.Itor**

**M ontgomery County Depanmcnt of HC311han d H urnan Services RE: H1:brcw Homeof GrcaIer W,1shincton**

**P.l&C Two**

**Aptll 18, 2017**

**lloorn 3nd bedbrc.'.lkdo wo:**

CATl;GORY **LOCATION**

**Compre h ensive**

**Care FJclllty Smith•Kot,od81,1ildi ng**

**Single Rooms: 110, 1**



**1102. 1103, 110, 4**

**110 5, 1106, 110 7, 1108 .**

1109. 1110, 1111, 1112,

**1113, 1114. 1115, 1116.**

**1117, 1118. 1119, 1122.**

**1123, 1124, 1J2S, 1126,**

1127,1128, 1129, I 130,

**1131, 1132, 1133, 1134,**

113S. 1136, 1140, 11'1I,

**1142. 1143, 11,1.4**

2101, 2102. 2103, 2104,

39 beds

**2 J0S,210,6 2107, 210S,**

2109, 2110. 2111, 2112,

**2 113, 2 11,4 211S. 211,6**

2117,2118, 2119, 212, 2

2123,2124, 2l2S, 2126,

2127, 212, 8 2129, 2130,

213l, 2132.2133,2134,

**2135, 2136. 21,10. 2141.**

2l42,2J.13, 2144

3101, 310 2, 3103, 3104,

**391:wd**

310, 5 3106, 3107. 3108.

3109, 3110, 3111, 3112,

3113, JI M, 3115, 3116,

3117,3118. 3119, 3122,

3123, 3124, 3125, 3136.

3140·3l44 

4101,410 2,4103, 4104,

410S,4106.4107. 4108,

**4109, 4110,4111, 4112.**

**4113, 411,4 •\115, 4116,**

4117, 4118, 4119,4122,

4123, 4124.•112S, 412, 6

**4 127, 4 12,8 412!), 4130,**

4131, 4132. 4133, 4134,

**4135, 4136.41•10, 4 141,**

**4 M2, '1143, 4144**

**Total Slngle Room s- Smlth•Kogod Bid.**

39 beds

**15-6beds**

**K3thy Schoonover, Nurse Adminii tra1or**

**Montgomery CountyOepartmt'n1 of HealthandHumanService$.**

**RE: Hebrew Home ofGrN ter w ashin&Ion**

**P,1se Three**

**April 1,8 2017**

**Room and bedb,e...kd own:**

CATtGORY **LOCATION**

**SmiJh•Kog!iHf Qu ,lru:**

**Ouptex Rooms: 2187, 2188, 2189. 2190,**

2191. 2192, 2193. 219•1,

2195. 2196. 2197,2198,

2199, 2200. 2201, 2202,

2203. 2204. 2205. 220G.

**2207**

3187. 3188, 3189. 3190.

3191. 319i, 3193. 319,l,

3195. 3196. 3197. 3198.

3199. 3200, 3201. 3202.

3203. 320.l. 3205. 3206,

3207

4187. 4188, 4189. 4190,

**4191. 4192. ;1]93,4194,**

4195. 4196, 4197.4198.

**4199,4200, 4201,4202,**



42 beds

42 beds

4203. 42,04

**4207**

4205, 4206.

42 beds

**Tot.11Oupl K Rooms - Smlth •Kogod Old.**

**Tot4'1Smlth•Kogod Building**

**W.a.sscrmanBuilding**

Singl e Rooms: 203. 204, 205. 206. 207.

208. 209. 210. 211, 212.

213. 214, 216. 218. 220.

222. 22•1,229. 231. 233.

235. 237,239. 241. 243.

254. 2S6,2S8, 2G0,262,

264. 266. 268, 269. 270.

**271, 272, 273, 274, 275,**

277, 279, 281. 283. 285,

286. 287, 288, 289, 290.

291. 292. 293. 294, 295.

2%

303. 304, 305, 306, 307.

308,309, 310, 311. 312.

**313,314, 31G, 318, 320,**

322.324. 329, 331, 333.

335, 337.339. 341, 343.

**126 beds**

282 ds

56 beds

**Kathy Schoonover, Nurs(' Adminls.1rntor**

**Montgomery County Oepanment of Heillthand Hum.in Scf'llite s AE:Hebrew Home of Gre;,ter Was.hlncton**

**PJge Four**

**April 18, 2017**

**RoomandbedbreJkdown:**

**CATEGORY** !,O(ATION

354.356.3!'>8,360,)62

364. 366. 368. 370. 373,

37S. 377. 379, 381. 383.

385.386. 387. 338,389.

390.391.392. 393. 39'1,

395, 396

403,404, 40S. 406.407.

**408,40'J, 410. 411.,112.**

**413,41,1, 416, •118, 420,**

422,424, 42?. 431.433,

43S.437. 439,441.•Ml,

**•154, 4SG, 4S.S, 460,•162,**

464,**4GG, jtG.a, 470,•173,**

47S,477,479.•181.483 ,

485, 486, 487, 438. 489,

490,491, •192, 493,494,

**495, 496**

503, 504,so.s506, 507,

sos.509.510.511,512,

513, 514, SIS,SIS.SlO,

S22. 524, 529. 531, 533,

535, S37, S39.541, S43, **SS4, S56. SS8. S60, 562,** S64, S66, SGS. 570, 573.

S75, 577,579,581,583, 585,586,S87,588,S89,

590, 591,S92.593. S94,

**59 . S9G**



52 b<>ds

**52beds**

**S2 ds.**

**Tot;il Sinclc Rooms Wilsscrm:,n Bid. 212bed$**

K.ithy Schoonovt?r, Nur seAdrninUtrator

Montgomery County Department of HC,lll h .)ndHum:,n Services RE: Hebrew Uomc of Greater Wolshlnglon

P.'l(IC Fiv e

April 18, 2017

Room and bed breJkdown:

CATEGORY LOCATION

w;,sscrm?n..QY!dfng

Duple)( Rooms: 201, 202, 226, 245, 2SO,

297, 298,301, 30, 2 326,

344,34S,371,397,398,

401,402, '12G. 4'14,M S,

471, 497, 498, SOI, S02,

S2G, 54'1, S-15, 571, 597 , S98

Total DuplexRooms Wasserman Old.

Tot.al w .,u c rm .an Building

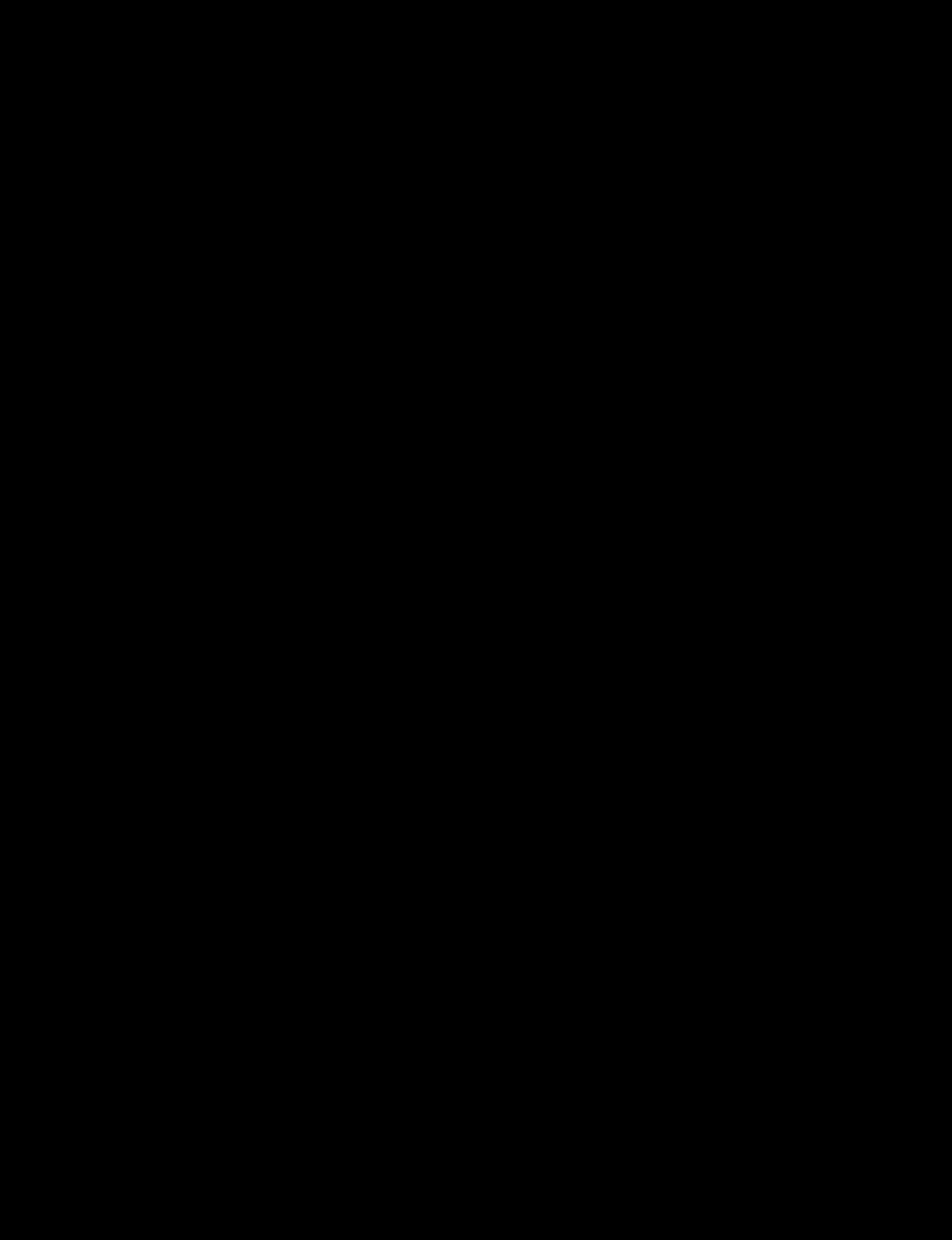
OverallTotal



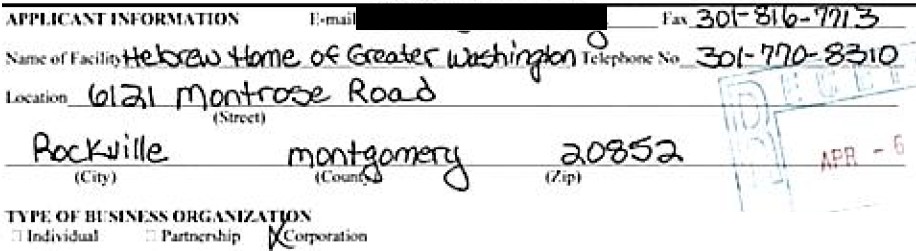
62beds

**62 beds**

274 beds SS6 beds







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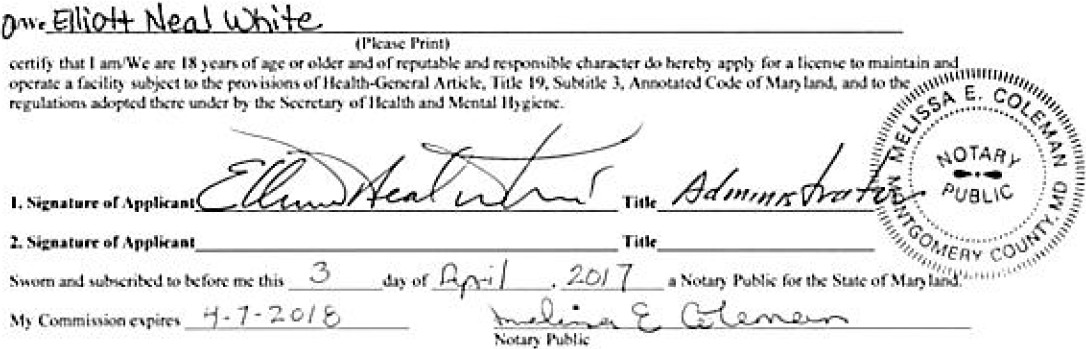
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| 1123 **1124 1125** | **1126** | **1127** 1128 | **1129 1130** | **1131** 1132 |

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| **4 13 4 )4 •t16 -11 8 4 20 422, 124 42 9** | **43 1** | **433** |
| **43S 437 .139 441 41;3 ,:54 456 458** | **;:60** | **46 2** |
| **40,: 466 JGa 4 70 4 73 ,;75 477 479** | **481** | **483** |
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503 504 505 500 507 508 509 510 511 512

513 51'- 516 518 520 522 524 529 531 533

535 537 539 !i41 S'-3 554 556 558 560 562

**564 566 568 570 573 57$ $77 *579* 581 583**

585 586 587 588 589 590 591 592 593 594

**595 596** 212 OC<ls

**Double Room,**

201 202 226 245 7.50 297 298

3,.,,

301 307. 3 26 345 371 397 398

•011 402 426 •t.14 4d5 471 497 498

501 502 526 5,4 1 545 571 597 598  **62 Beds**

**Tot.»I 274 Beds**

Hebrew Home of Greater Washington licensed Oed Count

April 5, 2017

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| --- | --- | --- | --- | --- |
| Buildings | Doubles | Singles | Rooms | Rt sidonts |
| Smith Kogod Bulld inc | 63 | 156 | 219 | 282 |
| W S\N m3n Bulldlnc | 31 | 21l | 243 | 274 |
| Tot.ii Bed s |  |  |  | 556 |

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April . 2017

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Spring Gro\'c Ccnh:r4 131:ind Dry:uu Building

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C!lh) IIS \' i llc, Murylnml 2122S--i663 Pro\'i<lcr 112 1507 1

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Denr M . C<H.•k:

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Spring Gro\'c Ccnlcr • Oland Bryant Building

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SECTIONC - LONGTERMCARE PROVIDER Af'PLIC1\ TION

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MEDICAL CARE **PROGRAM•** PROVIDER APPLJCATION



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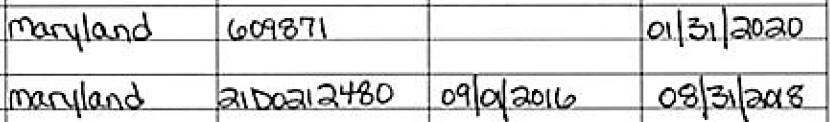
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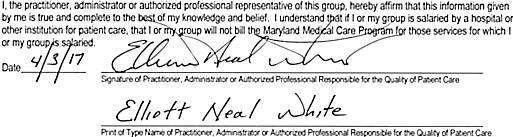
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11) AUTHORIZATION





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**Provider Enrot men:**

P.O. Box17030

ll.-ll,noce, MO21203

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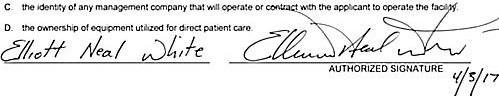
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The 80.ird of Governors

*c/o*Hebrew Home of GrcJtcr Washington

6121M ontr o se Road

Rockvill e. MD 20852

Attn: Admlnh tra1lon Offi ce - Smlth·Koso d

Bo.-.rdof Govern or$ 201S -2017 Chairm.;,n: Hoffm.1n, Joseph B.

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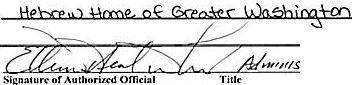


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STATE OF MARYLAND

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**10 East Bahlmore Str«-t**

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WORKERS' COMPENSATION COMMISSION



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SECTION J: CHAIN HOME OFFICE INl' O RM/\ TION

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SECTION J: CHAIN HOME OFFICE INFORMATION *1.0,,,;rn.,,lj*

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**HEBREW HOME OF GREATER WASHING'ION**

SMITH-KOGOD & WASSERMAN RESIDENCES

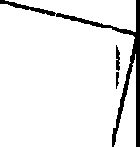


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December 26, 2018

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Ms. Patti Melodini *l*

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State of Maryland -

Office of Health Care Quality

*55* Wade Avenue - Bland Bryant Building Catonsville, MD 21228

Re: Provider # 2 I 5071 Plan of Correction

Dear Ms. Melodini,

Enclosed, please find our Plan of Correction and the signed CMS form 2567 for the December *5,*

6, 7 and I 0, 2018 Medicare/Medicaid recertification survey conducted at the Hebrew Home of

•·Greater Washington.

If you have any questions, I can be reached at (301) 770-8310.

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Elliott Neal White, NHA



Sincerely,

Administrator, Hebrew Home of Greater Washington

Cc: Kathy Schoonover, BSN, RN BC Nurse Administrator

License and Regulatory Services

255 Rockville Pike, 151 Floor

Rockville, MD 20850 •

*6121 Montrose Road* • *Rockuille, MD 20852*

*'lei. 301.881.0300* • *Fax 301.770.8309* • [*www.hebrew-home.mg*](http://www.hebrew-home.mg/)

**MARYLAND**

###### Department of Health

*Larry Hogan, Gover11or* · *Boyd K. Ruthe,ford, Lt. Governor* · *Robert R. Neall, Secretary*

Office of Health Care Quality

*55* Wade Ave. Bland Bryant Bldg. Catonsville, MD 21228

December 17, 2018

.,Ja'-;"·

" Mr. Elliott White, Administrator

Hebrew Home Of Greater Washington 6121 Montrose Road

Rockville, MD 20852

**PROVIDER# 215071**

**RE:NOTICE OF CURRENT DEFICIENCIES AND POSSmLE IMPOSITION OF REMEDIES**

Dear Mr. White:

On December *5,* 6, 7, and IO, 2018, a Medicare/ Medicaid recertification survey was conducted at your facility by the Office of Health Care Quality to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey was also conducted for the pwpose of State licensure. This survey found that your facility was not in substantial compliance with the participation requirements.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations (C.F.R.), COMAR Title 10, and the State Government Article.

1. PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within IO days after the facility receives its Form CMS 2567. Failure to submit an acceptable PoC within the above time frames may result in the imposition of a civil money penalty twenty (20) days after the due date for submission of the PoC.

* Your PoC must contain the following:

- What corrective action will be accomplished for those residents found to have been affected by the deficient practice;

* + How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;

*201 W.Pre.<1a11 Stl'eet ·Baltimore.MD 11201* • *health.moryland.gov* • *Toll Free: l-877-463-3464* • *ITY: l-800-73S-22S8*

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What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will·be put into place and;

Specific date when the corrective action will be completed.

References to a resident(s) by Resident# only. This applies to the PoC as well as any attachments to the PoC. It is un-acceptable to include a resident(s) name in these documents since the documents are released to the public.

IT. IMPOSITION OF REMEDIES

The following remedies will be recommended for imposition by the Center for Medicare and Medicaid Services (CMS) Regional Office if your facility has failed to achieve substantial compliance by January 24, 2019. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended on this date. A change in the seriousness of the noncompliance may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

If you do not achieve substantial compliance within 3 months after the last day of the survey (i.e.March 10, 2019) identifying non-compliance, we must deny payments for new admissions. (§488.417(a)) Also, if the denial of payment for new admissions sanction is imposed, your facility is prohibited from operating a nurse aide training program for two years from the last day of the survey. (§483.151)

If your facility has failed to achieve substantial compliance by June 10, 2019, your Medicare provider agreement will be terminated.

ID. ALLEGATION OF COMPLIANCE

If you believe that the deficiencies identified in the CMS form 2567 have been corrected, you may contact me at the Office of Health Care Quality, Spring Grove Center, Bland Bryant Building, *55* Wade Avenue, Catonsville, Maryland 21228 with your written credible allegation of compliance (i.e. attached lists of atlcudau.:e at provided training and/or revised statements of policies/procedures **and/or staffing patterns with revisions or additions).**

If you choose and so indicate, the PoC may constitute your allegation of compliance. We may• accept the written allegation of compliance **and credible evidence** of your allegation of compliance until substantiated by a revisit or other means. In such a case, the previously proposed remedy(ies) will not be imposed at that time.

If, upon the subsequent revisit, your facility·has not achieved substantial compliance, we may

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impose remedies previously mentioned in this letter beginning December I0, 2018 and will continue until substantial compliance is achieved. Additionally, we may impose a revised remedy(ies), based on changes in·the seriousness of the noncompliance at the time of the revisit, if appropriate.

1. INFORMAL DISPUTE RESOLUTION

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiency(ics) being disputed, and a:riexplanation of why you are disputing those deficiencies, to Ms. Margie Heald, Deputy Director, Office of Health Care Quality, Bland Bryant Building, Spring Grove Center, *55* Wade Avenue, Catonsville, Maryland 21228, fax 410-402-8234. This request must be sent during the same IO days you have for submitting a PoC for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

1. LICENSURE ACTION

As you are aware, the cited Federal deficiencies have a counter part in State regulations. These deficiencies are cited on the enclosed State Form. Please provide a plan of correction for these deficiencies vvithin IO days of receipt of this letter. In the event a revisit determines that substantial compliance has not been achieved, appropriate administrative action may be taken against your State

license.

If you have any questions concerning the instructions contained in this letter, please contact me at 410-402-8201 or email at [patricia.melodini@maryland.gov.](mailto:patricia.melodini@maryland.gov)

Sincerely,

*c*

Patti Melodini

Health Facilities Survey Coordinator Long Term Care

Enclosures: CMS 2567

State Form

cc: Stevanne Ellis Jane Sacco·

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- File II

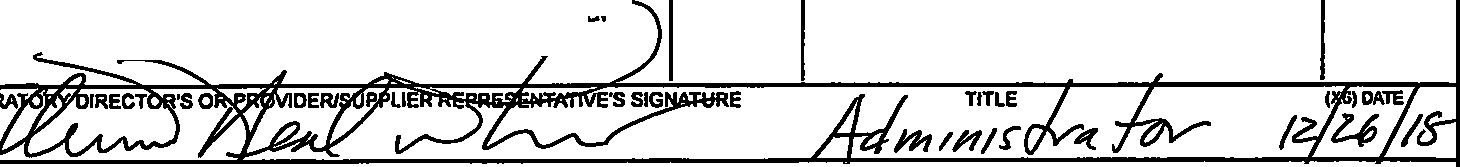
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES AND PIAN OF CORRECTION | | (XI) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:  **215071** | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  8.WING | | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER  HEBREW HOME OF GREATER WASHINGTON | | | | STREET ADDRESS, CITY, STATE, ZIP CODE  6121 MONTROSE ROAD  **ROCKVILLE, MD 20852** | | | |
| (X,4) 10 **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 CORRECTIVEACTIONSHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | IX51 **COMPLETION** DATE |
| F ODO INITIAL COMMENTS  The following deficiencies are the result of the annual recertification survey conducted by the Office of Health Care Quality on December 4, 5, 6, 7, and 10, 2018, to determine the facility's  compliance with Medicare/Medicaid  Irequirements. Survey activities consisted of a review of 48 residents' records, observation of  : resident care and staff practices, interviews of ' residents, residents' family members, the local I ombudsman, and facility staff. Additionally,  administrative records and resident care policies  1 were reviewed.  In addition to standard survey protocols,  Icomplaints MD00131072, MD00132859, MD00133066, MD00133784, MD00134157 and  facility reported incidents MD00133904 and MD00134276 were investigated. This survey did not identify noncompliance with federal requirements that were reviewed in relationship to these complaints and facility reported incidents.   * The facility is licensed for 556 comprehensive beds. At the time of this survey, the facility census was 462.   F 578 Requesl/Refuse/Dscntnue Trmnt;Formlte Adv Dir SS=D CFR(s): 483.1D(c)(6)(8)(g)(12)(i)-(v)  . §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.  §483.10(c)(8) Nothing in this paragraph should be  I construed as the right of the resident to receive | | | F 000  F 578 | | Preparation and/or execution of the Plan of Correction does not constitute admission of the facts or agreement by the provider of the truth of the facts asserted, or the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or exercuted because it is required by the provisions oflhe Federal State Law. | |  |
| Ithe provision of medical treatment or medi services deemed medically unnecessa r | | | | | | | |

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**Any deficiency statement ending \Yilh an asterisk (1') dcnoies a deficiency which lho institution may be excused from correcting providing it is d cnnin that other safeguards provide 3ufficicnt protection to the patient:,. (Sec irmtructiona.) Except for nuraing homco, tho findinga CUiled obovo om dioclonablo O doyo fullowlnQ the d1:de uf SiunI•ey whether or not a plan cf correctlo11 ls provided. For nursing hemes, the abc,ve findings and plans of correction are disdosable 14 day fc,llowi119 Ute dalt: the:Lt: documents are made available to the facility. If daficlencies are cited, an approved plan of correction is requisite lo continued program participation.**

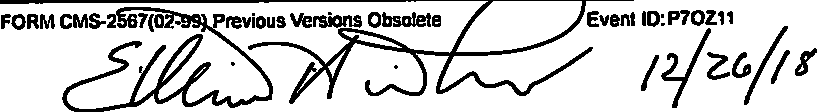
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| F 576  · | Continued From page 1 inappropriate.  §483.10(9)(12) The facility must comply with the requirements specified in 42 CFR part 469, subpart I (Advance Directives}.  (i} These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii} This includes a written description of the facility's policies to implement advance directives and applicable State law.  (iii) Facilities are permitted to contract with other  entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.  (iv} If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.  (v} The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.  Follow-up procedures must be in place to provide the information to the individual directly at the  appropriate time.  This REQUIREMENT is not met as evidenced by:  Based on clinical record review and interviews with facility staff, it was determined that the facility failed to provide a resident's representative the right to request, refuse, and/or discontinue treatment outlined in the Maryland Medical Orders for Life-Sustaining Treatment (MOLST}.  This finding was evident for 1 of ,. ·9} | | F 578  · · | | *f* | |  |
| Resident# 449 *uf* ,   1. Following the identification of the cited *7*   deficiency on 12-6-2016, the resident's ,, .." ,,  PON legal representative was contactec by phone and the physician and nurse I  manager reviewed the two page MOLSl] form with him. He was in agreement witt,i all the choices made on the MOLST form   1. The three Post-acute unit physicians reviewed all MOLST forms that were done with the patient   themselves on their respective units to ensure that this was the appropriate person to complete the MOLST form witt:1. None of these residents were identified as being affected by the cited deficiency   1. The current MOLST form policy was revised on 12/20/18 by the Medical Director and the Director of Nursing to ensure that the form is completed with   the appropriate decision maker if one *i rf*  has been designated and is documente1  in the medical record.  lnservice of the staff physicians and / *"ZC/i1/'f*  other clinical team members in progress  with the goal to inservice 75% by  12-31-2018, 85-90% by 1-24-2019 and  the remaining 5-10% that are on leave upon their return to work. | | |

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| F57B | Continued From page 2  residents selected for this survey. The findings include:  The Maryland MOLST form is a two-page portable and enduring medical order form covering options for cardiopulmonary resuscitation (CPR) and other life-sustaining treatments. The medical orders are based on a patient's/patient representative's wishes about medical treatments and makes those treatment wishes known to health care professionals.  Surveyor review of resident #44g•s medical record revealed that a court ordered guardian was appointed on 07-24-18 to make decisions for them. Review of staff member #5's progress note on 11-13-18 revealed that resident #449 was not capable of making an advanced directive and the resident's guardian was their primary contact. On 11-13-18, resident#449's attending physician completed page one and page two of the MOLST form. Review of the MOLST form completed in 2017 revealed that page 2 was not completed.  On 12-06-18 at 10:30 AM, interview with resident #449's attending physician revealed that the resident's guardian was not contacted when the 11-13-18 MOLST form was completed. The physician based the MOLST on discussion with the resident and their previous MOLST form completed in 2017.  On 12-06-18 at 10:35 AM, interview with staff member #3 revealed that page 1 of the MOLST was discussed with resident #449's guardian, but page 2 was not There was no evidence that resident #449's guardian was given the opportunity to request or refuse certain life | | F 578 | | 1. The Post-Acute Rehab Director will review 25% of new admissions to   the facility weekly for 4 weeks, and then monthly. The audits will be submited  to the Medical Director.   1. The Medical Director will submit the audits to the QAPI committee for review for 3 months or until a complete compliance is achieved as determined by the committee.   The corrective action "Ynl be completed by 1-24- *U9IVf* | |  |
| I sustaining treatments on DaQe 2. | | |

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| F 578 | Continued From page 3 | | F 578 | |  | |  | |
|  | On 12-06-18 at 3:30 PM, interview with the | |  | |  | |  | |
| F 604  SS=D | Director of Nursing revealed no new information. Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 4B3.12(a)(2) | | F604 | | *r* | | 0 | |
| Resident#100   1. The Unit Nurse Manager revised   the physician's order for the seat belt to include a medical diagnosis of Dementia and Impulsiveness on 12-6-2018  In addition the resident's care plan, Treatment administration record and the Geriatric Nursing Assistant task records were updated to reflect interventions for reducing or discontinuing \he seat belt on.   1. The resident #100 was the only resident affected by the cited deficiency.   Physician orders for 1O other residents coded as using various types of restraint  including Merry Walkers and abdominal  . binders were reviewed by MOS Director. None of the orders reviewed were found to be affected by the cited deficiency.   1. The revision of the policy and procedures for restraints evaluation and use to include Practitioner's orders with medical symptom being treated, type of restraint, and frequency of releasing the restraint was completed on 12/13/2018 by the DON and MOS Director . | | | *l* z; *ff* |
|  | §483.10(e) Respect and Dignity. | |  | |
|  | The resident has a right to be treated with respect | |  | |
|  | and dignity, including: | |  | |
|  | §483.10(e)(1) The right to be free from any | |  | |
|  | physical or chemical restraints imposed for | |  | |
|  | purposes of discipline or convenience, and not | |  | |
|  | required to treat the resident's medical symptoms, | |  | |
|  | consistent with §483.12(a)(2). | |  | |
|  | §483.12 | |  | |
|  | The resident has the right to be free from abuse, | |  | |
|  | neglect, misappropriation of resident property, | |  | |
|  | and exploitation as defined in this subpart. This | |  | |
|  | includes but is not limited to freedom from | |  | |
|  | corporal punishment, involuntary seclusion and | |  | |
|  | any physical or chemical restraint not required to | |  | |
|  | treat the resident's medical symptoms. | |  | |
|  | §483.12(a) The facility must- | |  | |
|  | §483.12(a)(2) Ensure that the resident is free | |  | |
|  | from physical or chemical restraints imposed for | |  | |
|  | purposes of discipline or convenience and that | |  | |
|  | are not required to treat the resident's medical | |  | |
|  | symptoms. When the use of restraints is | |  | |
| . | indicated, the.facility must use the least restrictive alternative for the least amount of time and  document ongoing re-evaluation of the need for | |  | |
|  | restraints. | |  | |
|  | This REQUIREMENT is not met as evidenced | |  | |
|  | by: | |  | |
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| ' *rz r*  F604 Continued From page 4 F604 lnservice of the Nurse Managers  Based on surveyor observation, review of the on the revised restraints policy was clinical record, and staff interview, it was completed by the Director of Nursing  determined that the facility staff failed to identify on 12-18-2018  an appropriate medical symptom for the use of a lnservice of the nursing staff by the physical restraint. This finding was evident for 1 Nurse Managers and the Assistant of 2 residents (#100) reviewed for the physical Director of Nursing in progress as restraint care area. The findings include: well as other clinical team  members by their various departmental  On 12-05-18 at 1:41 PM, observation of resident Directors and managers with a goal to #100 and review of the clinical record revealed inservicing 50% of current clinical  the use of a seatbelt when up in the wheelchair. staff by 12/31/2018 and 85-90% by  1/20/2019. The remaining 5-10% on Review of the clinical record for resident #100 leave will be insercviced upon their revealed a physicians order, dated 06-19-17, for return to work.  facility staff to "ensure the seat belt is applied  j when resident is in the wheelchair for safety''.  There was no evidence of any medical symptom 4. Weekly audit of the records of that the seatbelt was being used to treat in the residents and observation of the physicians order or in the clinical record. In use of various kinds of restraints to  addition, there was no evidence in the clinical be completed by the nurse managers  record of any interventions for reducing or weekly for four weeks to ensure  discontinuing the seatbelt, which had been compliance to the facility's restraint  utilized for almost 18 months at the time of  , survey. use policy, then Monthly to address  the need for continous use in the | | | | | | | | |
| F658 SS=D | On 12-06-18 at 3:10 PM, interview with the Director of Nursing (DON) revealed that the facility staff considered the seatbelt a restraint because of the inconsistency of resident #100's ability to remove it. The DON was unable to provide additional information related to a medical symptom that the seatbelt was being used to treat resident #100.  Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) | | F658 | | resident's progress notes.  Quarterly audit and encoding on the Minimum Data Set by the MOS manager.  5. The DON and the MOS Director  will submit and review the audits with the QAPI committee every month for three I  months or until a complete compliance is  achievedas determined by the committee | | | *,fzf,* |
| §483.21(b)(3) Comprehensive Care Plans  The services provided or arranged by the facility, | |  | | The corrective action will be  completed by 1-24-2019 | |  | |

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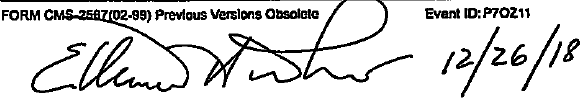
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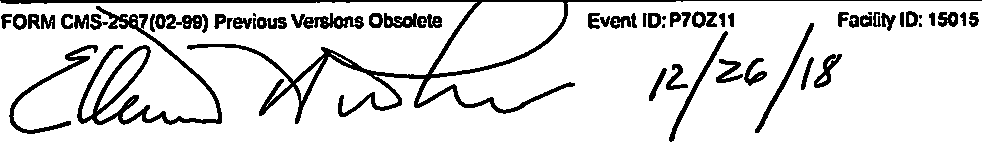
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| HANEOFPROVIDER OR SUPPLIER  HEBREW HOME OF GREATER WASHINGTON | | | | STREETADDRESS, CITY, STATE, ZIPCODE  8121MONTROSE ROAD  ROCKVILLE, MD 20852 | | | |
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| **F658** Continued From page 5  as ouUined by the comprehensive care plan,  must-  (i) Meet professional standards of quality.  This REQUIREMENT is not met as evidenced  **by:**  Based on surveyor review of the clinical record, observation of medication pass, and interview with facility staff, it was determined that the facility failed to ensure standards of nun3ing practice for residents. This finding was evident for 2 of 5 residents selected during observation of | | |  | |  | |  |
| F 658 The Resident# 302  IThe treatment for gas bloating iorder administration schedule was revised to correspond with the meal times at 9am, 1pm and 5pm to allow administration by the nursing staff **right** after meals.The resident and representative were in aggreement of this change.  Resident# 441  •• A m edication.errorreport was completed for staff #4's failure to follow the physician ordered parameter to hold diabetic medication for low blood sugars on 12-4-2018 and 12-5-201 by  2 west Nurse Manager on 12-6·2018  Conselling and inservlce of staff# 6 was completed by the 5north Nurse Manager on 12-10-2018 and staff# 4 by the 2west Nurse Manager on 12·13-2018  0 | | | |
| ' | medication pass (#302, #441). The findings  include:  According to the Maryland Nurse Practice Act 10.27.10.03D (1)(2)(3)(4), the implementation of the nursing planof care shall Include, but is not limited to: recognizing the rights of the client, the family and slgnif1CBnt others and providing a safe and therapeutic environment; thecompetent performance of the acts required to carry out the nursing plan; collection of data andreporting of problems that arise in the carrying out of the nursing plan; assisting in revising the nursing plan andprOViding viable alternatives If possible.  1. On 12-07-17 at 4:15PM, surveyor observation of medication pass for resident #302 revealed that LPN (Licensed Practical Nurse}# 6 administered 4PM scheduled medications including a medication used in the treatment of gas and bloating. Record review revealed physician orders for the gas and bloating medication to be administered three times daily, after each meal, for resident #302.  However; further surveyor observation, on  12-07-18 at 4:20PM,revealed that resident #302 took the medication cup that contained **the gas** | |
| 2.The two Nurse Managers audited the  **medication Administration records** from *I t.CfJ 1f*  12-2-2018 through 12-10-2018 of the  residents in the same group assignment: that the two staff members administered medications to. None of the residents were found to be. affected by the cited deficiencies. | | | | |

Facility ID:15015 If contlnvatlon sheet Page 6 of 16

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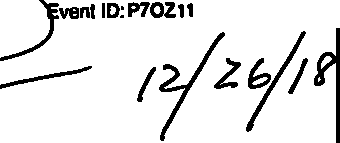
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| S'IATEMENT OF DEFICIENCIES AND PIAN OF CORRECTION | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  **215071** | (X2) MULTIPLE CONSTRUCTION  A, BUILDING  B.WING | | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER  HEBREW HOME OF GREATER WASHINGTON  I | | | | STREET ADDRESS. CITY, STATE, ZIP CODE  6121 MONTROSE ROAD  ROCKVILLE, **MD 20852** | | | |
| (X4) ID 1 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG REGUIATORY OR LSC IDENTIFYING INFORMATION) | | | **ID** PREFIX TAG | | PROVIDER'S PIAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCEDTO THE APPROPRIATE DEFICIENCY) | | IX51  **COMPLETION**  DA'l1a  *r)* |
| F 658 Continued From page 6  and bloating medication, placed the cup into the resident's personal bag and zipped the bag closed and proceeded to the dining room. Then LPN # 6 was observed signing off the administration of all of the resident's 4PM medications on the December 2018 MAR (Medication Administration Record) as completed.  Interview with LPN #6, on 12-07-18 at 4:30PM, revealed that resident # 302 takes the medication after the resident's dinner meal, which is served in the dining room at 5PM, and therefore, the medication is administered by the resident and not by the licensed nurse. No additional information was provided.  Further record review revealed no documented evidence that facility staff assessed the resident for the capability of self administration, nor obtained physician clarification regarding self administration of the medication. Additionally,  1 LPN #6·documented the administration of the gas·  1 and l atin medicat!on prior to its actual | | | F658 | |  | |  |
| policy on medication administration of 'l*Zlfi f*o/   1. Re - inservice to reinforce the existing *1/*   the all licensed nursing staff and medicine aides is in progress with the goal to inservice 75% by 12-31-2018  and 85-90% by 1-24-201, Those on leave will be inserviced upon their returr to work.   1. The Facility Pharmacy consultant nurse at the DON's request will conduct a medication pass with staff member #4 & #6 by the second week of January 2019 and randomly with other nurses as selected by the DON every month.   The Nurse Managers will continue with their monthly medication pass with one licensed nurse ori each shift to ensure compliance on every unit.  The Nurse Managers will audit the records of residents with  parameters assigned to medications  weekly on their various units for four weeks, then monthly and submit to ther  DON and ADON.   1. The DON & ADON will submit and *1/'*   review the audits with the OAPI / *Z*¾ *11*  Committee every month for three  months or until a complete compliance as determined by the committee.  The corrective action will be completed by 1-24-2019 | | |
|  | admImstratIon. · ·  Interview with the Director of Nursing, on  12-10-18 at 10:30AM, revealed no additional· information.  2. On 12-06-18 at 8AM, surveyor observation revealed that staff member #4 held a diabetic medication for resident #441 as ordered, due to the resident having a blood sugar that was less than 100 milligrams per deciliter (mg/dL). Review  of the MAR revealed nurse #1 documented that he/she administered the diabetic medication to resident #441 on 12-04-18, 12-05-18, and  12-06-18 despite the resident's blood sugar being less than 100 mg/dl. ,,. ,.\_ | |

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| STATEMENT OF DEFICIENCIES AND PLAN Of CORRECTION | | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:  215071 | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  B.WING | | | (l(3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER  HEBREW HOME OF GREATER WASHINGTON | | | | STREET ADDRESS. CITY. STATE. ZIP CODE  6121 MONTROSE **ROAD**  ROCKVILLE, **MD 20852** | | | |
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| F 658  F689 SS=D | Continued From page 7  On 12-06-18 at 8:35 AM, surveyor interview with staff member #4 revealed that they incorrectly documented that the diabetic medication was given to resident#441 on 12-06-18. After surveyor intervention, staff member #4 wrote a nurse's progress note clarifying that the diabetic medication was held per the physician's order.  On 12-10-18 at 1 PM, interview with the Director of Nursing revealed no new information.  Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) .  §483.25(d) Accidents.  The facility must ensure that -  §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by:  Based on surveyor observation, review of the  clinical records, and staff interviews, it was deiermined that the facility staff failed to maintain a safe smoking environment. This finding was evident for 1 of 2 residents (#428) who smoke and were selected for review. The findings include:  On 12-05-18 at 12:01 PM, interview of resident #428 revealed the resident independently smoked in a designated smoking area, which had no receptacle for cigarettes butts.  On 12-05-18 at 12:26 PM, surveyor observation  •*I* | | F658  F689 | | RESIDENT# 428  The facility was declared a smoke free facility since 1-1-2018. Resident in the facility that were smoking  prior to 1-1-2018 were grandfathered in. Currently the facility has only two residents who smoke including the resident # 428 in the Smith Kogod Residence and the other in the Wasserman Residence.  1. On 12-5-2018 following the surveyo s identification of the cited defificiency  a receptacle was provided at the designated smoking area and the resident #428 was made aware.  The fire extinguisher and the smoking blanket and apron were moved to the designated smoking area on  12-7-2018 | | . |
| 2. The designated area in the *1/,(i*  The receptacle.smoking blanket and the / 2 *f'f*  fire extinguisher were already in place  at the Wasserman location during the survey. | | |

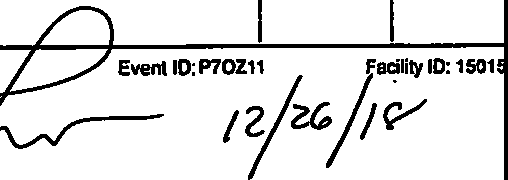
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER  HEBREW HOME OF GREATER WASHINGTON | | | | STREET ADDRESS, CITY, STATE, ZIP CODE  6121 MONTROSE ROAD  ROCKVILLE, **MD** 20852 | | | |
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| F 689 Continued From page 8  of resident #428 smoking revealed no receptacle for cigarette butts at the designated smoking area. Further observation revealed that the fire extinguisher and smoking apron for emergencies remained in the old designated smoking area, and had not been relocated when a new area was selected.  On 12-05-18 at 12:40 PM, the Director of Nursing was.made aware that there was no receptacle in the designated smoking area.  1  On 12-05-18 at 2:25 PM, the Director of Nursing  I notified the surveyor that a receptacle had been  l placed. in the designated smoking area.  . | | | F 689  F758 | | 1. The nursing unit staff, the front desk and the environmental services staff was made aware of the receptacle, smoking blanket and the fire extinguisher placement to the Smith Kogod designated smoking area. 2. The Heavy Duty Technicians in both buidings will ensure placement of the safety supplies during their daily routine evironmental rounds·to ensure compliance. 3. The Environmental Director will report findings to \_the QAPI committee every quarter.   The Corrective action was completed on 12-7-2018 | |  |
| F 758 SS=D | On 12-05-18 at 2:40 PM, surveyor observation revealed a receptacle in the designated smoking area, however the smoking apron and fire extinguisher had not been relocated.  On 12-07-18 at 2:38 PM, the Director of Maintenance was notified that the smoking apron and fire extinguisher had not been relocated .  On 12-07-18 at 3:00 PM, the smoking apron, fire extinguisher and receptacle were observed by surveyor in the designated smoking area.  Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs.  §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:  (i) Anti-psychotic; | |
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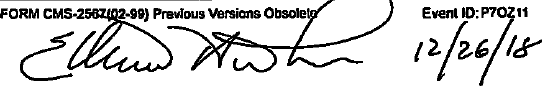
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| STATEMENTOFOSFIC NCIES  **ANDPlAN** OFCORRECTION | | (X1) PROVIDERISUPPUERICLIA IDENTIFICATIONNUMBER:  **215071** B | ()U)**MUl.TIPI.E** CONSTRUCTION  A. IMLDING  .WING | | | (X3)DATE SURVEY  COMPLETED  C  **12/10/2018** | |
| NAM£ OF **PROVIOER OR** SUPPLIER  **HEBREW HOME OFGREATER WASHINGTON** | | | | STREET**ADDRESS,** CITY,STATI:, Zll'CODE  6121 MONTROSE ROAD  ROCKVILLE, MD 20852 | | | |
| (KA)ID PREFIX TAO | SULWARY STATl:MeNT OF DEFICIENCIES (EACH DEFICIENCY MUST **BEPRECEDED BY**FULL REGUI.ATORY OR LSCIOEN'l'IF\'ING **INFORMATION)** | | 10  **PREFIX**  TAG | | **PROVIDEA'S Pl.AN***OF* CORRECTION (EACHCORRECTIVE ACTION **SHOULD BE CROSs-REFERENCED**TOTHE**APPROPRIATE DEFICIENC'V)** | |  |
| F 758 Continued From page 9   1. Anti-depressant; 2. Anti-anxiety; and 3. Hypnotic   Based on a comprehensive assessment of a resident, the facility must ensure that-  §483.45(e)(1)Residents who have not used  I psychotropic drugs are not given these drugs   * . , unless the medication is necessary to treat a   .· specific condition as diagnosed and documented | | | F758  , | | Resident #108  On 12/7/2018, the Hospice Medical Director gave an order to discontinue the prn Antianxiety medication due to lack of usage.  The DON and Nurse Managers conducted audit of all residents with pm Antlanxlety medication orders.All seven residents that were identified with pm anti-anxiety medications have clear documentation by the physician with rationale for extended use which is reviewed after 14 days by the physician!  Resident #228.  On 12/7/2018 the nurse manager initiate  a behavior monitoring record  to monitor-elusional symptom. s The resident was evaluated by the  ursepractitioner on  t which time she decreased the dosage of the antlpsychotic medication from 25 mg to 12.5mg based on the results of the behavior monitoring record.  52 residents were Identified to be receiving routine an antlpsychotic medication.The residents affected by the cited deficiency have been corrected.  An electronic message inservice was se1 via the facility secured communication system to all practitioners and licensed nurses on 12-7-2018 by the DON to be , be followed by a formal inservice. 1 | | I  ,/ Z,1,//.f  t |
| • | In the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dosereductions, and behavioral interventions, unless clinically •· ·· contraindicated, in an effort to discontinue these drugs;  §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented In the clinical r.e. co ;a  .,  §483.45(e)(4)PRN orders for psychotropic drugs  are limited to 14 days. Except as provided in  §483.45(e)(5), if the attending physician or prescrfbing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, heor she should document their rationale in the resident's medicalrecord and indicate the duration for the PRN orde.r  §483.45(e)(5)PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless theattending physician or prescribing practitioner evaluates the resident for | |

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| F 758 | Continued From page 10  the appropriateness of that medication. | | F 758 | | 3. The DON and the Medical Director developed a protocol for managing psychotropic medications on 12-17-201 This protocol includes education and reinforcement of documenting exhibited behaviors in the behavior monitoring record and the practitioner to review thE behavior monitoring record before initiating or adjusting antipsychotic medications. It also includes the 14 day rule for ordering pm psychotropic medications.  lnservice of the staff physicians on the new protocol was completed on  12-21-2018.  lnservice of all contracted practioners and licensed nurses in progress with the goal to inservice 75% by 12-31-2018,  85-90% by 1-24-2019 and the remainin! 5-10% that are on leave upon their return to work. | | *//2y1ft,*  /' *(* |
| * This REQUIREMENT is not met as evidenced   ; by:   * Based on surveyor review of the clinical record,   j and staff interview, it was determined that the facility staff failed to ensure that residents are free  *:* of potentially unnecessary psychotropic  .Imedication. This finding was evident for 2 of 5 residents selected for review of the unnecessary  Imedication care area (#108, **228).** The findings include:  I • . . • •   * 1. On 12-07-18 at 11:1o AM, surveyor review of   1 the clinical records revealed that resident #108 was receiving multiple psychotropic (any  I medication capable of affecting the mind, ·  ! emotions or behavior) medications to treat his/her health conditions. The psychotropic medication Iincluded, but was not limited to, an anti-anxiety  drug that was ordered as needed for anxious  behavior. •  IFurther review of resident #108's physician order I sheets and medication administration record  1 (MAR) for the months of June through December 07, 2018 revealed that the anti-anxiety drug that  was ordered as needed, was still being administered.  There was no evidence in the clinical record by the attending physician or the prescribing practitioner documenting the rational for the extended use of this medication beyond the 14 days as required. | | |
| 4. The Nurse Managers will audit record,s  of residents on psychotropic medications  weekly for four weeks, then monthlly. AnJ order that does not comply with the  regulation will be addressed with the primary physician and or the psychiatric nurse practitioner by the nurse manage  The DON and Medical Director will  submit and review the audits with the // Zo//'/  QAPI committee every month for three '/•  months or until a complete compliance i achieved as determined by the commit!' e | | |
|  | On 12-07-18 at 11:40 AM, surveyor interview with  the Director of Nursing (DON) revealed no additional information  2. On 12-06-18 at 2:00 PM\_/teview f the clinical | |
| The corrective action will be  completed by 1-24-2019 | |  |

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| ;  F 758 j Continued From page 11  record for resident #228 revealed a Nurse Practitioners progress note, dated 11-28-18, increasing an antipsychotic medication. The progress note documented that the resident did not have paranoia or psychoses. There was no evidence in the facility staff progress notes or behavior monitoring sheets of behaviors for resident #228 to reflect the need to increase the antipsycholic.   * Further review of the clinical record for resident #228 revealed a monthly summary. dated   11-21-18, which documented the resident's mood as stable since the last monthly assessment in  I October. ·  In addition, a Medication Management Assessment form completed by the Nurse  .. Practitioner on 11"28-18 documented the absence of any delusions or hallucinations for resident #228 with'the medication  ·1 recommendation being "no change in psychoactive medication orders", yet immediately | | | F758  F 804 | |  | |  |
| F 804 SS=D | below that entry was a medication order to  increase the AM dosage of the antipsychotic.  On 12-06-18 at 2:50 PM, interview with the Nurse Practitioner revealed that the increase in the antipsychotic medication for resident #228 was based on a conversation with a family member, and not the assessment and 'documentation of the facility staff.  On 12-06-18 at 2:55 PM, interview with the Director of Nursing revealed no additional information.  Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)  - | |

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| F 804 | Continued From page 12  §483.60(d) Food and drink  Each resident receives and the facility provides-  §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;  §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.  This REQUIREMENT is not met as evidenced by:  Based on surveyor observations, review of the Wasserman building resident council minutes, interviews with residents. resident's family member and facility staff, ii was determined that the facility failed to ensure palatable and appetizing temperatures of food served on the 5th floor Wasserman dining room. This finding was evident for 1 of 11 dining rooms within the facility. The findings include:  On 12-04-18, surveyor review of the facility's posted dining room hours revealed that the following available hours that residents are served in the facility's dining rooms: breakfast 8 AM-9:30 AM, lunch 12 PM-1:30 PM and dinner 5 PM -6:30 PM.  Surveyor observation, on 12-04-18 at 12:20 PM, of the 5th floor Wasserman dining room, revealed metal containers of food that were transported in a heated cart from the facility's kitchen and then the individual containers are placed in a steam table device located in the dining room. A kitchen staff member in the dining room then obtains food temperatures prior to serving, records the results in a temperature log book, and proceeds to plate  the·resident's selection directly from the steam | | F 804 | | The food affected by the cited deficiency was reheated and served to the residents   1. None of the remaining 10 dining room in the facility checked were affected by this cited deficiency.   A refresher In-Service training for the production staff on duty was conducted by the Executive Chef and the  Chef Manager immediately following the citation.   1. The facility's existing procedures   for capturing food temperatures before items leave the kitchen will be reinforced by the Dining Room Service Manager.  This includes:   1. How to properly place pans within the steam table to ensure there are no gaps, thus preventing additional loss of holding heat. 2. The proper amount of time prior to service for removing hot food from the heated Holding Cabinet. 3. The proper time to unwrap *I* uncover   hot product once it has been placed on the steam table. | | *1/* :v/,.  / *Z1lf*  s |
| d. The proper procedures for stirring hot *,/z'{ a/*  product once it has been placed on the /' *'/I1f*  steam table and throughout the meal service to ensure even heating. | | |

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| F 804 Continued From page 13 table.  On 12-05-18, surveyor review of the monthly Resident Council Meeting minutes for the Wasserman building revealed that, during the August 2018 meeting, a concern was raised of why staff could not heat up food in the microwave. The facility's response was there was a policy in place that staff are not allowed to heat  ... food up for residents, but residents themselves are allowed to heat up food from a microwave  ' within the staff lounge. Further review of the a meeting minutes revealed that;in June 2018  Iconcern was reviewed from a previous meeting, that the food was not hot and that food seemed to Ibe wasted.  ' Surveyor interview with the 5th floor resident | | | F 804  1 | |  | | *1lzrh7* |
| The Executive Chef and the Chef  Manager will conduct in-service training /' '/' for all Culinary Production team membe, s  on the following topics:  a. Proper pan sizes for smaller batch sizes and better temperature control  In-Service training sessions in progress by the Associate Director of Dining Services for all Dining Room Associates with the goal to inservice 75% by  12-31-2018, 85-95% by 1-24-2019 and  the remaining 5% on leave will be inserviced upon return.  4. The existing supply of hotel pans use, to hold hot food on the steam tables is being evaluated by the Dining Service Manager to ensure that any bent pans are either repaired or replaced as necessary.  The Dining Service Manager will monitor daily to ensure staff compliance*i*  with our existing procedures for recordin  temperatures at the start, & mid-point oft 1/i  he meal service. / *ZV /f*  The results of these audits will be | | |
|  | council members and a family member on  12-06-18 at 3:40 PM that some of the hot food is served cool and not appetizing. In addition, residents stated that, at times, they have to wait to be served and the food is then cool and/or the entree posted becomes no longer available.  a. On 12-06-18 at 5:30 PM, observation of the dinner meal served on the 5th floor Wasserman dining room revealed that the posted dinner menu included chicken okra and squash stew, sweet potato latke, apricot glazed tilapia, beef bourguignon, green beans and sweet peas with mushrooms. Temperatures that were recorded by staff in the log book: stew at 166 degree Fahrenheit ("F), lilapia 163°F, peas 180°F, and green beans 168°F.  However, surveyor observation on 12-06-18 at 5:32 PM of a requested portion of the meal plated directly from the steam table located in the 5th | |
| communicated to the Associate Director  of Dining Services and the Senior  Director of Dining Services on a weekly basis. | |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDERISUPPLIER/CLIA IDENTIFICATION NUMBER:  215071 | (X2) MULTIPLE CONSTRUCTION  A BUILDING  B.WING | | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | | |
| NAME OF PROVIDER OR SUPPLIER  HEBREW HOME OF GREATER WASHINGTON | | | | STREET ADDRESS. CITY, STATE, ZIP CODE  6121 MONTROSE **ROAD**  ROCKVILLE, MD 20852 | | | | |
| (X•) 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) | | IX5J  **COMPLETION**  DATI! |  |
| F 804 | Continued From page 14  floor dining room, revealed the following | | F 804 | | Ongoing nventory of pan lids by the Executive Chef and the Chef Manager t, ensure that there is adequate amounts to cover each pan being held within the steam table to prevent loss of heat.  The Executive Chef and the Chef Mana! will conduct an audit of each steam table to ensure that each well on those tables are achieving proper temperature for sai hot-holding.  Any deficiencies will be reported to the· maintenance department for corrective  . action or replacement.  This audit will be ongoing on a weekly basis, beginning on 12/21/2018. | | / *lzv,L* '  /' *11?* | |
|  | temperatures obtained by the surveyor: | |  | |  | |
|  | sweet potato latke 111"F | |  | |  | |
|  | tilapia 116"F | |  | |  | |
|  | peas with mushrooms 100"F | |  | | er | |
| green beans 1os.g•F  I   * b. On 12-07-18 at 12:20 PM, review of the 5th   1 floor dining room temperature log book revealed | | |  | | , | |
|  | the following initial temperatures obtained by | |  | |  | |
| kitchen staff prior to the start of the 12 noon meal | |  | |  | |
| service: | |  | |  | |
| veggie burger 186°F, egg plant flatbread 150°F, | |  | |  | |
| broccoli medley 167"F, succotash 182"F, and | |  | |  | |
| onion soup 193"F.  However, surveyor observation, on 12-07-18 al 12:49 PM, of a requested portion of the meal plated directly from the steam table revealed the following temperatures obtained by the surveyor:  veggie burger 120"F | |  | | 7' | |
| 5. The Senior Director of Dining Services 0  will review these results and submit them *t Zif.* / *'f*  to the OAPI Committee every month for  three months or until complete compliance | | | |
| as determined by that Committee.  The corrective action will be completed by 1-24-2019 | |  | |
| eggplant flatbread 139"F | |  | |
| broccoli medley 98°F | |  | |
| succotash 128"F | |  | |
| soup 157°F | |  | |
| c. On 12-10-18 at 12:20 PM, surveyor | |  | |
| observation of initial temperatures obtained by | |  | |
| assigned dining staff member #7 and chef #8 | |  | |
| revealed the following temperatures: | |  | |
| grilled cheese sandwich 158"F, tomato soup | |  | |
| 200°F, fish 183°F, vegetable frittata 186°F, | |  | |
| spinach 181.4°F, and peas 186"F. | |  | |
| However, surveyor observation on 12-10-18 at | |  | |
| 12:45 PM of requested portion of meal plated | |  | |
| directly from the steam table revealed the | |  | |
| following temperatures obtained by the surveyor | |  | |
| and the Director of Food Services; | |  | |

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**Event ID:P70Z11 Facility** ID: **15015**

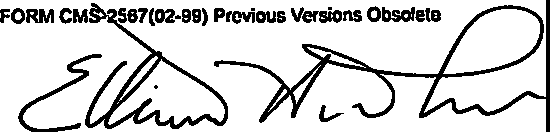
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| STATEMENT OF DEFICIENCIES ANO PIAN OF CORRECTION | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215071 | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  B.WING | | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER  HEBREW HOME OF GREATER WASHINGTON | | | | STREET ADDRESS, CITY, STATE, ZIPCODE  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | | | |
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| F 8041'Conlinued From page 15  fish 159'F frittata 164'F spinach 168'F   * peas 131'F   ' Interview on 12-10-18 at 1 PM and 4 PM, with the Director of Food Services and chef #8, revealed  further observation of the 5th floor dining room steam table of some escape of the steam from the heat source under the larger pan and pans  I " not fitting tightly in the heat source. ·  ii .  *i* On 12-10-18 at4:30 PM, interview with the  Ii Director of Nursing revealed no additional information.  ·I  l  I | | | F 804 | |  | |  |

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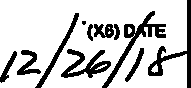
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:  215071 | (X2) MULTIPLE CONSTRUCTION  A BUILDING: --------  BW.ING | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
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| S 000/ Initial comments  The following deficiencies are the result of the  ·. annual recertification suivey conducted by the Office of Health Care Quality on December 4, 5, 6, 7, and 10, 201B to determine the facility's compliance with Medicare/Medicaid requirements. Suivey activities consisted of a review of 48 residents' records, obseivation of resident care and staff practices, inteiviews of residents, residents' family members, the local ombudsman, and facility staff. Additionally, administrative records and resident care policies were reviewed.  In addition to standard suivey protocols, complaints MD00131072, MD00132859,   * MD00133066, MD00133784, MD00134157 and   : facility reported incidents MD00133904 and  i MD00134276 were investigated. This suivey did  ·1 not identify noncompliance with federal ·  i requirements that were reviewed in relationship to  :' these complaints and facility reported incidents.  I,  i1, The facility is licensed for 556 comprehensive beds. At the time of this suivey, the facility  i' census was 462.  s '!  s10: 10.07.02.12 Q Nsg Svcs;Charge Nurse  !I  i.12 Nursing Seivices. ii  :· Q. Charge Nurse. At least one licensed nurse  i shall be on duiy at all times and shall be  : designated by the director of nursing to be in  [ charge of the nursing activities during !a!ach tour  i !i of duty. The charge nurse or nurses shall have the ability to recognize significant changes in the  1 condition of patients and to take necessary lion. / , | | SOOO  S510 | *1;;*T | |  |

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| s 510  S 512 | Continued From page 1  This Regulation is not met as evidenced by: Refer to CMS 2567  F658  10.07.02.12 R Nsg Svcs; Charge Nurse Daily Rounds  .12 Nursing Services.  R. Charge Nurses' Daily Rounds. The charge nurse or nurses shall make daily rounds to all nursing units for which responsible, perfonning such functions as:   1. Visiting each patient; 2. Reviewing clinical records, medication orders, patient care plans, and staff assignments; 3. To the degree possible, accompanying physicians when visiting patients.   This Regulation is not met as evidenced by: Refer to CMS 2567  F758 | | S510  S512  S1090 | See Plan of Correction for F-Tag 658  See Plan of Correction for F-Tag 758 | |  |
| S1090 10.07.02.20 Clinical Records | | |
|  | .20 Clinical Records.   1. Records for all Patients. Records for all patients shall be maintained in accordance with accepted professional standards and practices. 2. Contents of Record. Contents of record shall   be:  (1) Identification and summary sheet or sheets  including patient's name, social security number, anned forces status, citizenship, marital status, age, sex, home address, and religion;  . | |

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| S1090 Continued From page 2   1. Names, addresses, and telephone numbers of referral agencies (including hospital from which admitted), personal physician, dentist, parents' names or next of kin, or authorized representative; 2. Documented evidence of assessment of the   . needs of the patient, of establishment of an  1 appropriate plan of initial and ongoing treatment,  : and of the care and services provided;  ' (4) Authentication of hospital diagnoses (discharge summary, report from patient's attending physician, or transfer form);  (5) Consent forms when required (such as consent for administering investigational drugs,  I for burial arrangements made in advance, for release of medical record information, for  1 handling of finances);   1. Medical and social history of patient; 2. Report of physical examination; 3. Diagnostic and therapeutic orders; 4. Consultation reports; 5. Observations and progress notes; 6. Reports of medication administration, treatments, and clinical findings; 7. Discharge summary including final diagnosis and prognosis;· 8. Discipline assessment; and 9. Interdisciplinary care plan.   C. Staffing. An employee of the facility shall be | | | S1090 |  | |  |
|  | designated as the person responsible for the  overall supervision of the medical record service. There shall be sufficient supportive staff to accomplish all medical record functions.   1. Consultation. If the medical record supervisor is not a qualified medical record practitioner, the Department may require that the supervisor receive consultation from a person so qualified. 2. Completion of Records and Centralization of Reports. Current medical records and those of | |

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| STATEMENT OF DEFICIENCIES AND PIAN OF CORRECTION | | (X1) PROVIDER/SUPPUERICLIA IDENTIFICATION NUMBER:  **215071** | ()(2) MULTIPLE CONSTRUCTION  **A.** BUILDING:,, \_  B.WING· | | IX3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
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| S1090I Continued From page 3  'i discharged patients shall be completed promptly.  , All clinical information pertaining to a patient's  ! stay shall be centralized in the patient's medical  1 record.  F. Retention and Preservation of Records.  Medical records shall be retained for a period of not less than 5 years from the date of discharge or, in the case of a minor, 3 years after the patient becomes of age or 5 years, whichever is  [ longer.   * 1 G. Current Records-Location.and Facilities. The   , facility ;;hall maintain adequate space and   * 1. equipment, conveniently located. to provide for   ,· efficient processing of medical records   * (reviewing, indexing, filing, and prompt retrieval).   : H. Closed or Inactive Records. Closed or inactive  : records shall be filed and stored in a safe place  1 (free from fire hazards) which provides for  I confidentiality and, when necessary, retrieval.  I  I  I  IThis Regulation is not met as evidenced by:  ; Refer to CMS2567   1. F658   ''  s11211 10.01.0 2.21-1**B** Employee Health Program;  : Tuberculosis Control  i   * 1. 1 .21-1 Employee Health Program.   : **B.** Tuberculosis Control.   * + 1. The infection control program shall include a ' risk assessment program, including monit9ring   . for tuberculosis infection for employees that is in  , '· accordance with the following guid elines:- of  (a) Guidelines for Preventing the Transmission | | | S1090  S1121 | See Plan of Correction for F-Tag 658 | |  |

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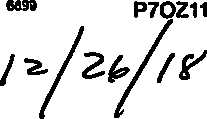
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (XI) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:  215071 | ("2)MULTIPLE CONSTRUCTION A.BUILDING:  B.WING | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CllY, STATE. ZIP CODE  6121 MONTROSE **ROAD**  HEBREW HOME OF GREATER WASHINGTON ROCKVILLE, **MO 20852** | | | | | |
| ()(<I) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIXI (EACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCEDTO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| s1121! Continued From **page 4**  I Mycobacterium Tuberculosis in Heaith-Care Facilities; and ·  I , **(b)** Guideline for Infection Control in Health Care Personnel.  . (2) The facility shall ensure that all employees ' who may provide services that require direct  access to residents may not provide such services without documented evidence that the employee is free from tuberculosis in a  1 communicable form.  : (3) The facility shall monitor the purified protein  j derivative (PPD) status of employees at any time  ,' that symptoms suggestive of tuberculosis  I develop, and periodically, consistent with the  i tuberculosis control plan. All employees shall be  i assessed for risk of tuberculosis following   * guidelines referenced in §B of this regulation.   ! (4) The facility shall maintain written ' documentation of the following:   * 1. Results of tuberculin skin tests, recorded in millimeters of induration with dates of administration, dates of reading, results of test, and the manufacturer and lot number of the   I purified protein derivative (PPD) solution used;  , (bl Results of chest x-rays required in this  11 regulation; and  : (cl Documentation of any tuberculin skin tests,  , chest x-ray, chemotherapy, and  •· chemoprophylaxis, which are the basis for the  : certification that the individual is free from  : tuberculosis in a communicable form.  , (5) The facility shall screen all new employees for  : immunity to common childhood infections such   * as mumps, rubella, measles, and chicken pox   I (varicella), through the use of p.--mployment questionnaires and, if appropriate, serologic  ' testing for presence of antibodies of these diseases, to prevent adult exposure of new employees to residents with communicable forms  I | | S1121 |  | |  |

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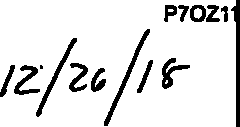
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| **STATEMENT OF DEFICIENCIES**  AND PLAN OF CORRECTION | | (X1) PROVIDERISUPPLIER/CLIA IDENTIFICATION NUMBER:  **215071** | (X2) MULTIPLE CONSTRUCTION  **A. BUILDING: \_**  8.WING | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
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| s1121 ( Continued From page 5  of such disease organisms.  I(6) The facility shall request that all new employees receive immunization for Hepatitis B.  , The employee may refuse to be immunized if medically contraindicated, against the employee's  , religious beliefs, or after being fully informed of the health risks of not being immunized. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal.  (7) The facility shall request that each employee receive immunization from inf)uenza virus in accordance with Health-General Article, §18-404, Annotated Code of Maryland. The facility shall make information available to all employees  1 concerning other conditions in which  1 pneumococcal vaccine may be of benefit for  I certain other unde ying medical conditions. The ' facility shall document refusals and shall conduct  , surveillance of nonimmune employees during the  1 recognized influenza season.  (8) The facility shall inquire about a history of varicella for each new employee. If the employee's history is unclear, then the facility  , shall request a serology for varicella. If the   * serology for varicella is nonreactive, the facility ' shall request that the employee receive * immunization for varicella. If the employee   I refuses to be immunized, the facility shall  I document the refusal and the reason for the refusal.  This Regulation is not met as evidenced by:   * Based on surveyor review of personnel records and staff interviews, it was determined that the   ! facility staff failed to provide evidence of   * + immunization screening for MMR and Varicella   for 2 of 1O reviewed records*1*. T*·*he fi)ndings . | | | S1121 | Immediate steps taken: | |  |
|  | Staff #1 was sent to Adventist Health to | |
|  | have the MMR and Varicella draw | |
|  | completed | |
|  | Staff #2 has been contacted and will | |
|  | have MMR and Varicella completed by | |
|  | 12-28-2018 | |
|  | 2. The Occupational Health Manager | |
|  | position was vacant between 8-4-2018 | |
|  | and 12-14-2018. New Occupational | |
|  | Health Manager has reviewed all new | |
|  | hires between that period and flagged | |
|  | any missing the required screenings | |
|  | (TB, MMR and Varicella) - those who | |
|  | were missing requirements, 0cc Health i | |
|  | s currently following up and administerin | |
|  | vaccines accordingly. | |
|  | 3. New hire 0cc Health files | |
|  | (going forward) will be audited by an HR | |
|  | Assistant monthly over the next 90-days | |
|  | with audit reports reviewed by QAPI to | |
|  | ensure compliance. | |
|  | Expected completion date is by | |
|  | 1-24-2019 | |
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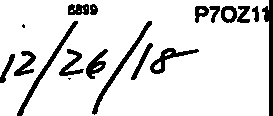
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| s1121II Continued From page 6 include: : .  . On 12-10-18, review of personnel records  1 revealed no evidence of pre-screening questionnaires for MMR and Varicella for staff #1   * and #2.   On 12-10-18, interview with the Employee Relations Manager and the Director of Nursing  ; (l)ON) revealed no additional information.  I  S1280, 10.07.02.26 FF Physical Plant Req;Smoking  .26 Physical Plant General Requirements.   * Unless otherwise indicated, all general   i requirements apply to both new construction·and  , . existing facilities.  FF. Smoking. Each patient who must be confined to a bed for the greater part of the day shall be asked about his sensitivity or objection to smoking. Insofar as possible, non-smokers shall be housed with other non-smokers. Smoking areas shall be designated and ash trays of  non-combustible material and safe design shall be provided. Patients may not smoke in bed  1. except when confined to bed and supervised by a  ; competent employee during the entire period of  ,, k.  I I.\ **smo mg.**  I Agency Note: In developing the facility's policy  I regarding smoking, refer to Health-Environment  , Article, §11-205, Annotated Code of Maryland  1 This Regulation is not- met as evidenced by: | | S1121  S1280 | See Plan of Correction for F-Tag 689 | |  |

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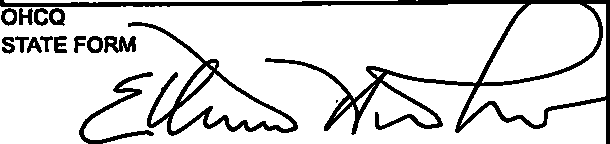


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| (l(4) ID 1 SUMMARY STATEMENT OF DEFICIENCIES PREFIX · (EACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PlANOF CORRECTION (EACH CORRECTIVEACTIONSHOULD BE  CROS5-REFERENCEDTO THE APPROPRIATE DEFICIENCY) | | (XS) COMPLETE DATE |
| S1280 | Continued From page 7 Refer to CMS 2567  , F689 | | S1280  S6012  S6260  S6715 | See Plan of Correction for F-tag 578  See Plan of Correction for F-tag 604 | |  |
| sso12: 10.01.09.08 C (11) Right to consiml/refuse  ,. treatment  :  ( .08 Resident's Rights and Services.  C. A resident has the right to:  i (11) Consent to or refuse treatment, including the  ! right to accept or reject artificially administered  1 sustenance in accordance with State law;  This Regulation is not met as evidenced by:  : Refer to CMS 2567  i F578  1'  S6260.' 10.07.09.14 A (1) Phys/Chem Restr Use of  : .14 Physical and Chemical Restraints.  "  A. Physical restraints may be used only:  " (1) As an integral part of an individual medical treatment plan;  1 This Regulation is not met as evidenced by:  I Refer to CMS2567  I F604  I  S6715'1 10.15:0 .10 A Food Preparation-Cooking  .10 Food Preparation-Cooking  I  ' A. Except as provided in §§B-O of this regulation,  l. the person-in-charge shall ensure that potentially | | |

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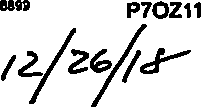
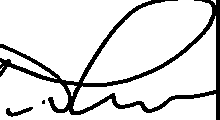
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**If continuation snee1 8 of 13**

Office of Health Care Qualm

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (XI) PROVIDER/SUPPLIER/CLIA  **IDENTIFICATION NUMBER:**  **215071** | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B.WING | | (X3) DATE SURVEY COMPLETED  C  **12110/2018** | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE  **HEBREW HOME OF GREATER WASHINGTON 6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | | | | | | |
| (X4)1D 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 THEAPPROPRIATE DEFICIENCY) | | (XS) COMPLETE DATE |
| 567151 Continued From page 8  I  hazardous food is cooked to the minimum  I internal temperature and for the specified holding time as follows:  I'  (1) Chart 1. Summary of Minimum Cooking and  I Reheating Food Temperatures and Holding  I Times.  IFOOD MINIMUM  1 HOLDING TIME   * INTERNAL AT .   1 SPECIFIED  I TEMPERATURE  TEMPERATURE  : F C .  IShell eggs. Fish, meat, and   * I.all other potentially hazardous   foods not specified in Cha 1. 145 63  15 seconds  IShell eggs not prepared for 145 63 . 3  minutes  immediate service, ralites, or comminuted fish and meats, game 150 66  1 minute  animals commercially raised for food, or and injected meats. 155 68  15 seconds  or  158 70 < 1 second  , Whole roasts (beef, corned beef, 130 54.4  ; 112 minutes  pork and cured pork roasts such or | | | 56715 |  | |  |
|  | as ham). Holding lime may include 131 55 89 minutes  post oven heat rise. Minimum oven or temperature for roasts greater than 133 56.1  56 minutes | |

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**If contlnuatfon sheet 9 of 13**

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:  **215071** | (X2) MULTIPLE CONSTRUCTION  A BUILDING:  B.WING | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CllY, STATE, ZIP CODE  HEBREW HOME OF GREATER WASHINGTON **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMAl'IDN) | | ID PREAX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD **BE**  CROSS-REFERENCED TO THEAPPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATI! |
| S6715 | Continued From page 9 | | S6715 |  | |  |
|  | ,10 pounds is 250F for dry heat. or | |  |
|  | Forroasts l ss than 10 pounds, 135. 57.2 | |  |
|  | * 36 minutes | |  |
|  | minimum oven temperatures are or | |  |
|  | 350F for dry heat and 325F for 136 57.8 | |  |
|  | 28 minutes | |  |
|  | convection ovens. Oven or | |  |
|  | temperature may be 250F or less 138 58.9 | |  |
|  | 18 minutes | |  |
|  | for high humidity cooking (relative or | |  |
|  | humidity greater that 90 percent for 140 60 | |  |
|  | 12 minutes | |  |
|  | at least 1 hour or in a moisture or | |  |
|  | impermeable bag that provides 100 142 61.1 | |  |
|  | 8 minutes | |  |
|  | percent humidity). or | |  |
|  | 144 62.2 5 | |  |
|  | minutes | |  |
|  | or | |  |
|  | 145 62.8 4 | |  |
|  | minutes | |  |
|  | or | |  |
|  | 147 63.9 134 | |  |
|  | seconds | |  |
|  | or | |  |
|  | 151 66.1 54 | |  |
|  | seconds | |  |
|  | or | |  |
|  | 155 68.3 22 | |  |
|  | seconds | |  |
|  | or | |  |
|  | 158 70 none | |  |
|  | Poultry; stuffed meat, pasta, 165 74 | |  |
|  | 15 seconds | |  |
|  | or poultry, and exotic bird species; | |  |
|  | wild game animals; and stuffing | |  |
|  | containing fish, meat, or poultry. | |  |
|  | Reheat of leftovers for hot holding. | |  |

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| STATEMENT OF DEFICIENCIES ANO PLAN OF CORRECTION | | (XI) PROIIIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215071 | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B.WING | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  HEBREW HOME OF GREATER WASHINGTON 6121 MONTROSE ROAD  ROCKVILLE, **MD 20852** | | | | | | |
| (X4) ID ! SUMMARY STATEMENT OF DEFICIENCIES  **P IX;** (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  I' | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THEAPPROPRIATE DEFICIENCY) | | CX51 **COMPLETE** DATE |
| S6715' Continued From page 10  Raw foods of animal origin cooked 165 74  , Hold for 2 minutes after in a microwave oven.  removing from microwave oven.  , Fruits and vegetables 135 57 None  '. and ready-to-eat commercially  . ; processed foods cooked for hot  ; holding.  . Ready-to-eat commercially None None  . processed foods for immediate  . service.  (2) A minimum internal temperature of 14?F for   * 15 seconds for:   : (a) Shell eggs prepared for immediate service;  I  i (b) Fish;  I  I (c) Meat; and  I  ' (d) All other potentially hazardous food not  specified in §A(3)-(7) of this regulation;  I (3) A minimum internal temperature of 155F for  : 15 seconds or as specified in §A(1) of this  ; regulation\_ for:  I  ' (a) Shell eggs not prepared for immediate  ;, **service;** | | | S6715 |  | |  |
|  | 1. Ratites; 2. Comminuted fish and meats; | |

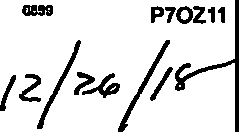
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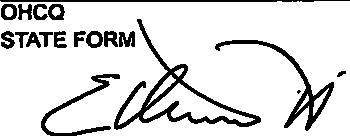
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| STATEMENT OF DEFICIENCIES AND PIAN OF CORRECTION | (XI) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:  **215071** | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  **B.WING** | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CllY, STATE, ZIP CODE  HEBREW HOME OF GREATER Wl'\SHINGTON 6121 MONTROSE **ROAD**  I ROCKVILLE, **MD 20852** | | | | | |
| (X4) ID ( SUMMARY STATEMENT OF DEFICIENCIES  **PREFIX** EACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG REGUIATORY OR LSC IDENTIF.YING INFORMATION) | | **ID** PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCEDTO THE APPROPRIATE DEFICIENCY) | | (XSJ **COMPLETE** DATE |
| S6715 I' Continued From page 11  i ,1  (d) Game animals commercially raised for food;  and  I. 1  (e) Injected meats:  , (4) A minimum internal temperature of 130F for 112 minutes or as specified in §A(1) of this  "• chapter for:  (a) Whole or corned beef; and  : !b) Pork and cured pork roasts:  (5) A minimum internal temperature of 165F for  : 15 seconds for:   * (a) Poultry;   •  : (b) Stuffed meat, pasta, or poultry;  i (c) Exotic bird species;  '   * ' (d) Wild game animals; and   '  1, (e) Stuffing containing fish, meat, or poultry;  , (6) A minimum internal temperature of 165F and  , held for 2 minutes after removing from the oven  , for raw animal foods that are cooked in a  I microwave oven; and  ! (7) A minimum internal temperature of 135F for   * fruits and vegetables and ready-to-eat   1 commercially processed foods cooked for hot  c holding.  . This Regulation is not met as evidenced by:  : Refer to CMS 2567  : F804 | | S6715 | See Plan of Correction for F-tag 804 | |  |
|  | | |

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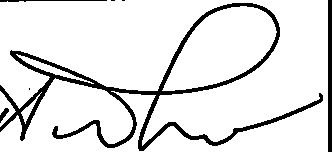
 

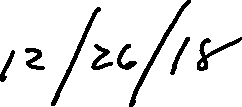
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | | | (X1) P  I | ROVIDERISUPPUER/CLIA ENTIFICATION NUMBER:  **215071** | | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B.WING | | (X3) DATE SURVEY COMPLETED  C  **12/10/2018** | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE. ZIP CODE  6121 MONTROSE **ROAD**  HEBREI W HOME OF GREATER WASHINGTON ROCKVILLE, **MD 20852** ..., | | | | | | | | | | |
| (X4) ID **PREFIX** TAG I |  | | SUMMARY STATEMENT OF DEF (EACH DEFICIENCY MUST BE PREC REGULATORY OR LSC IDENTIFYING | | | ICIENCIES EDED BY FULL INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVEACTIDNSHOULD **BE**  **CROSS-REFERENCEDTO THE APPROPRIATE**  DEFICIENCY) | | **COMPLETE**  OA'TE |
| ii  *i*  ii  D ..  !  '  .'  .I  I  *i*  I  I  '  i  i 'I I  I | | | .. | .. | | |  |  | | ' |
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**DEPARTMENT OF HEALT H AND MENTAL HYGI ENE OFFICE OF HEALT H CARE QUALITY**

Sl'RJN G GROVE CENTER BLAND BRY,\ NT BUILDING *55* W, \ Dc AVENUE

CATONSVILl.li. MARYi.AND 21228

Licc·.n $<' No. **15015**

Issued to: Hebrew Home Of Gn.'-llt('r Wasl1nig1on

6121 Montn»c Ro:,d

RocJ.:, •illc, MO 20852

Type of Facility :mJ Numb-cr (If Dcds:

Compn: hcn:s;i \' c C :u f.nd lity - *SS6* R.:ds

O:ilc Issued: l:ly 20.2017

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Maryland Department of Hca hh and Mcnrnl Hygiene

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Spring Grove Ce nter • Ol:md 8 ry 11H B uilding

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To: Kathy Schoonover, Nurse Admlnistriltor

Montgorncry CountyDcparcmcnt of Healt h and tlum:'ln Servi ces

Public lie.11th SOrvlccs

He.11th, Promo1lon, Prevention ;:,nd Pe,m iu lngServices

f ro m: M arglc: Hc:i ld, De put y Direc t or *'1* Offic e of Jtcill1h Care Quality

RE: Heb rew Home of Gre.ater WJshln (tlo n

Dol e: April 18, 2017

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This h to acknow l edge receipt of Jn .applit3tlon for ;, llccn c to operate Hebrew Home of Greater

Washincto n.

l he cnc!oscd license will be in effe ct unlil MJv 20. 20 19, un le ssrevoked. n ii 1he fad lily's JUlhotl tv to m;iinto1ln ;ind comptehenslvc c,3rc facilitywith a licensed c-;ipacity of S56 bedsunder the provisions of COMAR 10.07.20.

Pea«! dvlic the facility th.it this licenseshoudl bedlspt:,yedIn 3 conspicuous place, Jt or near the entrance, plainlyvisible;ind casitv rcJ d by the public.

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£ nc.losurc: license No. 15•015

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**KJ1hy Schoonover. Nurse Admlnistr.Itor**

**M ontgomery County Depanmcnt of HC311han d H urnan Services RE: H1:brcw Homeof GrcaIer W,1shincton**

**P.l&C Two**

**Aptll 18, 2017**

**lloorn 3nd bedbrc.'.lkdo wo:**

CATl;GORY **LOCATION**

**Compre h ensive**

**Care FJclllty Smith•Kot,od81,1ildi ng**

**Single Rooms: 110, 1**



**1102. 1103, 110, 4**

**110 5, 1106, 110 7, 1108 .**

1109. 1110, 1111, 1112,

**1113, 1114. 1115, 1116.**

**1117, 1118. 1119, 1122.**

**1123, 1124, 1J2S, 1126,**

1127,1128, 1129, I 130,

**1131, 1132, 1133, 1134,**

113S. 1136, 1140, 11'1I,

**1142. 1143, 11,1.4**

2101, 2102. 2103, 2104,

39 beds

**2 J0S,210,6 2107, 210S,**

2109, 2110. 2111, 2112,

**2 113, 2 11,4 211S. 211,6**

2117,2118, 2119, 212, 2

2123,2124, 2l2S, 2126,

2127, 212, 8 2129, 2130,

213l, 2132.2133,2134,

**2135, 2136. 21,10. 2141.**

2l42,2J.13, 2144

3101, 310 2, 3103, 3104,

**391:wd**

310, 5 3106, 3107. 3108.

3109, 3110, 3111, 3112,

3113, JI M, 3115, 3116,

3117,3118. 3119, 3122,

3123, 3124, 3125, 3136.

3140·3l44 

4101,410 2,4103, 4104,

410S,4106.4107. 4108,

**4109, 4110,4111, 4112.**

**4113, 411,4 •\115, 4116,**

4117, 4118, 4119,4122,

4123, 4124.•112S, 412, 6

**4 127, 4 12,8 412!), 4130,**

4131, 4132. 4133, 4134,

**4135, 4136.41•10, 4 141,**

**4 M2, '1143, 4144**

**Total Slngle Room s- Smlth•Kogod Bid.**

39 beds

**15-6beds**

**K3thy Schoonover, Nurse Adminii tra1or**

**Montgomery CountyOepartmt'n1 of HealthandHumanService$.**

**RE: Hebrew Home ofGrN ter w ashin&Ion**

**P,1se Three**

**April 1,8 2017**

**Room and bedb,e...kd own:**

CATtGORY **LOCATION**

**SmiJh•Kog!iHf Qu ,lru:**

**Ouptex Rooms: 2187, 2188, 2189. 2190,**

2191. 2192, 2193. 219•1,

2195. 2196. 2197,2198,

2199, 2200. 2201, 2202,

2203. 2204. 2205. 220G.

**2207**

3187. 3188, 3189. 3190.

3191. 319i, 3193. 319,l,

3195. 3196. 3197. 3198.

3199. 3200, 3201. 3202.

3203. 320.l. 3205. 3206,

3207

4187. 4188, 4189. 4190,

**4191. 4192. ;1]93,4194,**

4195. 4196, 4197.4198.

**4199,4200, 4201,4202,**



42 beds

42 beds

4203. 42,04

**4207**

4205, 4206.

42 beds

**Tot.11Oupl K Rooms - Smlth •Kogod Old.**

**Tot4'1Smlth•Kogod Building**

**W.a.sscrmanBuilding**

Singl e Rooms: 203. 204, 205. 206. 207.

208. 209. 210. 211, 212.

213. 214, 216. 218. 220.

222. 22•1,229. 231. 233.

235. 237,239. 241. 243.

254. 2S6,2S8, 2G0,262,

264. 266. 268, 269. 270.

**271, 272, 273, 274, 275,**

277, 279, 281. 283. 285,

286. 287, 288, 289, 290.

291. 292. 293. 294, 295.

2%

303. 304, 305, 306, 307.

308,309, 310, 311. 312.

**313,314, 31G, 318, 320,**

322.324. 329, 331, 333.

335, 337.339. 341, 343.

**126 beds**

282 ds

56 beds

**Kathy Schoonover, Nurs(' Adminls.1rntor**

**Montgomery County Oepanment of Heillthand Hum.in Scf'llite s AE:Hebrew Home of Gre;,ter Was.hlncton**

**PJge Four**

**April 18, 2017**

**RoomandbedbreJkdown:**

**CATEGORY** !,O(ATION

354.356.3!'>8,360,)62

364. 366. 368. 370. 373,

37S. 377. 379, 381. 383.

385.386. 387. 338,389.

390.391.392. 393. 39'1,

395, 396

403,404, 40S. 406.407.

**408,40'J, 410. 411.,112.**

**413,41,1, 416, •118, 420,**

422,424, 42?. 431.433,

43S.437. 439,441.•Ml,

**•154, 4SG, 4S.S, 460,•162,**

464,**4GG, jtG.a, 470,•173,**

47S,477,479.•181.483 ,

485, 486, 487, 438. 489,

490,491, •192, 493,494,

**495, 496**

503, 504,so.s506, 507,

sos.509.510.511,512,

513, 514, SIS,SIS.SlO,

S22. 524, 529. 531, 533,

535, S37, S39.541, S43, **SS4, S56. SS8. S60, 562,** S64, S66, SGS. 570, 573.

S75, 577,579,581,583, 585,586,S87,588,S89,

590, 591,S92.593. S94,

**59 . S9G**



52 b<>ds

**52beds**

**S2 ds.**

**Tot;il Sinclc Rooms Wilsscrm:,n Bid. 212bed$**

K.ithy Schoonovt?r, Nur seAdrninUtrator

Montgomery County Department of HC,lll h .)ndHum:,n Services RE: Hebrew Uomc of Greater Wolshlnglon

P.'l(IC Fiv e

April 18, 2017

Room and bed breJkdown:

CATEGORY LOCATION

w;,sscrm?n..QY!dfng

Duple)( Rooms: 201, 202, 226, 245, 2SO,

297, 298,301, 30, 2 326,

344,34S,371,397,398,

401,402, '12G. 4'14,M S,

471, 497, 498, SOI, S02,

S2G, 54'1, S-15, 571, 597 , S98

Total DuplexRooms Wasserman Old.

Tot.al w .,u c rm .an Building

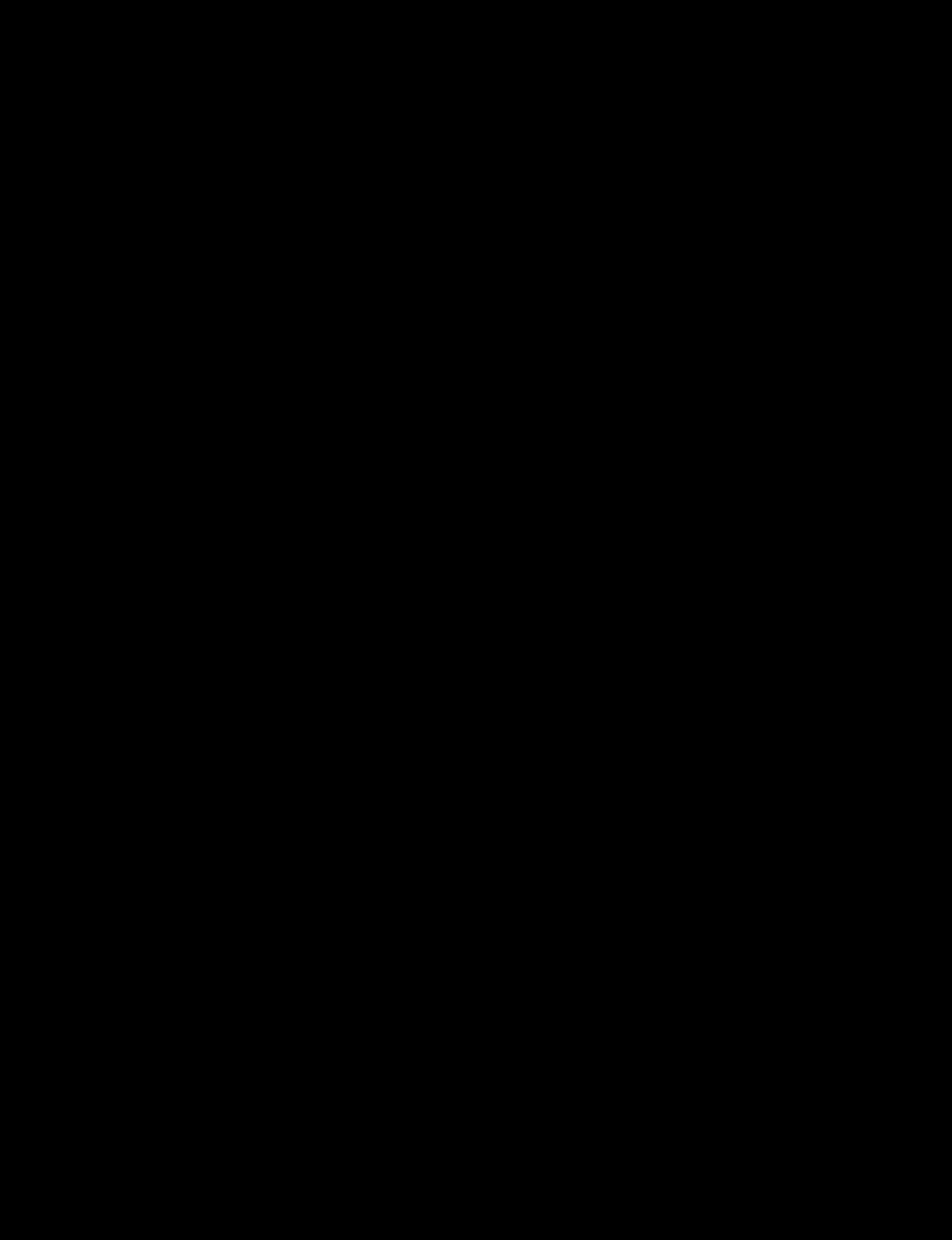
OverallTotal



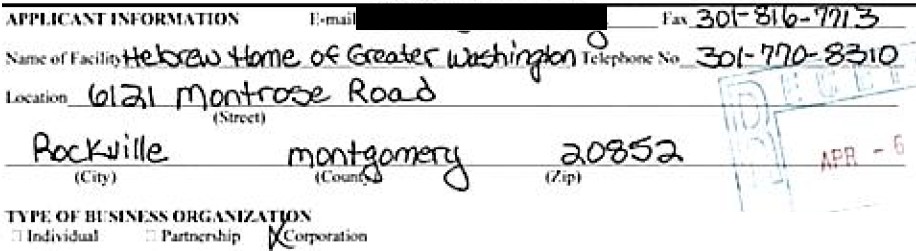
62beds

**62 beds**

274 beds SS6 beds







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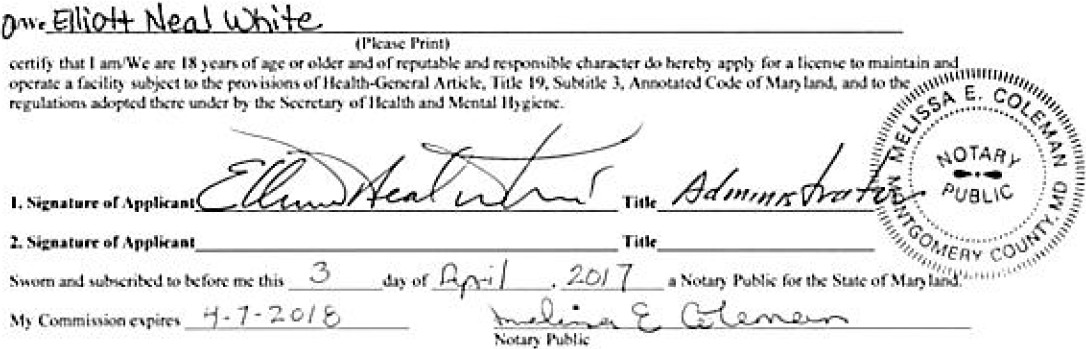
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SECTIONC - LONGTERMCARE PROVIDER Af'PLIC1\ TION

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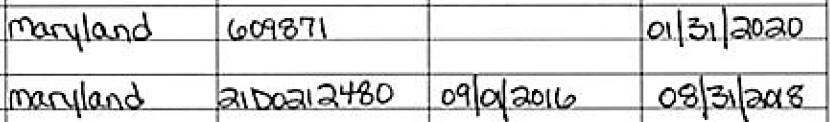
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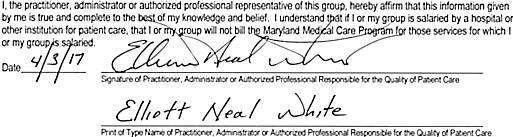
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11) AUTHORIZATION





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**Provider Enrot men:**

P.O. Box17030

ll.-ll,noce, MO21203

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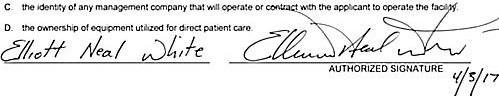
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The 80.ird of Governors

*c/o*Hebrew Home of GrcJtcr Washington

6121M ontr o se Road

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Attn: Admlnh tra1lon Offi ce - Smlth·Koso d

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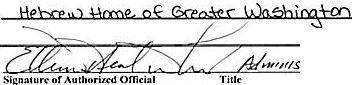


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SECTION F - WORKERS·COMPENSATION LAW QUESTIONAI RE

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STATE OF MARYLAND

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**10 East Bahlmore Str«-t**

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By: .

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**S!c\'CO Jones, Dir r**

**Insurance, Compli.J.ncc and ReportingDi\ision**

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WORKERS' COMPENSATION COMMISSION



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preceding cnrolllm:nt or l'C'\ a lidJ1tion of cnrollnumt, convicted of o 1:cdcm l or Stale felony ofl't:nsc thJ1t Cr-·.t S has dctcm1incdto be dc1rimcmnl to the best inlcres.Lo;:of th e prosram nnd it-. bcncliciarics. Offenses include:

=1c1onycrimes ngains1 pcoons and othersimilor crimes for which the indi,·.idutil was con\'klcd. including guilty pk-as and adjudic:ih:d pn:-tri:11 d i,·.crsions:financial crimes. such

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2. Any misdc m morcon\•iction. under Federal of S1otc l:1w. related10 thcfi. fraud. cmbc1..1..lcmcnt. breach of fiducinC)' du1y. or o ther fimmci:11 misconduc1in conn tion with the dcli\'cry of a health c:tn: ih:111 or sc r \' ice.

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SECTION J: CHAIN HOME OFFICE INl' O RM/\ TION

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SECTION J: CHAIN HOME OFFICE INFORMATION *1.0,,,;rn.,,lj*

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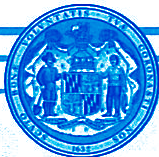
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**MARYLAND DEPARTMENT OF HEALTH OFFICE OF HEALTH CARE QUALITY** SPRING GROVE CENTER

BLAND BRYANT BUILDING 55 WADE AVENUE

CATONSVILLE, MARYLAND 21228

**License No. 15015**

Issued to: Hebrew Home Of Greater Washington 6121 Montrose Road

Rock ville, MD 20852

Type of Facility and Number of Beds:

Comprehensive Care Facility - 556 Beds

Date Iss ued: July l , 2018

This license has been granted to: Hebrew Home of Greater Washington

Authorityto operate in this State is granted to the above entitypursuant to The Health-General Article.

Title 19 Sect ion-3 18.Annotated Code of Maryland. 1982 Edition. and subseq uent supplements and is subject to any and all stalutory provisions. including all applicable rules and regulations promulgated there under.

This document is not transferable.

Expiration Date: NON - F:XPIRING



Director

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**MARYLAND**

***.V***

Department of Health

*Lany Hogan, Governor* · *Boyd K. Ruthe,forcl, Lt. Governor* · *Robert R. Neall. Secretary*

To: Kathy Schoonover, Nurse Administrator

Montgomery County Department of Health and Human Services Public Health Services

Health, Promotion, Prevention and Permitting Services

From: Margie Heald, Deputy Director Office of Health Care Quality

RE: Hebrew Home of Greater Washington Date: August 2, 2018

The Maryland General Assembly recently passed Senate Bill 108, which the Governor has signed into law. This new law authorizes the Secretary of Health to eliminate license renewal requirements and licensing fees. Thus, beginning on **July 1, 2018,** the effective date of this new

law, you are no longer required to submit a license renewal application or submit a licensing fee. Rather, you are being issued the enclosed non-expiring license.

Although there are no longer any license renewal requirements, you are still required to comply with all statutory and regulatory requirements, and are subject to discipline, including license revocation, for any violations of these requirements.

It is your authority to maintain a comprehensive care facility with a licensed capacity of 556 beds under the provision of COMAR 10.07.02.

This license is to be displayed in a conspicuous place, at or near the entrance of your facility, plainly visible and easily read by the public.

The bed and room breakdown are attached.

Some insurance companies require proof of license renewal. Because the Department is no longer issuing renewal licenses, you may forward this letter to your insurance company as proof of your compliance with the Department's licensure requirements. If your insurance company has questions, they may contact me, at 410-402-8101.

*201 W Preston Street· Baltimore, lvfD 21201* · *liealth.ma,y/and.gov*· *Toll Free: 1-877-463-3464* · *77Y: I-800-735-2258*

Kathy Schoonover, Nurse Administrator

Montgomery County Department of Health and Human Services RE: Hebrew Home of Greater Washington

Page Two August 2, 2018

Room and bed breakdown:

**CATEGORY LOCATION TOTAL**

Comprehensive

Care Facility · **Smith-Kogod Building**

Single Rooms: 1101, 1102, 1103, 1104,

1105, 1106, 1107, 1108 ,

1109, 1110 , 1111, 1112 ,

1113 , 1114 , 1115 , 1116 ,

1117, 1118, 1119, 1122,

1123, 1124 , 1125 , 1126 ,

1127 , 1128, 1129, 1130 ,

1131 , 1132 , 1133, 1134 ,

1135 , 1136 , 1140, 1141 ,

1142 , 1143, 1144

2101, 2102, 2103, 2104,

2105, 2106, 2107, 2108,

2109, 2110, 2111, 2112,

2113, 2114, 2115, 2116,

2117,2118, 2119, 2122,

2123,2124, 2125, 2126,

2127, 2128, 2129, 2130,

2131, 2132, 2133, 2134,

2135, 2136, 2140, 2141,

2142, 2143, 2144

3101, 3102, 3103, 3104,

3105, 3106, 3107, 3108,

3 l09, 3110, 3111, 3112,

3113, 3114, 3115, 3116,

3117, 3118, 3119, 3122,

3123, 3124, 3125 , 3136 ,

3140-3144

4101, 4102, 4103, 4104,

4105, 4106, 4107, 4108,

4109, 41 l0, 4111, 4112,

4113, 4114, 4115 , 4116,

41 I7, 4118, 41l 9, 4122,

4123, 4124, 4125, 4126,

39 beds

39 beds

39 beds

Page Three August 2,2018

Room and bed breakdown:

**CATEGORY LOCATION TOTAL**

**Smith-Kogod Building**

4127,4128,4129 ,4130,

4131,4132,4133,4134,

4135,4136,4140 ,4141 ,

4142,4143,4144 39 beds

**Total Single Rooms** - Smith-Kogod Bid. **156 beds**

Duplex R ooms:1287,2188 ,2189,2190,

2191,2192,2193,2194,

2 195, 2196, 2197,2198,

2199,2200,212,2020,2

220,3220,4220,5220,6

2207 42 beds

3187,3188,3189,3190,

3191,3192,319 3,3194,

3195,3196 ,3197,3198,

3199,320,03201,320,2

3203,32,03420,5320,6

3207 42 beds

4187,4188,4189 ,4190 ,

4191 ,4192,4193,4194 ,

419,54196,4197,4198 ,

4199,420,04201,420,2

4203,4204,42,045206,

4207 42 beds

**Total Duplex Rooms**-Smith-Kogod Bid. **126 beds Total Smith-Kogod Building 282 beds**

Page Four August 2,2018

Room and bed breakdown:

**CATEGORY LOCATION TOTAL**

**Wasserman Building**

Single R ooms:2,0230,4205,20,620,7

20,8209,120,211,212,

213,214,216,218,22,0

22,222,4229,21,3233,

23,5237,2,32941,243,

25,4256,25,8260,262,

26,4266,26,8269,270,

271,272,27,3274,275,

27,7279,21,828,3285,

28,6287,28,8289,290,

291,292,29,3294,295,

296

303,304,30,5306,307,

308,309,130,311,312,

313,314,316,318,320,

322,324,329,331,333,

335,3,33739,31,4343,

354,356,358,360,362

364,36,6368,370,3,37

375,377,379,13,838,3

385,3,83687,388,389,

390,391,392,393,394,

39,5396

403,404,405,406,407,

408,4,04910,411,412,

413,414,416,418,420,

422,424,429,431,433,

435,437,439,441,443,

454,4,54658,4,64062,

464,4,64668,4,74073,

475,4,74779,481,483,

485,486,487,488,489,

56 beds

52 beds

490,491,492,493,494,

495,496 52 beds

Page Five August 2, 2018

Room and bed breakdown:

**CATEGORY LOCATION TOTAL**

Single Rooms:503, 504, 505, 506, 507,

508,509,510,511,512,

513,514, 515, 518, 520,

522, 524, 529, 531, 533,

535, 537, 539, 541, 543,

554, 556, 558, 560, 562,

564,566,568,570,573,

575,577,579,581,583,

585, 586,587, 588, 589,

590, 591,592, 593, 594,

595, 596 52 beds

**Total Single Rooms** Wasserman Bid. **212 beds**

**Wasserman Bulding**

Duplex Rooms:201, 202,226,245,250,

297,298,301,302, 326,

344, 345, 371, 397, 398,

401, 402 , 426 , 444 , 445 ,

471, 497, 498, 501,502,

526,544, 545, 571,597,

598 62 beds

**Total Duplex Rooms** Wasserman Bid. **62 beds Total Wasserman Building 274 beds**

**Overall Total 556 beds**



**MARYLAND**

**DEPARTMENT OF HEALTH AND l\1ENTAL HYGIENE OFFICE OF HEALTH CARE QUALITY**

S PRING GROVE CENTER

OLAND BRYANT BUJLDING

*55* WADE AVENUE

CATONSV,LJf E, MARYLAND 21228

License No. 15015

Jss ued10: Ilebrew Home Of Greater Washington 612 1 MontroseRoad

Rockvillo, MD 20852

Typeof Facility and Numberof Bedi:

Comprehensive C'are Facil ity - *556* Beds

Date lss1.;tcd : May 20,2015

This license has bc-.cn granted to: Hebrew Home ofGreater Washingtort

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Exp irationDate: Moy 20. 2017



Director



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Maryla nd Department of Heah h and Menta l Hygie ne

Office uf Hca hh Care Quality

Spring ( i rovc Center • Bl and Oryim l B uiJdin g

*55* Wade Avenue • Catonsville, M" ryland 212 28 -466 3

l.;1',\ n.;c J ll<•a11. Jt. . G l'!\'l'ln()t • Oo}<J K. lt ha lf<!'d, l.1 ( i(, \•t f'l'l(OI • , ,.. ·r:.\.1l i.·. hd l. S llt 'A'l1.f1

To: Kathy Schoonover, Nurse Administrator

MontgomeryCounty Department of HealthandHumanServices

Pu blic H ealth Services

Health, Promotion,PreventionandPermitting services

From: Pacrici a Tomsko Nay,M.D., Execuitve Director Officeof Health CareQual ity

RE: HebrewHome Of Greater Washington

Date: April **13,** 2015

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Thisis to acknowfedgereceipt of a license feeof S7;000.00 for556bedsandan application for a licesne to operateHebrew Homeof Greater Washington.

Thee n close d license willbein effectuntilMay20,2017,u nl s.s r evo ked. It Isthe: facility's c1utho rity to maintainand comprehensievc.are facility wi th *a* licensed capadty of 556 bedsunder theprovisionsof COMAR10.07.20.

Peaseadvise the facility that thtS licenseshould be displayed In aconspicuousplace, at or n a r the

entrance,plainlyvisible and asity readbythepublic. Attached,please find the room andbedbreakdown for this facility TN/ c jc



Enclosure: License No. 15-01S Cc: Meye,$• nd Stauffer

Maryland Health Care CommiWOn

Medical CareOperadons Administration Medk:alCar ePolciyAdmlnls-tr atioo Lynda Uuro

PattiMelodtnl, Health fac liliesCoordln.ator Llc;ens-eFile

Toll f re 1- 7i -4MO- DHMII • TTY 1(tr Oi-.Jbk J - M:uyfar.\l Rd :sySm ice 1-800 - 735•225 JI

W b Si11,,: ·ww.(lhrnh.fll:lt)'la,ld.g\W

**Kathy Schoonov,er Nurse Administrator**

**M on tgome,y County Department ofHealthand HumanServices Rf: Hebrew Home of Greater Washington**

**Page Two**

April13, WIS

**Room and bedbreakdown:**

CATEGORY LQCATION

**Comprehensive**

**care facility Smhh•Kogod Building**

Single Rooms: 11 01, 1102,110, 3 1104,

1105,1106,1107,1108,

1109, 1110,111, 1 1112,

1113, 1114,1115,1116,

1117,1118,1119,1122,

1123,1124, 1125,1126,

1127, 1128,1129,1130,

1131, 1132,1133,1134,

1135,1136,1140,1141,

1142,1143,1144

2101, 2102, 2103, 2104,

2105, 2106,2107, 210, 8

2109, 2110,2111, 2112.

2113, 2114, 2115, 2116,

2117,2118, 2119, 2122,

2123,2124, 2125, 2126,

2127, 2128, 2129, 2130,

2131, 2132, 2133,2134,

2135, 2136, 2140, 2141,

2142,2143,2144

3101,3102, 3103,3104,

3105,3106, 3107, 3108,

3109,3110, 3111, 3112,

3113, 3114,3115, 3116,

3117,3118,3119,3122,

3123, 3124, 3125, 3136,

3140-3144

4101, 4102, 4103, 4104,

4105,4106, 4107,4108,

4109, 4110, 4111,4112,

4113, 4114,4115, 4116,

4117, 4118,4119, 4122,

4123, 4124, 4125,4126,

4127,4128, 4129,4130,

4131,4132,4133, 4134,

4135, 4136,4140, 4141,

4142, 4143,4144

**TotalSJngle Rooms - Smith•KogodBid.**



39beds

39 beds

39beds

39 beds

156 beds

**Kathy Schoonover, Nurse Administrator**

**Montgomery CountyDepartmen t ofHealthalldHumanSetvices RE:Hebrew Home ofGreaterWashington**

**Page Three**

April13, 2015

**Roomandbedbreakdown:**

CATEGORY LOCATIQ!I

**Smlth-Koe,od Buifdlng**

Duplex Rooms: 2187, 2188, 2189,2190,

2191, 2192, 2193. 2194,

2195, 2196,2197,2198,

2199, 2200, 2201, 2202,

2203, 2204, 2205, 2206,

2207

3187, 3188, 3189, 3190,

3191, 3192, 3193, 3194,

3195, 3196, 3197, 3198,

3199,3200, 3201,3202,

3203,3204, 3205, 3206,

3207

4187, 4188, 4189, 4190,

4191, 4192, 4193, 4194,

4195,4196, 4197,4198,

4199,4200, 4201,4202,

4203,4204, 4205,4206,

4207

**Total Duplex Room.s- Smith·KogodBid.**

Total **Smith-Kogod** 8ulld1ng

**Wasserman Buli;ding**

Single Roo m• : 203,204, 205, 206,207,

208,209,210,211,212,

213,214,216,218,220,

222,224, 229, 231,233,

235, 237,239,241, 243,

254, 256,258.260, 262,

264, 266, 268.269, 270,

271,272,213,274,275,

277, 279, 281, 283. 285,

286,287, 288, 289, 290.

291,292, 293, 294, 295,

296

303,304,305,306,307,

308,309, 310, 3ll,312,

313, 314,316,318, 320,

322, 32, 4 329, 331, 333,

335,337. 339, 341, 343,



42beds

42beds

42 beds

126 beds

282 beds

56 beds

**Ka1hy Schoonover, NurseAdministrator**

**Montgomery County Department ofHealht andHuman Services RE:Hebre w Home ofGreater Washinston**

**Page Four**

April 13, 2015

**Roomandbedbreakdown:**

CATEGORY LOCATION

354,356,358,360,362

**364, 366, 368, 370, *373,***

375,377,379, 381, 383,

385,386, 387,388,389,

390,391,392, 393, 394,

395,396

403,404,405,406,407,

408,409,410, 411,412,

413,414,416,418,420,

422, 424,429,431, 433,

435,437,439,441,443,

454,456,458,460,462,

464,466,468,470,473,

**475, *4n,* 479,481,483**

**1**

485, 486, 487, 488, 489,

490,491,492,493,494,

495, 496

503, 504,sos, 506, 507,

508,509,510, 511, 512,

513,514, 515,518,520,

5.22,524, 529,531.533,

**535, S37,539, 541, S43,**

554,556,558.560,562,

564,566,568, 570, 573,

575,577,579, 581, 583,

585, 586, 587,588.589,

590,591,592,593,594,

**S9S, 596**



52 beds

52 beds

52 beds

**TotalSinsle Rooms Wasserman Bid. 212beds**

**Kathy Schoonover, Nurse Administrator**

**M ontgomeryCounty Department ofHealthandHumanServices**

**RE: Hebrew Home ofGreater Washington Page Five**

April13, 2015

**Room andbedbteakdown:**

CATEGORY **LOCATION** TOTAL

**Wau emr an8 uldlng**

DuplexRooms: 201, 202,226, 245, 250,

297,298, 301, 302,326,

344, 345, 371, 397, 398,

401, 402, 426, 444, 44S,

471, 497, 498, SOI, 502,

526, 544,54S, 571,597, S98

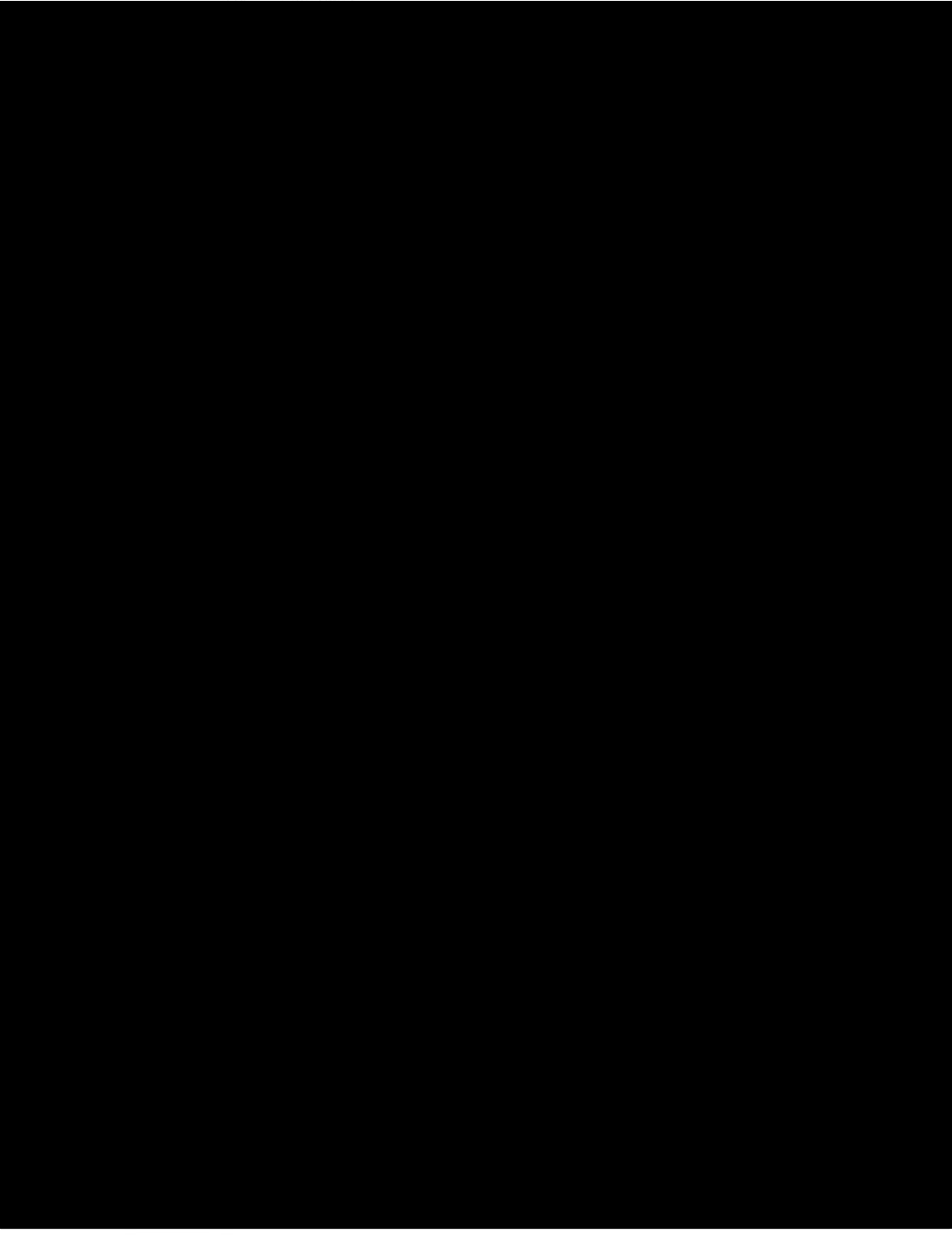
**Total DuplexRooms Wasserman Bid. TotaJ W a sserma n Building**

**Overall Total**

62 beds

62 beds

274 bed• S56 beds



SF.CTION A • LONCTERM CARE PROVIDER Al' PLICATION



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**Smi,th t<O<Jlld Bul!din9**

**CMegory**



**Priv• to Rooms**

1101 1102 1103 1104 1105 1106 1107 1108 1109 1110

11111112 11131114 1115 1116 11171118 1119 1122

**1123 t124 1125 1126 112? 1128 1129 1130 1131 1132**

**1133 1,34 1135 1136 1140 1141 1142 1143 1144**

**2101 2102 2103 2104 210$ 2106 2107 2108 2109 2110**

2111 211221132114 2116 2116 2117 2118 2119 2122

2123 2124 2125 2128 2127 2128 2129 2130 2131 2132

21332134 21as 2136 2140 2141 2142 2143 2144

3101 3102 3103 310< 31053105 3107 3108 3109 3110

3111 3112 3113 311< 3115 3116 3117 3118 3119 3122

3123 124 3125 31 3127 3128 3129 3130 3131 3132

3133 134 3135 3136 3140 3141 3142 3143 3144

410> 4102 4103 4104 4105 4106 4107 4108 4109 4110

**41 1' 4112 4113 4114 <¢115 4116 4117 41t8 4119 4122**

**4123 4124 412s 4126 4121 412a 4129 4130 4131 4132**

**4133 4134 4135 4136 4140 4141 4142 4143 4144**

**Doub! Rooms**

2187 2188 2189 2190 2191 2192 2193 2194 2195 2196

2197 2198 2199 2200 2201 2202 2203 2204 2205 2206

2207

3187 31AS :,199 3• 3191 3192 3193 3194 3195 3196

3197 3198 3199 3200 3201 3202 3203 3204 3205 3206

3207

4187 4188 4189 4190 4191 4192 4193 4194 4195 4196

4197 4198 4199 4200 4201 4202 4203 <204 4205 4206

4207

168

126

**To l;af** 282

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**WO!'l$¢nt'i:lnB uilding**

**Category £!1**

**PrlYatf Booms**

203 20< 205 200 207 208 209 210 211 212

213 214 216 218 220 222 224 229 231 233

235 237 239 241 243 254 2S6 258 260 262

264 266 265 269 270 271 272 273 274 275

277 279 281 283 285 286 287 288 289 290

291 292 293 294 295 296

303 304 306 303 307 308 309 310 311 312

313 314 316 318 320 322 324 329 331 333

335 337 339 341 343 364 35<l 358 360 362

364 366 368 370 373 375 3TT 379 381 383

**385 .:.so *3-tl1 388* 389 390 391 3·92 393 394**

395 396

**403 4{i4 405 406 4(17 408 409 410 4 11 412**

**413 4'14 ,10 41a 420 422 424 429 431 433**

**435 437 439 441 443: 454 *456* 458 460 46 2**

464 <66 466 *•10* 473 475*•n* 479 •s1 483

485 486 487 488 489 490 491 492 493 494

**495 496**

503 504 505 506 507 sos 509 510 511 512

513 514 516 518 520 522 524 529 531 533

**535 Sa7 534? 5'1 543 5-54 S!e 58 560 562**

564 566 5€8 570 573 575 5TT S79 Ml 583

585 S8fi M7 5'18 589 590 591 592 593 594

**595 St:5**

**Doub Rooms**

201 202 226 245 250 297 298

301 302 326 3'4 345 371 397 39S

401 40-2 426 4<14 4"5 471 497 498

501 50:> S2S 544 545 571 597 598

Total

**2 12 Beds**

62 **Bed•**

**714 Bod1l**

...

SK - 63 Dc.ubles 156 Singl.;s 2.1a 1c-0ms 282 Roi;idents Wa s - 31 OoublP.s 212 Si sles i!t-3 rnc1Jl5 27.-t Residents

:t **4/** J.

*TcTr:, L*

:.- *51;;,""* b cLs

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CESLC

6121 Montros .=td

Ror:kvrlle MD 203.S2



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**I IEBREW HOME OF GREATER WASHINGTON**

**Si\tlTI 1- KOGOJn .,- \, ', \ SSC Ri\ l:\ N R E ST l> L I\ <:E**



Mar ch 16, 2015

Via Federal Express

Ms. Cheryl Cook

**Long Tenn Care Unit**

Maryla nd Department of Health and Ment al Hygiene Office of Health Care Quality

**Spring Grove Center, Bland Bryam Building 55 Wade Avenue**

Cato nsville, Maryland 21228-4663

Re: Re ne wa l A pplica t ion Packe t

**H ebre w Home of Greater Washington**

Dear Ms. Cook:

**EncJosed, please find Lhc completed Ren ewal Applir.;1tion P<tc kcl for Comprehensive** Care and Extended Care F;icilities for the Hebrew I-lo m e of Greater Washingto n. If you haveany questions, J c a n be re ac h e d at (30 1) 77 0 -83 10.

# Zt6 J ,,,

; llio tt Neal White, MHA, NJ-IA

**1\dministrator**

**Ilehrew Home of Greater Wash ington**

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STA l' l Of' M I\ R Vt.ANO



I I I

Maryla nd De pai1ment of I leahh and Mental Hygiene O ffice of Health Care Quality

Spr ing Gro v"e Ce nte r • B la nd Bryant Build ing

*55* \Vad e Avenue • Ca tonsville, Maryla nd 2 1228-4 6 63

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**R E N EW A L APPLI CAT ION PACKl·71'**

**'t OR CO M P R E H EN SI VE C ARE** & **F.XTF; NDEO CARE FACI LI TI ES**

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*based 011 the LONG-TERM CARE /'ROV! Df.'R A l' l' U ( 'ATION. ,tl<,ke check:, JXQ'ab/e ,o : .\1ar,·la11d D, • partm,•nt t>f H,•a/th unJ Mentc,/ Ilyg i<•ne. (f you ,we,I addi1iona/ ir?fo rma rion or* hm·< *J( m•stion s. f)l<'ase ,· a /14/ 0 - 0 ]-8 ]0 / ,*

1. Application for Liccnsurc

Room and Bed Brcakdo\\11 is required at thetime ofl k ensc rtnewitl

1. Principal PhysicianAgreentent & Rel ief Physician Agreement
2. Din-.-ctor of Nursing Agre(.'tnent
3. f acility Ownership (Medica id J\pplicaiion)1
4. Slate Affidavit
5. Workers· Compensation *Um:* Quc-s1io nnairc
6. Certilic1te of Compliance.asapplicable
7. Ad\'erse Legal Actions/C'onvictions
8. Chain Home Office Information

1 trnot .- M edicai dprovider, only$vbmit t he " Provi d erOwnersl'llp and Control Di$<:IO$ute *(Of n,"*

To ll Free 14 877•.SMO-OIIMII - ·n Y/Mruyland Relay Sco·i«' 14 800-7354 2'2S8 Web$i1e: - g,.

6121MONTROSE AOAD. IID CKVIU.E,: MO 20852

**OPERATING ACCOUNT**

Cileck No. -

PAY



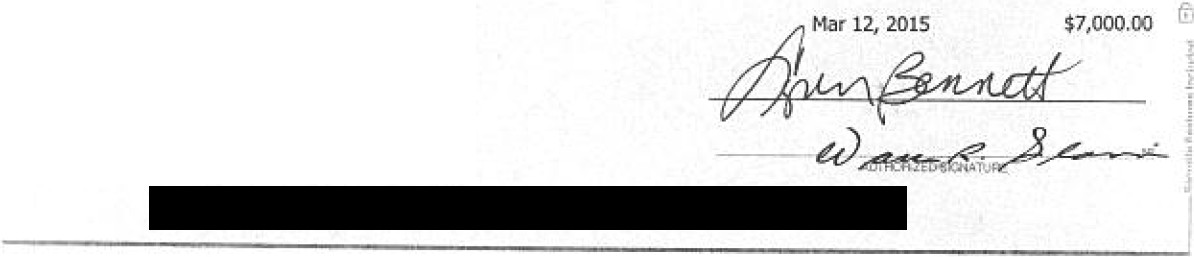
***•t'Wf•*** *Cl,arl.es E. Smith Life Communilies*

HEBREW ttOME OF GREATER WASHINGTON, INC.

Sew11Th oosand Dollarsand 00 Cents

DATE

AM OUITT



DHMH

TOTHE

OFIDER

OF;

BLAND BRYANT BUU.OING SPRING GROVE CENTER 55 WADEAVENUE CATONSVlll E, MD 21228

S ECTIO N B - LONG TERM CARE PROVIDER APPLICATIO N PRINCIPAi. PIIYSIC'IAN AGREEMENT

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SECTION B- LONG TERMCARE PROVIDER APPLICATION RELIEF PHYSICIAN AGREEMENT

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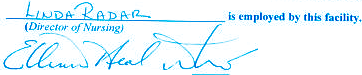
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STATEOF MARYLAND DEPARTMENT OFHEALTHANOMENTALHYGIENE

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STATEOFMARYLAND DEPARTMENTOFHEALTHANOMENI ALHYGIENE MEDICALCAREPROGRAM

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| **32** | Clinic,Drug Abust (Methadone) | Ill | fntermedlato CareFacilityfor tht MentaDlt Rt latded OCF-MR\ | 11 | Podl.atry |
| **33**  **34** | ClinW.- F amirvPlannina  Clinic, FederallyQuatifled Health  COffte< | **' 14**  **10** | Kldn Oiseas.e Pr gram -  LabOf.,.\_Ollts , Medical | 15  **PR** | Ps I isl  P$yChiltlleRehab. Service Facility |
| **3S**  **3' .** | Clinic,LocalHealthDepartment | **91** | Local Education Ag tn ciH /Loeal Lta d Agencies | **SJ** | Rtsl dential Service A.gooey/ Home Haatth Aide Provider |
|  | Clinic, Maryland Qualified Health  Ct.mtfs | **72** | MCO | **88** | Residential Treamt ent Center |
| *-'11* | Clinic RuralHealth | **42** | Medical O,yCa,t, Adult  l . | "**88** | SChool BasedHealth Ct nt.e, |
| **3'** | Clinic Gentral | **4f** | Mid /ca, DavCare Ch.lctron |  | s.nJor Center Pfu5, |
| **80** | DOASeN ices Provider | **CII** | Ment.al He.ehh Cast Ma nagement  Provide-, | **SA** | Services to Medica llyComplax Pat ients in Nursin.oFacflltJM |
| 1, | Dtnlal | **11e·** | Mental Heatth Clinic | **,14** | SocialWorker |
| **14** | Diabt1os Ed ucation | ***'11*** | MentalHealthGroup P,ovlder  (Psychotherapsi t, Sodal Work&,, Nurse Psychotheurus-o | 17 | Sptte hll anguagePatholog'1t |
| **60** | Di.a9Ro rtie S. rvkes, other | **211** | Mental HygieneAdminisfraUOfl  S..Vlet | **re·** | Therapevtk Commvnify |
| **11** | Dlalysb Facilities | **11r-·** | l,lobile T,eatment | **211** | TherapyGr00pProvider (PT.OT.  Soeechl |
| **15**  **S2** | Dietician/Nutritionists. | 21 | Nurse Aoetthttlsis (lndiv. OrGrovo) | **u** | Vision Care |
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| 1,0 | Nursina Home | **25** | Ph.armar-v,taxSU ned |

**IMPORTANT.** PLEASE READ ATTACHED INSlR u-C IONSBEFORE COMPLETINGAPPUCATION

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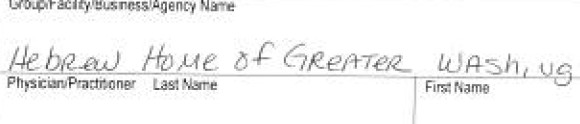
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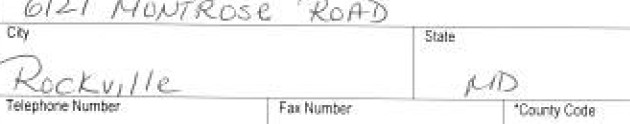
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SECTIOND.MEDICALCAREPROGRAM' PROV1DERAPPLCI ATION

81 MEDICAREINFORMATION

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1. OTHERPRACTICELOCATION INFORMATION

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SECTIONO•MEOICAL CAREPROGRAM • PROVIDER APPI.ICATION

1. PRACTICE INFORMATION

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11) AUTHORIZATION

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SECTION O• MEDICAi.CARE PROGRAM• PROVIDER Al'i'UCATOI N

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Pleasereturn completedappilcation *to:* Systemsand Operations Admni istration

Provider Enrollment

P.O. Box 17030 Balmti ore, {) 21203

SECTION I). Re vised 3/1612010

PRACTITIONER 

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andwishlobe reimbu rsedd•eclly bytheSlate?(Your personallax identificationnumbe<mustappear on thisapplication) Q YES ONO

GROUP *,u/A-*

**If your gro upisaffiMtedwithahealthcare ins-titutionormedical school, please enter thena.tne and fulladdtess of the**

inslitu1ion orschool.your title and**a**brief explanation of yourgroup'sduties:

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**NOTE:Allpractttionersina group mustbe en.rolled as MadlealCare Programproviders.**

LABORATORY INFORMATION

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**re im bu rsed forservices retelTed tomedical laboratories orolher practices. Thoselaboratories orpracticesmustblif.**

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Anicle 1-7 202and 17-205. AnnolatedCodeof Maryland) andCUACertificate Number (CliniclaLaborall>ryIm p rovemnet ol

1988PublicLaw 100,578)toperlormlabotatoryservices. Out-ol-sfareproviders areonlyrequiredloprovdi et h eirCLIA CertifrcateN umber, *d they* donotreceivespecimens thatoriginate inMaryland.

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c/o Hebrew Homeof CreaterWashington

6121Montrose Road Rockvllel , MD 20852

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SECTIONF- WORKERS' COMPENSATION LA\V QUESTIONAIRE

Name of Facility



(Please typeor print)

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If you have rut wi:rcd NO, pleaseattach a copy ofyour Ccnific.ate of Complianc.:c in accordance with S tate, Workers· Compensation Laws.

(See anachcd fonn*1\ 52* and lnstniction Sheet)

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STATE OF MARYLAND

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**10East BaltimoreStreet**

Baltini•rc, MD 21202

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W ORKER•S COMPENSAll ON COMMISSION OF TI!ESTATE OFMARYLAND

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SECTION G - CERTIFICATE OFCOMPLIANCE APPLICATION

INST RUCTION S HEET

P elase REVIEW INSTRUCT IO NS BEFORE CO IPLET ING the Ccrtilicate of Co mpliance App licatio n

**The \Vorkers' Compensation Commission will acce1H only the original applicat ion.**

**( Do Not fax, photocopy or dectronkally reproduce) Type or print LEG(RLY or a1)p tic:ttion**

**may be returned without n·view. Complete lhc ;tpplication in its enl irct) . ·**

**Line # J Name ofComp;rn\_y ( lf thc company <loc."S 001 ba,·c a name ll-·.wc blank) Linc# 2 Owner's Name** ( If **corporation, list the name- of the cootacr J)Cr'Son)** Linc# 3 Compl<tc Busine,s Add,,., (P.O. Box is not acceptable)

**Line # 4 ComplNt Mailing Adc.Jress**

**Line# 5 Phone Number (PagerNumber l, not :tcceptablc)**

PF.IN or Soci al Security Number is required. (If partnership, pl•• • **Initial & lis,t the last four digits ofSS# for each partner. If using a** PEIN#,SS #'sare not necessary.)

**Lint# 6 Cheek appropriah.' box (sec hack ofapplication). Additionally. where indicated, please complete an<l attach Ext'lu.sion Form C:-16R.**

**Line# 7 Sign anti Date (If partnership, ,A!! partners must sign)**

NOTE: Maryland Law§ 9-201 require an e mployer with one or more employees to car ry workers' compe nsa tion ins ura nce. Any employer wiht workers' compensa tion insura nce is to submit proof ( policy or binder number) of co\'crage to the Agency where they are applying for their license. 00 NOT COM PLETE THE CERTIFICAT E OF COMPLIANCE APPLICATIO N IF

YOU HAVE INSURANCE COVE RAGE. If you ha"e any questions regarding the Certilicate of Compliance, fllease call 410-864-5297 or 1-800-492-0479 and ask to be t ransfer red to extension 5297. If you do not follow the aforementioned inst ruction s, ii may cause a delay in the processing of your ap(llica tio n.

Thank youfor your cooperation.

SECTION G - CERTIFICATf; OF COMPLIANCE APPLICA TION

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SECTION G - CERTIFIC ATE OF COMPLIANCE APPLICAT ION

WORKERS' COMPENSATION COMMISSION

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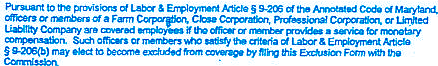
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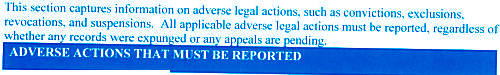


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**S EC T ION** I : **ADVERS E ACTl O NS/CONVICT IO NS**



Con,•irtions

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as extortion. em bezzlcmen1.income tax evasion. insurance fraud and other.similar crimes

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h the individual wascon\'ictcd. including guilly picas and adjudica ted pre-triaJ

d ive rsions: any felony 1hat plac-ed t he l\•fcdicaid program or its bcneliciaries at imm :diatc risk (such its a mafprac1icc s uit that re8ults in a conviction ofcriminal neglect or misconduct) and any felonies that ,.·.ould result in a 1nanda1ory exclusion under Section I128(a)of the Act.

* 1. Any misdemeanor C()ovlc1ion. under Federal of Sime law. related to: (a) lhc delivery ofan item or service under /\•fe dic a re or a State heahh care program,or (b) the abuseor rwglcct of a patic:nt in connc<:tions with thc deliveryof n hc.ahhcare item or service.
  2. Any misdemeanor conviction. under Federal of Staie.law, reJatcd to theft fraud, t:mbczzlemeot, breach of fiduciary duty. or other fimtncial misconduct in connection' "·ith the deliveryof t1

heahhcare item or service.

* 1. Any misdemeanor conviction. under federal of S1ate Jaw. related to the interference with or t)l:>.$trnction of aJlY inves1iga1ion in10 any criminal ofli.:nsc described in 42 C.f.R. Section 1001. 10 1 o r 100 1.201.
  2. Any misdemc.1nor con vk1ion. under f ederal of State law. relah.".CI to the unlawful manufacture. distribu1ion.prescription. or dispensing ofa c-0n1ro lk·dsubstance.

f2xcl u.sions, Revocations or Suspensions

l. Any revoca1ion or.suspension of a license lo provide health cure by any Sta(e licensing authority. This includes the surrender ofsuch license \\•hilc:, formal disciplinm:• proceeding w;,s pending helore a Staie licensingauthorit)'.

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Rt, 'isf'd .)/16/2010

SECTION I: ADVERS E ACT IONS/C ONV ICTIONS (, on linuedJ

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SECTION J: CHAIN HOME OFFICE INFORMATION

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For more information onchain organi1.a1ions. sc 42 C.F. R. 421.4 04.

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0 Provider has changed formone chain to another \_ \_ \_ \_ \_ \_

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changing.*(alltJlhl:'r, l ,,jir mi 1tim1r enu,lnv1/w,n1111 J.*

Se<"tions to Co mplerc

Complete all of Section J.

Complete section J-C. identifying 1he former chain home office.

Complete Sectioo J in full to identify the new chain home officl!.

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March 16, 2015

Y,ia Federal Express

Ms. Che ry l Cook

Long TermCare Unit

Maryland Department of IIeahh and Me ma l Hygiene Office of Health Care Quality

Sp ring Grove Cente r, Bland Bryant Building

55 Wr1de. Avenue

Cmonsvillc, Ma ry la nd 21228-,rn6J

Re: Rene wal Appl icat ion Packet

Hebrew Home orGre;iter \\tashingcon

Dear Ms. Cook:

1::nclose, d please fi nd the compl eted Renewal Application Packet for Compre hensive

Care and Extendccl Care Facilities for the Hebrew Home of Greater Wash ington . If

you have any ques tio,ns I can be reached ai (301) 770-8310.

*2-t6 JV"''------r----*

Neal

Elliott White, MI-IA, NI-IA

Administrator

Hebrew Home of GreaLer Washington

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**MARYLAND**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

. **OFFICE O:f lJEALTH CARE QUALITY**

.. SP RIN:G-G; ROVECENTER

BLAND BRYANT BUILDING

55 WADE AY:miUE ' .

CATONSVItLE; MARYLAND 21228

**License No..15015** -

Issued to:Hebrew Home OfQreater Washington 6121 Mori'fi-ose Rdad

R9ckville, MD 20852

Type of Facility and Number .of Beds: . Comprehensive Care Facility - 5,56 Beds

Date Issued: May 20, 2013

This licens has been gran ted;to:-He brewHome ofGreaterWashington

'

Authority to operate in this tate i,s griµited,t,oJ he 'abo ve entity pursuant to The Health-General Article,

Title 19 Section 3I 8, Annot<1ted Code of Maryland, **1982** Edition, and subsequent supplements and is subject to any and all statutory provisions, including 'all applicable rules and regulations promulgated there under.

This document is not'transferable. ·

Expiration'Date: May 20,-201



Director

*Falsification of a license shall s.ubjecl the-perpetrator to aiminal prosecution and the imposition of civi( fines.*

ST AT E OF **MARYLAND**

DHMH

**Maryland Depart me nt of Health and Me nta l H yg ie ne**

Office of Health Care Quali ty

Spring Grove Center· Bland Bryant Building

55 Wade Avenue · Catonsville, Maryland 21228-4663

Martin O' Malley, Governor• Anlhony G. Brown, LI. Governo r - Joshua M. Sharfs te in M.D.. Secre tary

To: Kathy Schoonover, Nurse Administrator

Montgomery County Department of Health and Human Services Public Health Services

Health, Promotion, Prevention and Permitting Services

From: Patricia Tomsko Nay, M.D., Acting Director *)Wcv- d -"'J}(c, 1/1tffJ; 'l!f.1--*

0ffice of Health Care Quality *I/*

RE: Hebrew Home Of Greater Washington Date: April 25, 2013

----------------------------------------·--------------------------------------------------------·---------------------------

This is to acknowledge receipt of a license fee of $7,000.00 for 556 beds and an application for a license to operate Hebrew Home Of Greater Washington.

The enclosed license will bein effect until May 20, 2015, unlessrevoked. It is the facility's authority to maintain and comprehensive care facility with a licensed capacity of 556 beds under the provisions of COMAR 10 .07.20 .

Pease advise the facility that this license should be displayed in a conspicuous place, at or near the entrance, plainly visible and easily read by the public.

Attached, please find the room andbed breakdown for this facility TN/cjc

Enclosure: License No. 15-015

Cc: Meyers and Stauffer

Maryland Health Care Commission Medical Care Operations Administration Medical Care Policy Administration Lynda Lazaro

Debra Munford, Health FacilitiesCoordinator License File

To ll Free I-877-4M D-DHMH · TTY for Disabled - Maryland Relay Se rvice 1-800-735-2258

Web Site: [www.dhmh.Maryland.gov](http://www.dhmh.Maryland.gov/)

Kathy Schoonover, Nurse Administrator

Montgomery County Department of Health and Human Services RE: Hebrew Home Of Greater Washington

Page Two April 25, 2013

|  |  |  |
| --- | --- | --- |
| Room and bed breakdown: |  |  |
| **CATEGORY** | **LOCATION** |
| Comprehensive |  |
| Care Facility | **Smith-Kogod Building** |
|  | Single Rooms: 1101-1119, 1122-1136, |
|  | 1140-1144 | 39 beds |
|  | 2101-2119, 2122-2136, |  |
|  | 2140-2144 | 39 beds |
|  | 3101-2119, 3122-3136, |  |
|  | 3140-3144 | 39 beds |
|  | 4101-4119, 4122-4136, |  |
|  | 4140-4144 | 39 beds |
|  | **Total Single Rooms** - Smith-Kogod Bid. | **156 beds** |
|  | **Smith-Kogod Building** |  |
|  | Duplex Rooms: 2187-2207  3187-3207 | 42 beds  42 beds |
|  | 4187-4207 | 42 beds |
|  | **Total Duplex Rooms** -Smith-Kogod Bid. | **126 beds** |
|  | **Total Smith-Kogod Building** | **282 beds** |
|  | **Wasserman Building** |  |
|  | Single Rooms: 203-214, 216, 218, 220, |  |
|  | 222,224,229,231,233, |  |
|  | 235,237,239,241,243, |  |
|  | 254,256,258,260,262, |  |
|  | 264, 266, 268-275, 277, |  |
|  | 279,281,283,285-296 | 56 beds |
|  | 303-314, 316, 318, 320, |  |
|  | 322,324,329,331,333, |  |
|  | 335,337,339,341,343, |  |
|  | 354,356,358,360,362 |  |
|  | 364, 366, 370, 373, 375, |  |
|  | 377,379,381,383,385, |  |
|  | 386-396 | 52 beds |
|  | 403-414, 416, 418, 420, |  |
|  | 422,424,429,431,433, |  |
|  | 435,437,439,441,443, |  |
|  | 454,456,458,460,462, |  |

464,466,468,470,473,

475, 477, 479, 481, 483,

485-496

503-515, 518, 520, 522,

524,529,531,533,535,

537, 539, 541, 543, 554,

556,558,560,562,564,

566, 568, 570, 573, 575,

577, 579, 581, 583, 585-

596

**Total Single Rooms** Wasserman Bid.

**Wasserman Bulding**

Duplex Rooms: 201, 202, 226, 245, 250,

297, 298, 301, 302, 326,

344,345,371,397,398,

401,402,426,444,445,

471,497,498,501,502,

526, 544, 545, 571, 597,

598

**Total Duplex Rooms** Wasserman Bid.

**Total Wasserman Building Overall Total**

52 beds

52 beds

**212 beds**

62 beds

**62 beds**

**274 beds**

**556 beds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **06/07/2018** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
| 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 0657  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few | **Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.**  Based on surveyor review of the clinical record, surveyor observation and interview with facility staff, it was determined that the facility staff had failed to ensure the comprehensive plan of care that addressed resident #4's abusive/aggressive behavior was reviewed and revised in a timely manner. This finding was identified for 1 of 8 residents selected for the complaint survey. The findings include:  This finding was identified during the investigation of a facility reported incident.  On 06-07-18, surveyor review of the clinical record of resident #4 revealed that, on 04-28-18, the resident was observed pushing another resident and grabbing the resident by the neck. Resident #4's aggressive behavior resulted in the other resident falling to the floor, but there were no apparent injuries, and staff was able to redirect resident  #4 after the incident.  Further review of the (MONTH) and (MONTH) (YEAR) staff documentation of resident #4's previously observed behavior, revealed attempts of the resident to bite, as well as kick, staff members. In addition, documented behaviors included noncompliance  with care, wandering in and out of other residents' rooms and foul language towards staff and other residents.  Review of the comprehensive plan of care, regarding resident #4's abusive/aggressive behavior, revealed that, on 05-07-18, staff documented provide 1:1 supervision as possible as an intervention. Further record review revealed that the facility initiated 1:1 staff supervision of the resident on 04-30-18 after the 04-28-18 incident .  On 06-07-18, surveyor review of the April, (MONTH) and (MONTH) (YEAR) daily assignment sheets revealed that, after 05-10-18, there was no further evidence of an assigned staff member for 1:1 supervision to resident #4 on the 11PM - 7 AM shift.  Further review of the daily assignment sheets revealed that, after 06-06-18, there was no assigned 1:1 supervision during the 7AM-3PM shift.  On 06-07-18 at 3:30PM, surveyor observation revealed that resident #4 was in her/his room alone and laying on the side of  the bed. There was no evidence of a 1:1 assigned staff member. When asked, the resident denied any concerns and was unaware of having a 1:1 staff member.  On 06-07-18 at 2:40PM, surveyor interview with the 4 East unit manager revealed that resident #4's behavior has been challenging for unit staff since the resident's admission and has been unpredictable at times. Staff supervision had been provided to the resident, but not until after the last incident on 04-28-18, was 1:1 supervision required. Presently 1:1 supervisory need has been decreased over the shifts.  On 06-07-18 at 4:30PM, surveyor interview with the Director of Nursing revealed that the 1:1 supervision had been reduced during the shifts based on the fact that resident #4's observed behaviors had decreased during the 11-7 shift, and  therefore, it was decided that 1:1 supervision was no longer required. Further interview revealed that, on 06-07-18, 1:1 supervision during the 7-3 shift had been removed and staff on the unit would observe the resident's behavior and document observations.  However, further review of the comprehensive plan of care addressing the resident's abusive/aggressive behavior revealed no evidence that staff reviewed or revised the plan of care to include the reassessment for the 1:1 supervision, and/or the  need to increase or decrease the supervision. There was no evidence of a review or reassessment of other interventions that may be necessary to address resident #4's behavior.  On 06-07-18 at 5:30PM, surveyor interview with the Director of Nursing revealed no 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.

FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 1 of 1

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **09/05/2017** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
| 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 0225  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few  F 0281  **Level of harm -** Potential for minimal harm  **Residents Affected -** Some  F 0309  **Level of harm -** Potential for minimal harm  **Residents Affected -** Some  F 0323  **Level of harm -** Actual harm  **Residents Affected -** Few | **1) Hire only people with no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents.**  Based on interview with the Director of Nursing (DON), it was determined that the facility staff failed to address the screening component of abuse prevention. This finding was evident for 1 of 1 residents reviewed with private sitters. This finding was identified during the investigation of facility reported incident #MD 119. The findings include:  On 08-30-17, surveyor review of facility reported incident #MD 119 revealed that resident #7 was being cared for by a private sitter (hired by the family) who was not licensed by the board of nursing and was not affiliated with an agency. Review of the facility policy Disclosure statement and Waiver, dated 12-08-16, revealed that private duty service providers (PDSP) understood that, throughout the duration of providing services for a resident, they were required to provide:  1 . 2. Statement from Agency or proof that PDSP had a background check and had not been convicted of a felony within the past seven (7) years. 3 .  Following the reported incident, on 08-04-17, the sitter signed the waiver. However, she/he stated that they were hired by the family, with no other explanation, to defer the criminal background check.  On 08-30-17 at 4:53 PM, interview with the Director of Nursing revealed that the private sitter hired by the family of resident #7 had worked with the resident in the facility since admission in 2013, but did not have a criminal background check on file. Additionally, the DON confirmed that the sitter was not licensed with the Board of Nursing. The DON did not have further explanation as to why the background check was not pursued despite the sitter's signature that he/she was aware of the requirement. In addition, based on the interview with the DON, if the sitter was hired by the resident or responsible party and was not licensed, and did not come through an agency, this policy was not enforced.  **Make sure services provided by the nursing facility meet professional standards of quality.**  \*\*NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY\*\*  Based on surveyor observation, clinical record review, and interview of facility staff, it was determined that the facility failed to meet standards of nursing practice by not recording medications after they were administered to resident # 2, as defined by the Nurse Practice Act. This finding was identified during an investigation of facility reported incident MD 831. The findings included:  On 08-31-17, review of the admission orders [REDACTED]. Further review of the (MONTH) (YEAR) MAR indicated [REDACTED]. In  addition, there was no evidence that a pain medication, [MEDICATION NAME] 600 mg, was signed off as given to resident #2 on 06-09-17 at 6 AM as ordered.  On 08-31-17 at 5 PM, interview of the director of nursing revealed that he/she believed that the nursing staff gave the antibiotic and pain medication as ordered, but forgot to sign off that it was administered.  As per the Code of [NAME]land Regulations 10.27.10.03C. (4)(3)(a) The plan of nursing care shall be communicated on records to other members of the health care team.  **Provide necessary care and services to maintain the highest well being of each resident**  \*\*NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY\*\*  Based on surveyor observation, clinical record review, and interview of resident and facility staff, it was determined that the facility staff failed to follow physician orders [REDACTED]. This finding was identified during an investigation of facility reported incident MD 828. The findings include:  On 08-30-17 at 3:30 PM, interview of resident #6 revealed that this resident was alert, oriented and capable of communicating their needs to staff. On 08-14-17, the resident reported left knee pain to the nursing staff and Tylenol was given as requested. In addition, an x-ray was ordered of the knee, which revealed a left knee fracture. Therefore, resident #6 was sent to a hospital on 08-15-17.  On 08-31-17, review of the Medication Administration Record [REDACTED]. Further review revealed that PRN Tylenol 1000 mg was  given on 08-14-17 at 12:43 PM, and 4:30 PM for left knee pain, which was only 4 hours apart and not every 8 hours as ordered.  On 08-31-17 at 11:30 AM, interview of the Unit manager on 5 North revealed no additional information to explain why the nursing staff did not follow the physician's orders [REDACTED].  In addition, on 08-31-17, review of the MAR indicated [REDACTED].  On 08-31-17 at 11:30 AM, interview of the 5 North Unit Manager revealed that this resident was sent to a hospital on 08-15-17 around 12:30 PM due to a left knee fracture.  However, review of the Nursing Home to Hospital Transfer Form, dated on 08-15-17, revealed that the nursing staff documented that PRN Tylenol 1000 mg was last given to resident #6 on 08-15-17 at 3:04 AM for left knee pain, which is inconsistent  with the MAR.  On 08-31-17 at 11:30 AM, interview of 5 North Unit Manager revealed no additional information  **Make sure that the nursing home area is free from accident hazards and risks and provides supervision to prevent avoidable accidents**  Based on surveyor observation, review of the clinical record and staff interviews, it was determined that the facility staff failed to prevent a resident from sustaining a fall with a resulting injury. This finding was evident in 1 of 15 residents selected for review. (#7). This finding was identified during the investigation of facility reported incident #MD 119.  Review of the facility's plan of correction implemented immediately after the incident resulted in the citation being cited as past non-compliance. The findings include:  On 08-30-17, a review of the closed clinical record and facility reported incident revealed that resident #7 sustained a | | | |

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.

FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 1 of 3

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **09/05/2017** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
| 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 0323  **Level of harm -** Actual harm  **Residents Affected -** Few  F 0520  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few | (continued... from page 1)  fall from a transfer lift - (which is described as a Sera Stand and Lift machine) on 07-31-17. The transfer was initiated by a private duty sitter (who was told not to transfer the resident without the assistance of the staff) on the same evening that the transfer was initiated. During the transfer, it was described that, as the resident started to fall, the sitter called for help. When staff arrived, it was noted that the resident was suspended by the sling in the standing position, and staff completely lowered the resident to the floor before transferring the resident to bed with the help of  three staff members. Once in bed, based on the facility report, the resident complained of pain to the right shoulder. The resident was medicated for pain, the physician was notified and an x-ray of the shoulder was taken. The x-ray revealed a fracture of the right humeral neck (upper arm bone near top, just under the shoulder joint).  Record review of notes and care plans revealed that resident #7 was to be transferred by a different type of lift with 2 persons - called an Arjo lift. This is a type of lift using a sling under the resident's buttocks and up the back. The resident is then transferred, without weight bearing, from the bed to the chair or reverse. This type of mechanical device requires two people to safely execute the transfer, one to operate the lift, and the other to guide the resident's torso safely. This was a change in transfer devices based on a decline in the resident's condition.  On 08-30-17, interview revealed that staff had specifically instructed the private duty sitter not to transfer resident #7 out of bed until staff were present to assist. The sitter had told the charge nurse that he/she wanted to take the resident for a shower. Based on interview of staff, the sitter had been taking care of the resident prior to admission, and had cared for the resident in the facility for at least 3 years. Based on staff interviews, staff reviewed the duties and restrictions of the private duty sitter position when the resident was admitted , and they met daily with the sitters to  give and obtain report. On 08-30-17, interview with the charge nurse who worked the evening of 07-31-17 with resident #7, revealed that she/he specifically gave those directions prior to the sitter performing the transfer.  On 08-30-17 at 11:15 AM, interview with the director of nursing (DON) confirmed that the administrative report accurately depicted the events resulting in resident #7's fall on 07-31-17 and follow up action. The DON stated that the sitter did  not follow the facility's protocol for privately hired sitters, and did not follow the direction of the charge nurse to  obtain staff assistance. The DON also shared that the private duty sitter was not a licensed caregiver by the [NAME]land Board of Nursing.  On 08-31-17 at 9:50 AM, the surveyor observed an Arjo lift transfer of resident #7, between the bed and wheelchair, with two staff carrying out the transfer safely. Interview of the two geriatric nursing assistants (GNAs) revealed that they had  been trained in the use of mechanical lifts. One of the GNAs demonstrated the use of the stand up lift that had been used by the sitter on 7-31-17.  On 09-05-17, review of facility documentation revealed that, on 07-31-17, the evening shift supervisor was notified of the incident. That supervisor notified the EAGLE team of the incident. The Eagle team consisted of the CEO, Administrator, DON, Director of Quality Improvement, Medical Director, Attending Physician, Director of Social Work, and Unit Manager.  On 08-31-17 and 09-05-17, further review of administrative records, and interview with the DON, revealed that the facility identified and implemented immediate corrective action on 08-01-17. The corrective action included:   1. On 08-01-17, the DON interviewed the private duty sitter of resident #7 to determine why and how resident #7 sustained   the fracture At that time, the DON reported that the Performance Improvement Manager (quality assurance), the Assistant DON (ADON), and Medical Director were present when meeting with the private duty sitter. (signed form by sitter provided to surveyor)   1. On 08-01-17, the above administrative staff met with the private duty sitter of resident #7, and he/she reviewed the facility policy on the role of the private duty sitter as a companion to provide minimal care. The services excluded completed bed bath, showers, and transfers . 2. On 08-01-17, the DON and ADON had a discussion with the unit managers and evening shift supervisors regarding the need to reinforce the private duty aide policy with residents and family members. 3. On 08-02-17, the Unit manager, Risk manager, DON and Director of Improvement met with the entire multidisciplinary team representing all departments, in a standup meeting, to discuss the incident. 4. On 08-02-17, the nurse manager had a discussion with the resident's family about their plans for the sitter in anticipation of resident #7's return from the hospital. The family elected to have the sitter comtinue as a companion to resident #7. 5. On 08-08-17, the DON obtained a list of all private duty aides (PDA) and met with the PDAs in both buildings and reviewed the policies and procedures of their duties, with emphasis on what they were allowed and not allowed to do. 6. On 08-9-17, the DON revised the facility policy to accommodate those that felt the PDA could provide more than companionship. 7. On 08-17-17, the DON met with all nurse managers, and all shift supervisors to discuss the impact of the incident and reviewed the facility revised policy. 8. On 08-18-17. nurse managers met with all the respective residents (and/or their representatives) to reinforce the facility policy. 9. Inservicing on revised policy (and increased vigilance to prevent reoccurrence), was implemented with completion dates for education of all staff on 09-15-17 (65% compliance) and 09-30-17 (95% compliance). 10. Ongoing - nurse managers to review the policy with PDAs and residents or representative upon admission and document in the records. 11. Ongoing - nurse managers to conduct a weekly meeting with the PDAs to ensure compliance with the policy.   The DON provided evidence of the reviews by providing the time line of completion, and evidence of the meeting with the sitter and private duty aides sign in sheet, dated 08-08-17. The meeting with the nurse managers was completed on 08-17-17. Based on interview with the DON, and unit manager, there have been no other incidents related to sitters and PDAs.  On 09-05-17 at 10:57 AM, interview with the Director of Quality and Corporate Compliance, (who was not present when this incident occurred) revealed that, after an incident occurs, the incident is brought to a multidisciplinary stand up meeting  of about 30 disciplines who review each case. This meeting occurs every Monday, Wednesday and Friday - (described as in d above on 08-02-17). Every month, the Quality Assurance (QA) committee meets to review cases from the month before. The QA full committee had met to discuss the number of fractures and injuries in the facility as a whole and to look at the root  cause analysis and develop a plan of action on 08-29-17. The (MONTH) data will be reviewed at a full meeting in September.  **Set up an ongoing quality assessment and assurance group to review quality deficiencies quarterly, and develop corrective plans of action.**  Based on surveyor interview of facility staff, review of facility staff training records, and review of the plan of  correction for the complaint survey ending (MONTH) 22, (YEAR), it was determined that the facility staff failed to provide training to direct care staff by (MONTH) 24, (YEAR) as indicated on the plan of correction in regard to transfer techniques using a mechanical lift. This finding was identified during investigation of MD 828. The findings include:  On 08-31-17, review of the facility's plan of correction in response to a deficiency cited on (MONTH) 22, (YEAR) (F323) revealed that the facility's performance improvement managers, nurse managers and shift supervisor would provide  in-services on mechanical lift techniques to staff was to be completed by 04-24-17.  However, there was no evidence that GNA#1 (geriatric nursing assistant) and LPN#2 (licensed practical nurse), who were assigned to resident #6 on the evening of 08-13-17, received training for transfer and mechanical lift transfers per the plan of correction of (MONTH) 22, (YEAR).  On 08-31-17 at 5 PM, interview of the director of nursing (DON) revealed that GNA#1was employed since 2001 and scheduled to work every other weekend. The last training related to transfer using the mechanical lift transfer was completed in (MONTH) 2013 for GNA#1. On 09-01-17, a training for transfer and mechanical lift techniques was scheduled for GNA#1.  On 09-04-17, an email was received from the DON stating that the additional training would be offered to staff who did not receive the training for transfer and mechanical lift techniques in (MONTH) (YEAR). He/she also indicated that, by10-31-17, 98-100% of the facility's staff would complete the training for transfers and mechanical lift techniques.  On 09-05-17 at 12:30 PM, telephone interview with the Director of Quality Assurance (QA) & Compliance revealed that, in | | | |

FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 2 of 3

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **09/05/2017** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
| 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 0520  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few | (continued... from page 2)  (MONTH) and (MONTH) (YEAR), the QAPI (quality assurance performance improvement) committee identified that all staff had not received training for transfer and mechanical lift techniques, as stated in their plan of correction. Therefore, a new  training schedule was developed and implemented to offer additional training sessions in (MONTH) and (MONTH) (YEAR) for those staff who did not receive training in (MONTH) (YEAR). However, there was no evidence that GNA #1 and LPN #2 received training as of 08-31-17. | | | |

FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 3 of 3

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **12/01/2016** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | |
| F 0225  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few  F 0279  **Level of harm -** Potential for minimal harm  **Residents Affected -** Some | **1) Hire only people with no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents.**  Based on surveyor review of clinical and administrative records, facility policy and procedure and staff interview, it was determined that the facility staff failed to report an allegation of abuse in a timely manner. This finding was evident in 1 of 24 residents selected in the stage 2 reviews. (#638) This finding was identified during the investigation of facility reported incident MD 531 and is related to the incident. The finding includes:  On 10-14-16, resident #638 informed a chaplain intern that he/she had been sexually molested by one of the Geriatric Nursing Assistant's (GNA's) on the nursing unit. The chaplain intern did not report it to the supervisor until 10-17-16.  On 11-29-16 at 11:00 AM, an interview with the resident #638's family member revealed the resident did inform them on  10-15-16 that a GNA had sexually molested him/her, however, the family member stated to the surveyor that he/she informed the facility that the resident had a similar incident which occurred during the resident's childhood, and the family member believed, because of the altered mental state, he/she was re-living it.  On 12-01-16, a review of administrative documents revealed that resident #638 alleged he/she had been with the GNA who was giving him/her a bath, when he/she felt something in his/her private area. According to the resident, this was the first  time. The resident then alleged on a second occasion he/she was trying to sleep and felt something in his/her rectum.  On 12-01-16 at 1:45 PM, interview with the supervisor of the chaplain intern revealed the intern did not make him/her aware of resident #638's allegation until 10-17-16, at which time he/she directed the intern to notify the Director of Nursing.  The supervisor of the chaplain intern informed the surveyor that he/she was unaware of the timeframe for the reporting of allegations of abuse.  On 12-01-16 at 1:50 PM, interview with the Director of Nursing revealed that the chaplain intern was informed on 10-17-16 of the necessity of reporting allegations of abuse immediately.  The facility staff failed to report the allegation of abuse to the appropriate agencies within the required timeframe.  **Develop a complete care plan that meets all of a resident's needs, with timetables and actions that can be measured.**  \*\*NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY\*\*  Based on surveyor observation, review of the clinical record and resident and staff interview, it was determined that the facility staff failed to develop a care plan to meet the specific needs of the resident. This finding was evident in 1 of  24 residents selected in the stage 2 reviews. (#638). This finding was identified during the investigation of facility reported incident MD 531 and is related to the incident. The finding includes:  On 11-29-16 at 10:00 AM, resident #638 was observed to be tearful during the resident interview portion of the survey, and alleged sexual abuse.  On 11-29-16 at 10:20 AM, interview with the Director of Nursing revealed an investigation had been conducted in (MONTH) of resident #638's allegation.  Review of resident #638's clinical record revealed multiple diagnoses, to include a malignant neoplasm of the brain,  delusional disorder, [MEDICAL CONDITION] due to known physiological condition, and unspecified [MEDICAL CONDITION]. Further review of resident #638's clinical record revealed the attending physician's [DIAGNOSES REDACTED]. Additionally, the psychiatric nurse practitioner documented on 10-20-16 the resident's history of sexual abuse at a young age per family  member.  There is no evidence in resident #638's clinical record 46 days after the initial allegation, that the facility staff developed a plan of care identifying the potential need to alter the provision of care based on the resident's delusions/hallucinations or history of sexual abuse, nor was there a care plan addressing the hallucinations and/or delusions/[MEDICAL CONDITION].  On 12-01-16 at 2:00 PM, interview with the Director of Nursing revealed no additional information. | | | |

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

TITLE (X6) DATE

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FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 1 of 1

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **09/05/2017** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | |
| F 0225  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few  F 0281  **Level of harm -** Potential for minimal harm  **Residents Affected -** Some  F 0309  **Level of harm -** Potential for minimal harm  **Residents Affected -** Some  F 0323  **Level of harm -** Actual harm  **Residents Affected -** Few | **1) Hire only people with no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents.**  Based on interview with the Director of Nursing (DON), it was determined that the facility staff failed to address the screening component of abuse prevention. This finding was evident for 1 of 1 residents reviewed with private sitters. This finding was identified during the investigation of facility reported incident #MD 119. The findings include:  On 08-30-17, surveyor review of facility reported incident #MD 119 revealed that resident #7 was being cared for by a private sitter (hired by the family) who was not licensed by the board of nursing and was not affiliated with an agency. Review of the facility policy Disclosure statement and Waiver, dated 12-08-16, revealed that private duty service providers (PDSP) understood that, throughout the duration of providing services for a resident, they were required to provide:  1 . 2. Statement from Agency or proof that PDSP had a background check and had not been convicted of a felony within the past seven (7) years. 3 .  Following the reported incident, on 08-04-17, the sitter signed the waiver. However, she/he stated that they were hired by the family, with no other explanation, to defer the criminal background check.  On 08-30-17 at 4:53 PM, interview with the Director of Nursing revealed that the private sitter hired by the family of resident #7 had worked with the resident in the facility since admission in 2013, but did not have a criminal background check on file. Additionally, the DON confirmed that the sitter was not licensed with the Board of Nursing. The DON did not have further explanation as to why the background check was not pursued despite the sitter's signature that he/she was aware of the requirement. In addition, based on the interview with the DON, if the sitter was hired by the resident or responsible party and was not licensed, and did not come through an agency, this policy was not enforced.  **Make sure services provided by the nursing facility meet professional standards of quality.**  \*\*NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY\*\*  Based on surveyor observation, clinical record review, and interview of facility staff, it was determined that the facility failed to meet standards of nursing practice by not recording medications after they were administered to resident # 2, as defined by the Nurse Practice Act. This finding was identified during an investigation of facility reported incident MD 831. The findings included:  On 08-31-17, review of the admission orders [REDACTED]. Further review of the (MONTH) (YEAR) MAR indicated [REDACTED]. In  addition, there was no evidence that a pain medication, [MEDICATION NAME] 600 mg, was signed off as given to resident #2 on 06-09-17 at 6 AM as ordered.  On 08-31-17 at 5 PM, interview of the director of nursing revealed that he/she believed that the nursing staff gave the antibiotic and pain medication as ordered, but forgot to sign off that it was administered.  As per the Code of [NAME]land Regulations 10.27.10.03C. (4)(3)(a) The plan of nursing care shall be communicated on records to other members of the health care team.  **Provide necessary care and services to maintain the highest well being of each resident**  \*\*NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY\*\*  Based on surveyor observation, clinical record review, and interview of resident and facility staff, it was determined that the facility staff failed to follow physician orders [REDACTED]. This finding was identified during an investigation of facility reported incident MD 828. The findings include:  On 08-30-17 at 3:30 PM, interview of resident #6 revealed that this resident was alert, oriented and capable of communicating their needs to staff. On 08-14-17, the resident reported left knee pain to the nursing staff and Tylenol was given as requested. In addition, an x-ray was ordered of the knee, which revealed a left knee fracture. Therefore, resident #6 was sent to a hospital on 08-15-17.  On 08-31-17, review of the Medication Administration Record [REDACTED]. Further review revealed that PRN Tylenol 1000 mg was  given on 08-14-17 at 12:43 PM, and 4:30 PM for left knee pain, which was only 4 hours apart and not every 8 hours as ordered.  On 08-31-17 at 11:30 AM, interview of the Unit manager on 5 North revealed no additional information to explain why the nursing staff did not follow the physician's orders [REDACTED].  In addition, on 08-31-17, review of the MAR indicated [REDACTED].  On 08-31-17 at 11:30 AM, interview of the 5 North Unit Manager revealed that this resident was sent to a hospital on 08-15-17 around 12:30 PM due to a left knee fracture.  However, review of the Nursing Home to Hospital Transfer Form, dated on 08-15-17, revealed that the nursing staff documented that PRN Tylenol 1000 mg was last given to resident #6 on 08-15-17 at 3:04 AM for left knee pain, which is inconsistent  with the MAR.  On 08-31-17 at 11:30 AM, interview of 5 North Unit Manager revealed no additional information  **Make sure that the nursing home area is free from accident hazards and risks and provides supervision to prevent avoidable accidents**  Based on surveyor observation, review of the clinical record and staff interviews, it was determined that the facility staff failed to prevent a resident from sustaining a fall with a resulting injury. This finding was evident in 1 of 15 residents selected for review. (#7). This finding was identified during the investigation of facility reported incident #MD 119.  Review of the facility's plan of correction implemented immediately after the incident resulted in the citation being cited as past non-compliance. The findings include:  On 08-30-17, a review of the closed clinical record and facility reported incident revealed that resident #7 sustained a | | | |

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TITLE (X6) DATE

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FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 1 of 3

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **09/05/2017** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | |
| F 0323  **Level of harm -** Actual harm  **Residents Affected -** Few  F 0520  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few | (continued... from page 1)  fall from a transfer lift - (which is described as a Sera Stand and Lift machine) on 07-31-17. The transfer was initiated by a private duty sitter (who was told not to transfer the resident without the assistance of the staff) on the same evening that the transfer was initiated. During the transfer, it was described that, as the resident started to fall, the sitter called for help. When staff arrived, it was noted that the resident was suspended by the sling in the standing position, and staff completely lowered the resident to the floor before transferring the resident to bed with the help of  three staff members. Once in bed, based on the facility report, the resident complained of pain to the right shoulder. The resident was medicated for pain, the physician was notified and an x-ray of the shoulder was taken. The x-ray revealed a fracture of the right humeral neck (upper arm bone near top, just under the shoulder joint).  Record review of notes and care plans revealed that resident #7 was to be transferred by a different type of lift with 2 persons - called an Arjo lift. This is a type of lift using a sling under the resident's buttocks and up the back. The resident is then transferred, without weight bearing, from the bed to the chair or reverse. This type of mechanical device requires two people to safely execute the transfer, one to operate the lift, and the other to guide the resident's torso safely. This was a change in transfer devices based on a decline in the resident's condition.  On 08-30-17, interview revealed that staff had specifically instructed the private duty sitter not to transfer resident #7 out of bed until staff were present to assist. The sitter had told the charge nurse that he/she wanted to take the resident for a shower. Based on interview of staff, the sitter had been taking care of the resident prior to admission, and had cared for the resident in the facility for at least 3 years. Based on staff interviews, staff reviewed the duties and restrictions of the private duty sitter position when the resident was admitted , and they met daily with the sitters to  give and obtain report. On 08-30-17, interview with the charge nurse who worked the evening of 07-31-17 with resident #7, revealed that she/he specifically gave those directions prior to the sitter performing the transfer.  On 08-30-17 at 11:15 AM, interview with the director of nursing (DON) confirmed that the administrative report accurately depicted the events resulting in resident #7's fall on 07-31-17 and follow up action. The DON stated that the sitter did  not follow the facility's protocol for privately hired sitters, and did not follow the direction of the charge nurse to  obtain staff assistance. The DON also shared that the private duty sitter was not a licensed caregiver by the [NAME]land Board of Nursing.  On 08-31-17 at 9:50 AM, the surveyor observed an Arjo lift transfer of resident #7, between the bed and wheelchair, with two staff carrying out the transfer safely. Interview of the two geriatric nursing assistants (GNAs) revealed that they had  been trained in the use of mechanical lifts. One of the GNAs demonstrated the use of the stand up lift that had been used by the sitter on 7-31-17.  On 09-05-17, review of facility documentation revealed that, on 07-31-17, the evening shift supervisor was notified of the incident. That supervisor notified the EAGLE team of the incident. The Eagle team consisted of the CEO, Administrator, DON, Director of Quality Improvement, Medical Director, Attending Physician, Director of Social Work, and Unit Manager.  On 08-31-17 and 09-05-17, further review of administrative records, and interview with the DON, revealed that the facility identified and implemented immediate corrective action on 08-01-17. The corrective action included:   1. On 08-01-17, the DON interviewed the private duty sitter of resident #7 to determine why and how resident #7 sustained   the fracture At that time, the DON reported that the Performance Improvement Manager (quality assurance), the Assistant DON (ADON), and Medical Director were present when meeting with the private duty sitter. (signed form by sitter provided to surveyor)   1. On 08-01-17, the above administrative staff met with the private duty sitter of resident #7, and he/she reviewed the facility policy on the role of the private duty sitter as a companion to provide minimal care. The services excluded completed bed bath, showers, and transfers . 2. On 08-01-17, the DON and ADON had a discussion with the unit managers and evening shift supervisors regarding the need to reinforce the private duty aide policy with residents and family members. 3. On 08-02-17, the Unit manager, Risk manager, DON and Director of Improvement met with the entire multidisciplinary team representing all departments, in a standup meeting, to discuss the incident. 4. On 08-02-17, the nurse manager had a discussion with the resident's family about their plans for the sitter in anticipation of resident #7's return from the hospital. The family elected to have the sitter comtinue as a companion to resident #7. 5. On 08-08-17, the DON obtained a list of all private duty aides (PDA) and met with the PDAs in both buildings and reviewed the policies and procedures of their duties, with emphasis on what they were allowed and not allowed to do. 6. On 08-9-17, the DON revised the facility policy to accommodate those that felt the PDA could provide more than companionship. 7. On 08-17-17, the DON met with all nurse managers, and all shift supervisors to discuss the impact of the incident and reviewed the facility revised policy. 8. On 08-18-17. nurse managers met with all the respective residents (and/or their representatives) to reinforce the facility policy. 9. Inservicing on revised policy (and increased vigilance to prevent reoccurrence), was implemented with completion dates for education of all staff on 09-15-17 (65% compliance) and 09-30-17 (95% compliance). 10. Ongoing - nurse managers to review the policy with PDAs and residents or representative upon admission and document in the records. 11. Ongoing - nurse managers to conduct a weekly meeting with the PDAs to ensure compliance with the policy.   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The QA full committee had met to discuss the number of fractures and injuries in the facility as a whole and to look at the root  cause analysis and develop a plan of action on 08-29-17. The (MONTH) data will be reviewed at a full meeting in September.  **Set up an ongoing quality assessment and assurance group to review quality deficiencies quarterly, and develop corrective plans of action.**  Based on surveyor interview of facility staff, review of facility staff training records, and review of the plan of  correction for the complaint survey ending (MONTH) 22, (YEAR), it was determined that the facility staff failed to provide training to direct care staff by (MONTH) 24, (YEAR) as indicated on the plan of correction in regard to transfer techniques using a mechanical lift. This finding was identified during investigation of MD 828. 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FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 2 of 3

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **09/05/2017** |
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| F 0520  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few | (continued... from page 2)  (MONTH) and (MONTH) (YEAR), the QAPI (quality assurance performance improvement) committee identified that all staff had not received training for transfer and mechanical lift techniques, as stated in their plan of correction. Therefore, a new  training schedule was developed and implemented to offer additional training sessions in (MONTH) and (MONTH) (YEAR) for those staff who did not receive training in (MONTH) (YEAR). However, there was no evidence that GNA #1 and LPN #2 received training as of 08-31-17. | | | |

FORM CMS-2567(02-99)

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Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 3 of 3

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **06/07/2018** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
| 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 0657  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few | **Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.**  Based on surveyor review of the clinical record, surveyor observation and interview with facility staff, it was determined that the facility staff had failed to ensure the comprehensive plan of care that addressed resident #4's abusive/aggressive behavior was reviewed and revised in a timely manner. This finding was identified for 1 of 8 residents selected for the complaint survey. The findings include:  This finding was identified during the investigation of a facility reported incident.  On 06-07-18, surveyor review of the clinical record of resident #4 revealed that, on 04-28-18, the resident was observed pushing another resident and grabbing the resident by the neck. Resident #4's aggressive behavior resulted in the other resident falling to the floor, but there were no apparent injuries, and staff was able to redirect resident  #4 after the incident.  Further review of the (MONTH) and (MONTH) (YEAR) staff documentation of resident #4's previously observed behavior, revealed attempts of the resident to bite, as well as kick, staff members. In addition, documented behaviors included noncompliance  with care, wandering in and out of other residents' rooms and foul language towards staff and other residents.  Review of the comprehensive plan of care, regarding resident #4's abusive/aggressive behavior, revealed that, on 05-07-18, staff documented provide 1:1 supervision as possible as an intervention. Further record review revealed that the facility initiated 1:1 staff supervision of the resident on 04-30-18 after the 04-28-18 incident .  On 06-07-18, surveyor review of the April, (MONTH) and (MONTH) (YEAR) daily assignment sheets revealed that, after 05-10-18, there was no further evidence of an assigned staff member for 1:1 supervision to resident #4 on the 11PM - 7 AM shift.  Further review of the daily assignment sheets revealed that, after 06-06-18, there was no assigned 1:1 supervision during the 7AM-3PM shift.  On 06-07-18 at 3:30PM, surveyor observation revealed that resident #4 was in her/his room alone and laying on the side of  the bed. There was no evidence of a 1:1 assigned staff member. When asked, the resident denied any concerns and was unaware of having a 1:1 staff member.  On 06-07-18 at 2:40PM, surveyor interview with the 4 East unit manager revealed that resident #4's behavior has been challenging for unit staff since the resident's admission and has been unpredictable at times. Staff supervision had been provided to the resident, but not until after the last incident on 04-28-18, was 1:1 supervision required. Presently 1:1 supervisory need has been decreased over the shifts.  On 06-07-18 at 4:30PM, surveyor interview with the Director of Nursing revealed that the 1:1 supervision had been reduced during the shifts based on the fact that resident #4's observed behaviors had decreased during the 11-7 shift, and  therefore, it was decided that 1:1 supervision was no longer required. Further interview revealed that, on 06-07-18, 1:1 supervision during the 7-3 shift had been removed and staff on the unit would observe the resident's behavior and document observations.  However, further review of the comprehensive plan of care addressing the resident's abusive/aggressive behavior revealed no evidence that staff reviewed or revised the plan of care to include the reassessment for the 1:1 supervision, and/or the  need to increase or decrease the supervision. There was no evidence of a review or reassessment of other interventions that may be necessary to address resident #4's behavior.  On 06-07-18 at 5:30PM, surveyor interview with the Director of Nursing revealed no additional information. | | | |

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

TITLE (X6) DATE

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FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 1 of 1

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **03/22/2017** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
| 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 0225  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few  F 0323  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few | **1) Hire only people with no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents.**  \*\*NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY\*\*  Based on surveyor observation, review of the clinical record and interview of residents, family members and facility staff, it was determined that the facility staff failed to conduct a thorough investigation of MD 932. In addition, the facility staff failed to document interventions during an investigation of a facility report MD 759. This finding was evident in 2 of 6 residents in review. The findings included:   1. This finding was identified during an investigation of facility reported incident MD 932, which is valid.   On 03-22-17 at 9 AM, interview of resident #6 revealed the resident was alert, but only answered simple questions. She denied pain and was observed wearing a sling for the left upper extremity.  On 03-22-17 at 9:05 AM, interview of resident #6's daughter revealed the daughter and adult grandson visited the resident in the afternoon on 03-10-17. Even though resident #6 had weakness on the left side due to a stroke, the resident demonstrated an ability to lift up the left upper extremity with his/her right hand. At that time, the resident did not complain of  pain. On 03-13-17, the daughter received a call from the facility staff stating that swelling was noted on the resident's  left upper extremity (arm/shoulder) with the presence of pain. An x-ray showed that the resident had a fracture on the left shoulder. Therefore, the resident was sent to a hospital for further evaluation. The resident returned to the facility in  the evening on 03-13-17. The daughter did not know the cause of the left shoulder fracture.  On 03-13-17, the facility initiated an investigation since the cause of the left shoulder fracture was unknown.  On 03-17-17, staff sent the final investigation report to the state office stating that interviews were conducted with all staff, who worked with resident #6 on 03-12-17 and 03-13-17.  On 03-22-17, review of the facility's investigation report and interview of staff #7 and #8 revealed no interview was conducted with a nursing assistant, who was assigned to resident #6 for the day and evening on 03-12-17. In addition, incomplete and contradictory statements were made by staff # 9, who was assigned to the resident on the morning on 03-11-17.  Following surveyor's intervention, additional interviews were conducted. See F 323.  On 03-22-17 at 4 PM, interview of the facility administrator, director of nursing, chief operation officer and vice president of quality and corporate compliance revealed no additional information.   1. This finding was identified during an investigation of a facility reported incident MD 759, which is related to the allegation of staff abuse.   On 03-22-17 at 9:15 AM, interview of resident #3 revealed the resident was alert and able to answer simple question. The resident complained a female staff member slapped them on the face in the middle of the night a few weeks ago, but was unable to describe and recognize this staff member to the surveyor.  On 03-22-17, review of the facility's investigation report revealed the resident's daughter was notified about the alleged staff abuse on 03-03-17 by staff. The daughter related that she believed that the resident was confused which may be related to a urinary tract infection based on previous episodes. Therefore, the daughter requested the attending physician follow up.  A follow up was done by the attending physician on 03-07-17, 4 days after resident #3's daughter requested the follow up. A urinary tract infection [MEDICAL CONDITION] was identified and on 03-07-17, the resident started an antibiotic. On  03-09-17, a 7 day course of antibiotic was ordered daily for a UTI.  However, there was no evidence that the facility staff informed the attending physician timely about a change of resident #3's mental status and the daughter's request.  On 03-22-17 at 3:30 PM, interview of the vice president of quality compliance revealed she/he passed on the daughter's request to the 2S unit manager on 03-03-17. However, no documentation was found.  On 03-22-17 at 4 PM, interview of the director of nursing revealed he/she would follow up.  On 03-23-17 at 10 AM, telephone interview of the 2S unit manager revealed a discussion with the attending physician on the morning of 03-06-17 about a change of resident #3's mental status on 03-03-17 and the daughter's request. However, no documentation was found.  On 03-23-17 at 2PM, telephone interview of the attending physician revealed she/he received a message about the resident's allegation on 03-03-17. She/he assessed the resident on 03-03-17 and determined that staff were to continue monitoring the resident. On 03-06-17, he/she assessed resident #3 and determined that the resident was more confused. Therefore, a urinalysis, culture and sensitivity, was ordered for the morning on 03-07-17 to rule out an infection. However, there was  no documentation found.  After interviews with the vice president of quality compliance, the 2S unit manager and the attending physician on 03-23-17, inconsistent statements were made for 03-03-17 and 03-06-17.  On 03-23-17 at 5 PM, telephone interview of the director of nursing revealed no additional information.  **Make sure that the nursing home area is free from accident hazards and risks and provides supervision to prevent avoidable accidents**  \*\*NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY\*\*  Based on surveyor observation, clinical record review and interview of resident, family and facility staff, it was determined that the facility staff failed to transfer resident #6 in and out of bed as ordered. This finding was identified during an investigation of facility reported incident MD 932, which is uncertain if it was related to an injury of unknown origin. The findings included:  On 03-22-17 at 9 AM, interview of resident #6 revealed the resident was alert, but only answered simple questions. She/he denied pain and was observed wearing a sling for the left upper extremity.  On 03-22-17 at 9:05 AM, interview of resident #6's daughter revealed the daughter and adult grandson visited the resident in the afternoon of 03-10-17. Even though resident #6 had weakness on left side due to a stroke, the resident demonstrated how to lift up the left arm with their right hand. At that time, the resident did not complain of pain. On 03-13-17, the  daughter received a call from the facility staff stating that swelling was noted on the resident's left upper extremity in | | | |

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

TITLE (X6) DATE

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FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 1 of 2

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **03/22/2017** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
| 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 0323  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few | (continued... from page 1)  the presence of pain. An x-ray showed that the resident had a fracture on the left shoulder. Therefore, the resident was sent to a hospital for further evaluation. The resident returned to the facility in the evening on 03-13-17. The daughter did not know the cause of the left shoulder fracture. See F 225.  On 03-22-17, review of a physician's orders [REDACTED].#6 using total body lift with 2 person assistance.  However, interview of staff #7 and #8 on 03-22-17 at 11 AM revealed resident #6 was not transferred in and out of bed as ordered during the day on 03-11-17. Staff #7 further explained that staff #9 lifted and transferred resident #6 alone in  the morning on 03-11-17. Then, staff #9 asked staff #10 to help reposition the resident while in the wheelchair after 1 person transfer. In the afternoon on 03-11-17, staff #9 asked staff #11 to transfer the resident from the wheelchair to bed by lifting the resident up under the armpit and using stand and pivot technique to transfer the resident from the wheelchair back to bed.  Review of the Medication Administration Record (MAR) revealed Tylenol 650 mg was given on 03-11-17 at 6:58 PM to resident #6 because of left shoulder pain.  On 03-22-17 at 4 PM, interview of the facility administrator, director of nursing, chief operation officer and vice president of Quality and corporate compliance revealed no additional information. | | | |

FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 2 of 2

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **01/26/2017** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | |
| F 0159  **Level of harm -** Potential for minimal harm  **Residents Affected -** Some | **Properly hold, secure and manage each resident's personal money which is deposited with the nursing home.**  Based on the review, on 1/26/17, of the residents' personal funds records, including individual resident's account statements, transaction reports, and on the interview of the facility's business office personnel:  1. As of 1/26/17, there was no evidence that statements of each resident's personal fund account had been appropriately furnished to residents for the quarters ending 3/31/16, 6/30/16, and 9/30/16. | | | |

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TITLE (X6) DATE

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FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED:10/10/2018 FORM APPROVED OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER  / CLIA IDENNTIFICATION NUMBER  **215071** | (X2) MULTIPLE CONSTRUCTION   1. BUILDING 2. WING | | (X3) DATE SURVEY COMPLETED  **12/01/2016** |
| NAME OF PROVIDER OF SUPPLIER  **HEBREW HOME OF GREATER WASHINGTON** | | | STREET ADDRESS, CITY, STATE, ZIP  **6121 MONTROSE ROAD**  **ROCKVILLE, MD 20852** | |
| 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 0225  **Level of harm -** Minimal harm or potential for actual harm  **Residents Affected -** Few  F 0279  **Level of harm -** Potential for minimal harm  **Residents Affected -** Some | **1) Hire only people with no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents.**  Based on surveyor review of clinical and administrative records, facility policy and procedure and staff interview, it was determined that the facility staff failed to report an allegation of abuse in a timely manner. This finding was evident in 1 of 24 residents selected in the stage 2 reviews. (#638) This finding was identified during the investigation of facility reported incident MD 531 and is related to the incident. The finding includes:  On 10-14-16, resident #638 informed a chaplain intern that he/she had been sexually molested by one of the Geriatric Nursing Assistant's (GNA's) on the nursing unit. The chaplain intern did not report it to the supervisor until 10-17-16.  On 11-29-16 at 11:00 AM, an interview with the resident #638's family member revealed the resident did inform them on  10-15-16 that a GNA had sexually molested him/her, however, the family member stated to the surveyor that he/she informed the facility that the resident had a similar incident which occurred during the resident's childhood, and the family member believed, because of the altered mental state, he/she was re-living it.  On 12-01-16, a review of administrative documents revealed that resident #638 alleged he/she had been with the GNA who was giving him/her a bath, when he/she felt something in his/her private area. According to the resident, this was the first  time. The resident then alleged on a second occasion he/she was trying to sleep and felt something in his/her rectum.  On 12-01-16 at 1:45 PM, interview with the supervisor of the chaplain intern revealed the intern did not make him/her aware of resident #638's allegation until 10-17-16, at which time he/she directed the intern to notify the Director of Nursing.  The supervisor of the chaplain intern informed the surveyor that he/she was unaware of the timeframe for the reporting of allegations of abuse.  On 12-01-16 at 1:50 PM, interview with the Director of Nursing revealed that the chaplain intern was informed on 10-17-16 of the necessity of reporting allegations of abuse immediately.  The facility staff failed to report the allegation of abuse to the appropriate agencies within the required timeframe.  **Develop a complete care plan that meets all of a resident's needs, with timetables and actions that can be measured.**  \*\*NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY\*\*  Based on surveyor observation, review of the clinical record and resident and staff interview, it was determined that the facility staff failed to develop a care plan to meet the specific needs of the resident. This finding was evident in 1 of  24 residents selected in the stage 2 reviews. (#638). This finding was identified during the investigation of facility reported incident MD 531 and is related to the incident. The finding includes:  On 11-29-16 at 10:00 AM, resident #638 was observed to be tearful during the resident interview portion of the survey, and alleged sexual abuse.  On 11-29-16 at 10:20 AM, interview with the Director of Nursing revealed an investigation had been conducted in (MONTH) of resident #638's allegation.  Review of resident #638's clinical record revealed multiple diagnoses, to include a malignant neoplasm of the brain,  delusional disorder, [MEDICAL CONDITION] due to known physiological condition, and unspecified [MEDICAL CONDITION]. Further review of resident #638's clinical record revealed the attending physician's [DIAGNOSES REDACTED]. Additionally, the psychiatric nurse practitioner documented on 10-20-16 the resident's history of sexual abuse at a young age per family  member.  There is no evidence in resident #638's clinical record 46 days after the initial allegation, that the facility staff developed a plan of care identifying the potential need to alter the provision of care based on the resident's delusions/hallucinations or history of sexual abuse, nor was there a care plan addressing the hallucinations and/or delusions/[MEDICAL CONDITION].  On 12-01-16 at 2:00 PM, interview with the Director of Nursing revealed no additional information. | | | |

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FORM CMS-2567(02-99)

Previous Versions Obsolete

Event ID: YL1O11 Facility ID: 215071 If continuation sheet Page 1 of 1

(Tags:  Trial attorney, nursing home lawyer, nursing home attorney, overmedication, medication error, pressure sores, bed sores, sepsis, wrongful death, wounds, falls, attorney handling medication errors, nursing home abuse attorney, assisted living attorney, assisted living accidents, dehydration, malnutrition, Maryland abuse attorney, Montgomery County Nursing Home nursing home attorney, nursing home injury, skilled rehab injury, skilled rehab attorney, drugs, pharmaceutical drugs, antipsychotic drugs, negligence attorney, nursing home abuse attorney, adult protective service lawyer, overdose, legal liability for overdose, nursing home abuse lawyer, , nursing home chains, statistics on nursing home abuse, Maryland abuse attorney, silver spring nursing home attorney, wrongful death, pressure sores, at Hebrew Home)