Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215107	A. BUILDING: _____ B. WING _____	07/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING CARE ROCKVILLE NURSING	303 ADCLARE ROAD ROCKVILLE, MD 20850

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments A COVID-19 Focused Infection Control Survey was conducted at this facility from July 27, 2020 - July 30, 2020, by the Office of Health Care Quality. Surveyor conducted onsite survey activities on July 27, 2020. The licensed bed capacity for this facility is 100, the resident census at the start of the survey was 40, and there were Seven (7) residents included in the sample. Survey activities consisted of a review of medical records, facility documentation, interviews with staff, residents, family members, and observations of resident and staff practices. Administrative reports and facility policies and procedures were also reviewed. The facility was in substantial compliance with 10.07.02.33 (infection control) of COMAR requirements for Long Term Care Facilities. In fact, based on observations, interviews, and record reviews it was evident that the facility properly implemented infection control practices to prevent COVID-19 and followed infection control safety practices and guidance recommended by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC), during a COVID-19 pandemic. COVID-19 (Coronavirus Disease 2019), is a disease caused by the coronavirus SARS -CoV-2. COVID-19 spreads from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes.	S 000		

OHCQ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted by the Office of Health Care Quality as part of the Focused Infection Control Survey at this facility on July 27, 2020 through July 30, 2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).	E 000		

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	215107	A. BUILDING: _____ B. WING _____	C 02/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING CARE ROCKVILLE NURSING	**303 ADCLARE ROAD ROCKVILLE, MD 20850**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments On February 18, 2020, the Office of Health Care Quality conducted a survey at this facility to investigate one (1) facility reported incidents. Survey activities consisted of observations of staff practices; interviews with residents and facility staff; and the review of residents' medical records, administrative records, and resident care policies. Facility reported incident MD00147604 was unsubstantiated with no identified noncompliance with State requirements. This survey did not identify noncompliance with 10.07.02 of COMAR requirements for Long Term Care Facilities.	S 000		

OHCQ

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215107	A. BUILDING _____ B. WING _____	C 02/18/2020

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STERLING CARE ROCKVILLE NURSING	**303 ADCLARE ROAD ROCKVILLE, MD 20850**

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F 000	INITIAL COMMENTS On February 18, 2020, the Office of Health Care Quality conducted a survey at this facility to investigate one (1) facility reported incidents. Survey activities consisted of observations of staff practices; interviews with residents and facility staff; and the review of residents' medical records, administrative records, and resident care policies. Facility reported incident MD00147604 was unsubstantiated with no identified noncompliance with Federal requirements. This survey did not identify noncompliance with Federal 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		

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Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215107	A. BUILDING: _____ B. WING _____	08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING CARE ROCKVILLE NURSING	303 ADCLARE ROAD ROCKVILLE, MD 20850

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments On August 12-14, 2019, an annual recertification survey was conducted at this facility by the Office of Health Care Quality to determine the facility's compliance with state COMAR requirements. Survey activities consisted of a review of 28 residents' records, observation of resident care and staff practices, interviews of residents, residents' family members, the local ombudsman, and facility staff. Additionally, administrative records and resident care policies were reviewed. In addition to standard survey protocols, a facility reported incident was investigated. This survey did not identify noncompliance with state requirements that were reviewed in relationship to the facility reported incident. The facility is licensed for 100 comprehensive beds. At the time of this survey, the facility census was 68.	S 000		

OHCQ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215107	A. BUILDING _____ B. WING _____	08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING CARE ROCKVILLE NURSING	**303 ADCLARE ROAD ROCKVILLE, MD 20850**

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F 000	INITIAL COMMENTS On August 12-14, 2019, the annual recertification survey was conducted at this facility by the Office of Health Care Quality to determine the facility's compliance with Medicare/Medicaid requirements. Survey activities consisted of a review of 28 residents' records, observation of resident care and staff practices, interviews of residents, residents' family members, the local ombudsman, and facility's staff. Additionally, administrative records and resident care policies were reviewed. In addition to standard survey protocols, a facility reported incident was investigated. This survey did not identify noncompliance with federal requirements that were reviewed in relationship to the facility reported incident. The facility is licensed for 100 comprehensive beds. At the time of this survey, the facility census was 68.	F 000		

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	215107	A. BUILDING: _____ B. WING _____	C 06/06/2019

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STERLING CARE ROCKVILLE NURSING	**303 ADCLARE ROAD ROCKVILLE, MD 20850**

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S 000	Initial comments On June 6, 2019, a survey was conducted at this facility by the Office of Health Care Quality to investigate facility reported incidents MD00135366 and MD00135825. Survey activities included review of residents' records, interviews with staff, residents and resident representatives, and observation of staff practices. This survey did not identify noncompliance with State (COMAR) regulations that were reviewed in relationship to the facility reported incidents.	S 000		

OHCQ

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MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSV ILLE, MARY LAND 21228

License No. 15019

Issued to: Rockville Nursing Home
303 Adclare Road
Rockville, MD 20850

Type of Facility and Number of Beds:
Comprehensive Care Facility - I00 Beds

Date Issued: July 1, 2018

This license has been granted to: Rockville Nursing Horne, In

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article. Title 19 Section 318. Annotated 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: NON - EXPIRING

/J.r:a-./ 7&-J,- 11;;v 11#1

Director

Fa/sifl catio11 of a li ce n se shall subj ec t th e perpetrator to cri11i11al prnsœutio11 am/ the imposition of cil·ilJines.

MARYLAND
-i,1 Department of Health

Lan:v Hogan. GOFemor · Boyd K. R111he1:ford, Lt. Covemor · Robert R. Neall. Secreta,y

To: Kathy Schoonover, Nurse Administrator
Montgomery County Department of Health and Human Services

Health, Promotion, Prevention and Permitting Services
Public Health Services

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

RE: Rockville Nursing Home

Date: October 15, 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 100 beds under the provisio11 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.

Room and bed breakdown:

CATEGORY	LOCATION	TOTAL
Comprehensive Care Facility	**Second Floor**	
	Single Rooms: 226, 227	02 beds
	Duplex Rooms: 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225	48 beds
	Total Second Floor	**50 beds**
	Third Floor	
	Single Rooms: 326, 327	02 beds
	Duplex Rooms: 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325	48 beds
	Total Third Floor	**50 beds**
	Overall Total	**100 beds**

Office of Health Care Quality

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	215107	A. BUILDING: _____ B. WING _____	C 09/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING CARE ROCKVILLE NURSING	**303 ADCLARE ROAD ROCKVILLE, MD 20850**

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S 000	Initial comments On September 10, 11, 12, and 13, 2018, an annual Long Term Care Survey (LTCS) was conducted for the purpose of determining the facility's compliance with Medicare/Medicaid requirements. Survey activities consisted of a review of 24 clinical records in the initial pool and 21 clinical records in the investigative stage, observation of residents and facility staff practices, and interviews of residents, family members, facility staff, and the ombudsman. The facility was determined to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities. In addition to standard survey protocols, two facility reported incidents were investigated: MD00128432, and a second facility incident report received during the survey. The survey did not identify noncompliance with State COMAR requirements that were reviewed in relationship to these facility reported incidents. The facility is licensed for 100 beds. The census at the time of the survey was 60 residents.	S 000		

OHCQ

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	215107	A. BUILDING: _____ B. WING _____	C 01/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING CARE ROCKVILLE NURSING	**303 ADCLARE ROAD ROCKVILLE, MD 20850**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial comments On 01-29-18, a survey was conducted at this facility by the Office of Health Care Quality to investigate facility reported incident #MD00120844 and an additional facility reported incident with no intake number. Survey activities included review of residents' medical records, interview of staff and residents, and observation of resident and staff practices. This survey did not identify noncompliance with state regulations	S 000		

OHCQ

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	215107	A. BUILDING _____ B. WING _____	C 01/29/2018

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F 000	INITIAL COMMENTS On 01-29-18, a survey was conducted at this facility by the Office of Health Care Quality to investigate facility reported incident #MD00120844 and an additional facility reported incident with no intake number. Survey activities included review of residents' medical records, interview of staff and residents, and observation of resident and staff practices. This survey did not identify noncompliance with federal regulations.	F 000		

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.

l\1ARYLAND
DEPARTMENT OF HE ALTR AND MENTAL HYG IENE
OFFICE OF HEALT H CAR E QUALITY
SPRING GROVE CENTER
Bl.1\ NO BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE. MARYLAND2 122S

U tt'n :-4" No . 1 50 19

Iss ued to: Roc k \' llfo Nur.ling flume
303 Adcl•rc Rood
Rockville. MD 208$0

Type of:1ac it ity and Numberof lkd s:
Co mpn:hcnsi\'CCnrc f acility 100 Ocds

Date Issued: May J. 2017

This license ha.'\ ix-en gmnh:d to: Rockvilk!N11Ning Ho me. ln-c

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E.xpimtioo D111c: Mny 3. 2019

Patricia Tomsko Nay, MD
Oin:ccor

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

STATE OF MARYLAND
DHMH
Maryland Department of Health nnd Mental Hygiene
Office of Hea lth Care Quality
Sprins Grove Center • Oland Br)'ant Buifding
SS W:idc Avenue • Cato, n villc, Mnryland21228-4663
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To; K;i thy Schoonover. Nurse Admlnlstr.>tor
M onlgOmcry County Department of Health .indHum.in Servkes
Publl c Health SCrv k es
Heallh. Promotion, PrevcntJon and Permitting Sorvlces

F'rom : M arslc Heald. OcputvDlr«.10/:..r},
O1tceof Health CareQuality

RE: Rockville Nursing Home

Date : May, 4 2017

Thl-s1-s to a cknowledgerrccipt of anapplk.atlon fora lleen.st'. to ope rateRockvilleNursing Home.

The enck>sed llccnse will be in effectuntilMay3,2019.unlcu revoked. It Is the focllly' s .iuthorl ty to m:,tntaln and comprchcnSWC c.,re focllty with a licensedcapacity of 100 beds undc·•¹• provisionsof COMAR 10.07.20 .

Pease advise the foclllty thatthislkenshbeldsayedacopicouplace, at or nearthe entrance.plalnly vislble ande,3slly ,e.1-d by the public .

Attitched, please find the room and bed breakdown for this f3clllty

MH/cjc

Enclosure: Uccns.e No. 1S-019
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Room and *bed* breakdown:

CAil GORY	LOCATION	IOJAl
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	Duplox Rooms: 201, 202, 203, 204, 20S, 206, 207, 208, 209, 2,10 211, 212 214, 21S, 216, 217, 218, 219, 220, 221, 222, 223, 224,22S	48 bods
	Tot-ll SCC:Ond Fl oor	**sobeds**
	ThirdFI004'	
	SlnsloRooms: 326, 327	02 bod s
	Ouplox Rooms 301, 302, 303, 304,JOS, 306,307, 308, 309, 310, 311,312,314, 31S 316, 317,318,319,320,321, 322, 323.324, 32S	48 bods
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FACIUTY UCENSURE REVIEW- RENEWAl

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Two Year Ikcn Rcmewal **P,ovls.lon3 1Lk cn se O** **Facility Nam e Change**

Bed Increase O **Remaining Portion 0**

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Prin<lpal & '!)'	Yes El	No 19	N/ A 0
Director of Nu;;ri;g--	Yes	No D	N/A 0
Facihty Ownership-1Medicaid)	Yes	No 0	N/A 0
Ownership & Disclosure	Yes	No O	N/A 0
StoleAffidovlt	Yes	No D	N/A 0
WorkersComp, Quesll onolre	Yes	No O	N/AO
Ccrtificilte of Compl.:.nce	**Yes**	**No**	**N/A**
...;l'AdvcrseLeg1l'Ac1k>ns	**Yes**	**No**	**N/A**
...JChaln Home Office Info	**Yes**	**No**	**N/A**

CU1l.11£NT CATEGORY OFBEDS **NO.**

0c' omprehensiveCare } Q 0

Ospecia1 Care Unit

l 0• (Toto!)

PROPOSEO CHANGE

CATEGORY OF BEDS (• or) NO.

B **Comprehensive c.ue**

Special care Unit

N ewCapacity

SPECIAL SITUATIONS

Is Zoning Required?	Yes EJ	NoB	**Waivers**	Yes EJ	NoEJ
Haszoningbeen approved?	Ye,	No	**Restrictionon Admisskms**	Yes	No
0 31 - - - - - - -					
ISMHRPC CONrequired?	Yes Q	No O	**M andatedStaffing**	YesO	N0
HasCertification beenBran1:d?	Y B	NB	**Volunt.iry Admlss.lon Celling**	YesO	NoO
Pl;ms Review Approval?	**Yes**	**No**	**o«up.1ncy Permit o.-.te**		
			Oat Approved.		

CommMts:

Survey Coorch, 10.: _____ Date 5/1/17

OeputyOJrector: _____ **Oate** _____

SECTION A. JOINT CARE PROVIDER APPLICATION

APPLICANT INFORMATION — v- cn ,hh1n@qwnf1 c,- f,n,) QJ. 162.6881

N.am.:u<r...,tit)' Roc kvi l l c,, Nu r p t ng R()lll:C, Inc, — Telephone No 301.279.9000

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tSttml

Rockville Hontgoacry (County) 208 50 1";0

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.l .. lu tt lllf.\ppUn.I• n, 1,

Sworn and subscribed to before me this 6th day of April, 2017 a Notary Public for the State of Maryland.

My Commission expires JAN S. ROSEN NOTARY PUBLIC STATE OF MARYLAND My Commission Expires August 14, 2018 — Notary Public

SEND COMPLETED APPLICATION TO:

Office of Health Care Quality
Bland Bryant Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville MD 21228

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RE: ROCKVJLLF. NURSING RO fr., INC.

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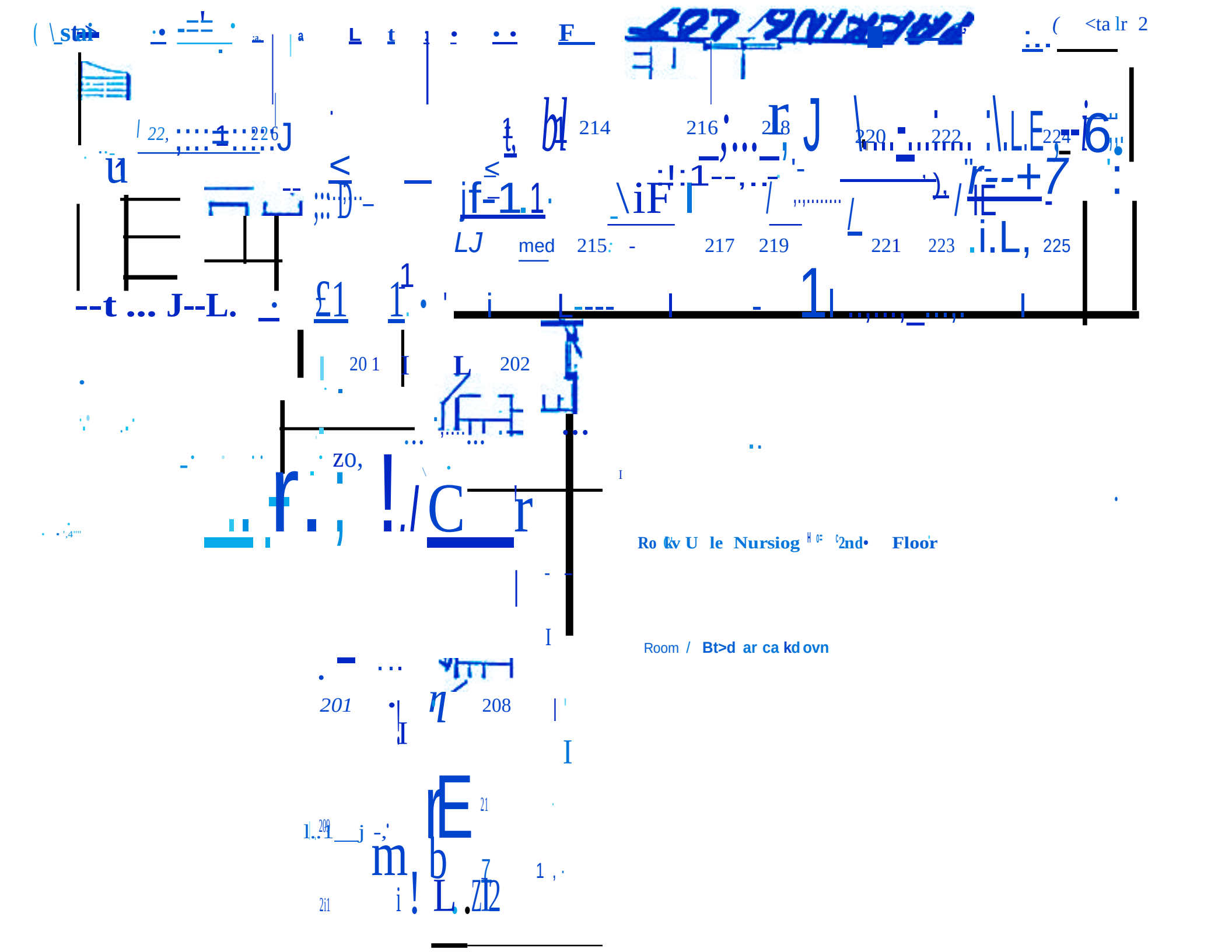
Cateeorv	Locat!on	Total
Compreb«=lUive Care FU<:ility	**$ tt 9 nd l-'foo r**	
	Single Room.,: 226, 227	02 beds
	Duplex RoomJ: 201-212, 214-22S	48 bsds
	Tou t S" oad Floor	SO Beds
	ThrhJ Flour	
	SingleRooms: 326, 327	**02 beds**
	Duplcx Rooms: 301-312, 314-325	**48 beds**
	TotalThird f loor	**50 Beds**
	OVERALL TOTAL	IOOBE DS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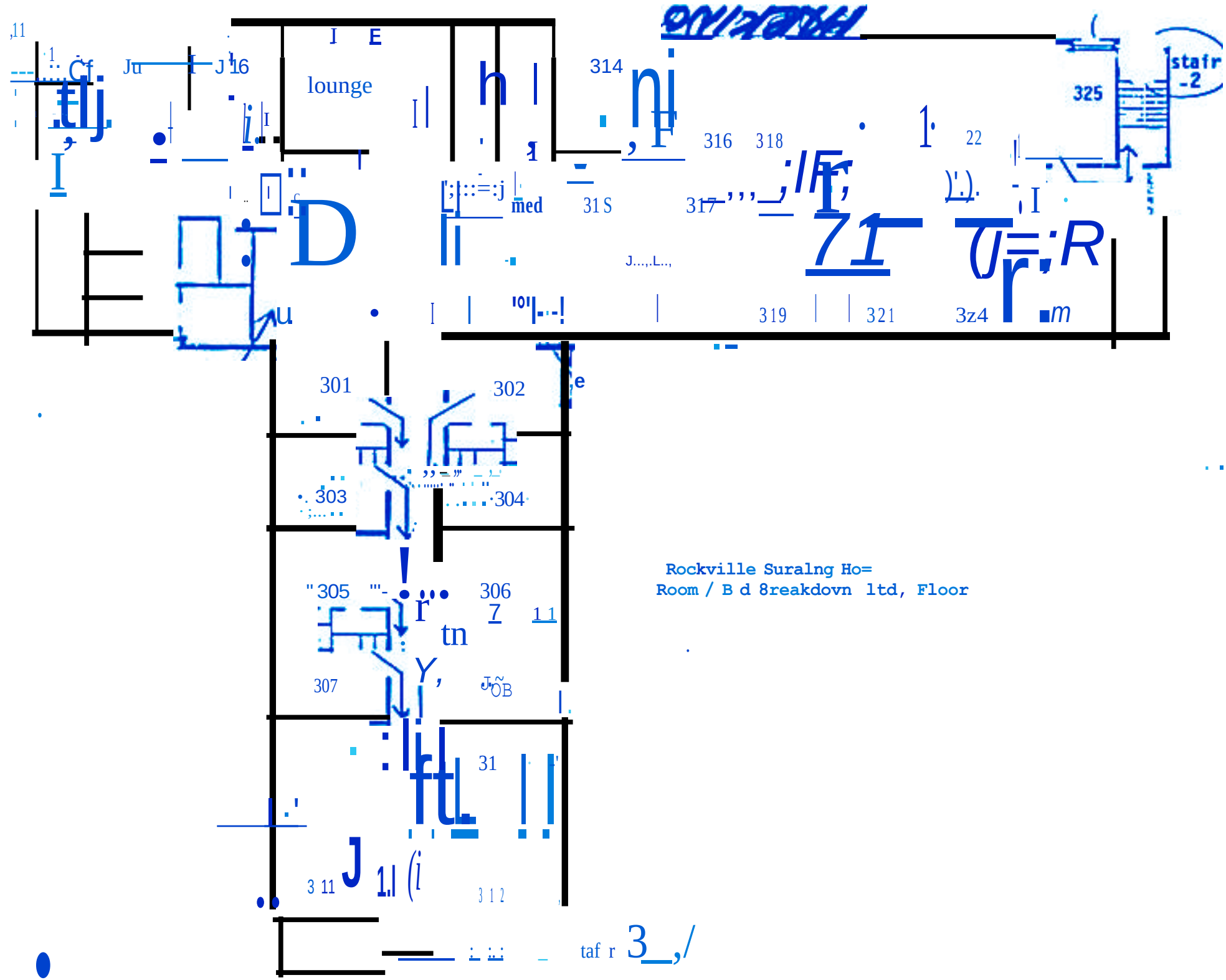
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Rockville Suralng Ho=
Room / B d 8reakdovn ltd, Floor

Rockville Nursing Home

Steppe ,1,,k morial Building

JQJ *Adtlo« Rt>ad* • R,xk,ilk, M"'yloral *20850*

00 1) 2;?-?000 • F<t< 001) 7626881• m•J-&'!tl-7JS-2251J

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April 6, 2017

M1u·yhm d Department or llculth & M1mt11I ll yi: icnc
Office oflk allh Cun:Quality
SprinnGro\'C Ccntc:r
Bland Bryant Building
SS \Vudc A,·cnuc
Ca tons,•ilf<, Mu ry lnnd 21228

Dcar O II CQ.

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All my best,

Vince McCubbin
Ad minirltra t ur

SEc.,ioN D- LONG TERM CAR[PROVID[R APPLICATION

PRINCIPALPlIYSICIANAGREEMENT

N"amt' of Facltlcy: Rockvi.llC! N:uraing Uc,ac U cirnw-#: 15019

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Addrd$: SO W4 Ed.aon• ton Drive, 1207

CY •: **Rockville** Start': MD Zip cod,: 208S2

T,t,pho,-,, ·,,mbrrs(/: 301.424.3088 (P) 301.738.784S (P)

8llCTION B • LONO TBRM CAltl!PROVJDl!R Al'PLICATION

lU!.Lll!IIPIIYS!CIAN AO=<l(NT

NOTl!t

The State Department of Health Regulations require that each Comprehensive Care Facility 10.07.02 arrange for a physician to serve as a Principal Physician and a qualified relief to cover periods when his or her services are not available.

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Relief Physician (signature) 7/29/17

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SECTION C - LONG TERMCARE PROVIDER APPLICATION

DIRECTOROFNURSINGAGREEMENT

Name of Facility: Rockville Nursing Home u .....•: 15019

Th i i).t u cc r1j(y tJ1:11I. Mrn gn r o t Araa h , RM. BSH, CLTC •m•

J\'umt

,\ k rr. b,h:-rNI Nur"k' n:gi.suy nu mbcr Rl.204S8_

B. Licensed Practical Nurse, Board of Nursing registry number___________

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/YLC. ',J}--- ·<- O',l!,o I 1-<>·-.

Director of Nursing (signature) *I)m,:-*

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(• aLk:)

Facility Adn1/m,1ruto,./.tignalur.•)

Vincent P. KcCubbin

03.01.2017

Date of Agreement

SECTION D

PROVIDER OWNERSHIP AHO CONTROL DISCLOSURE FORM

RockvilloNursing Hoao. Inc

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2. Is • PAl'tnC>f

3. has a direct or indirect ownership interest* of 5% or more N/A

4. has a combination of direct and indirect ownership interests equal to 5% or more in the Provider N/A

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SEC l'IO O

PROVIDER OWNERSHIP AND CONTROL DISCLOSURE FORM

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Rockville Nursing Home - Board of Governors

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- Actfve MC'm bcrs: 14
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Group/Facility/Business/Agency Name

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tau.Nani **First Name**

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City **State** **Handicap Access** Yes

Rm :k v ll.l.e ttarylnnd 2.0BSO

Provider Type Code

3014 279 .9 000 J U1. 762.68al 15 57

Employer Identification Number **Oiiiflit** **Social Security Number**

[redacted] Rockville Nursing Home, Inc N/A

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6) SPECIALTY1/cRIFICATIOH

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7) GROUPMEM RSHIPINFORMATION

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Name	Mtd'Jeare Humber

9) ALTERHATIVE ADDRESS INFORMATION

P av10Addm s

Adaeu Rockville Nurning U011•c Inc
303 Adclnrc Rond

Cty	State	Zip Code
Rockv111e	Maryland	20850

Correspondence Address

Address
name

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YES 0 NO

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10) OTHER PRACTICE LOCATION INFORIIATION

State Zip code

Telephone Number County Code

E,p,alwD!le,

Practice Address #2
N/A

Suite Number Handicap Access

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11) AUTHORIZATION

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Vincent P. McCubbin - Adminlstratot / Rockv.llo Huesing 0<MU!

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N/A

Signature of Owner (in the case of a Pharmacy)

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P.O.Sox17030
8alllmore. MO21203

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SECTION E - STATE AFFIDAVIT

Whoever knowing and willfully makes or causes to be made a false statement or rc11rm n1a11n on thlJ1U1cmcnt nt•)' bt proi«ulNf undtr•pplltablt St•lc law._ In a dd h fon. knowlnc •nd l'illrully f111Uai:lo rotlylltldaccunatdy dl\.Clow the ln(omulloa **requested may result in denial of a request to become licensed or, where the entity is already license, a revocation of that license.**

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NAM t:0 1·.- ACll ,t'r V: RockvUlc Nursing ltoeie lnc

Sls:natun-of AuthorllNf Offic1l1al	Administrator Title	04/04/2017 Date
Vincont P. Mccubbin	Adminhtra.tor	04.04.2017

SECTION F - \VORKERS' COMPENSATION LA \V QUESTIONAIRE

Nameof Facility

Rockville Nursing llo■e. lnc.

(Plca..,;,c 1ypcor rrini)

Addtt-ss o(f acilily

303 Adclare Rond - RockvJllc. Maryland 20850

(Pica« •>1'<or rrin1)

Doyou hu,·c Workc ·Compensation ln uruncc for your cmploy«s'!
(Check On<) I!'J **YES** D NO

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(Sec u1tuchcd fonn AS:? und lnstrui:tion Shtct}

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Vincont P. Mccubbin

SECTION I: ADVERSE ACI'IONS/CONVI CTIOI\'S

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ADVERSE ACTIONS THAT MUST BE REPORTED

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SECTION I: ADVERSE ACTIONS/CONVICTIONS (,. , ,.,. ,. ,

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Adverse Action	Ot it	T•b n Uy	H:n nlu lfon
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SECI"IONJ: CHAIN HOMEOFFICE INFORMATION

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A. TYPE OF ACTION THIS PROVIDER IS REPORTING

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B. CHAIN HOME OFFICE ADMINISTRATOR INFORMATION

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SECTION J: CHAIN HOME OFFICE INFORMATION

N/A

C. CHAIN HOME OFFICE INFORMATION

1. Name of Home Office as Reported to the Internal Revenue Service

2. Home Office Business Street Address Line 1 (Street Name and Number)

Home Office Business Street Address Line 2 (Suite, Room, etc.)

City/Town

S-

T d .ffC)(Ot,-Cvcr,t,cw

3. Home Office Tax Identification Number	Home Office Cost Recovery Year-End Date (see 2.0)
4. Home Office Fee-For-Service Contractor	Home Office Charge Number

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MARYLAND
DEPARTI\<1ENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CAREQUALITY

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUF.
CATONSVIUE. MARYLAND 21228

U ccn No. 15019

tssucd10: Rockville Nursing lfomc
303 Ad<lorc Rood
R0<kvlllc. MD 20850

Type of f11c ili1y and Number of Bed :
Comprchco si\'c Co.re Facil ity . 100 Ocds

l):nc Issued: Moy 3. 2015

11lis license has been grunted to: Rockville Nursing Hoo1c ltte.

Authl>rlly U) opmu·Inthi,S h p14 N CCl the .t,,o e:<nthy 10 Th<lfa. ld1Gcntr:dAnkk . Title 19 s«!JonJ I&.At, N)C,t(tJ Co.Jcof b t)IMIJ. am [J 1klft.andW \KIII Innffll,. bv(C'„ to any .id aUMM pnn itii,,n1t,,. i.n(h1Ji"1, II"l'f)lk' k rule,#IJttg11ladon1, pmmup.l k'd Ihm:'*uni.kt.* Thii t b not uwufct'.lble

Expinuion 031c: May3. ZOl7

Oirr,cmr

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

HEALTH ANDHUMAN SERVICES
UCENSURE ANDREGULATORY SERVICES
255-PII<•.111,,_,SulO>100
-Mar,44nd20650
2Ao.m - . FAX2AO-m -3008

NURSING HOME LICENSE

This Certifies That

ROCKVILLE NURSING HOME
303 **ADCLARERD**
ROCKVILLE. MD 208S0

is licensed to operatea Comprehcnsi\'cCrue Facility 01:

ROCKVlLLll NURSING HOME
303 ADCLAR.£ RO
ROCKVlLLE. MD 208S0

This license is issued underthe authority of C hapter 2S,of the Montgomery CountyCode. 2004, M amended.

Number of Residents: 100

Uma S. Ahluwalia. Director

Err,-c1ivc Dote: 3/1/2017 Expimtion Dote:3/1/2018 License No: 300

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HEALTH AND HUMAN SERVICES
U CENSUREANDREGULATORY SERVICES
255--· 1 st Floor, sutlo100
-12-in -3986 . FAX 0-m-3088

FOOD SERVICE FACILITY LICENSE

ThisCertifies Tltat

ROCKVILLE NURSING HOME, INC
303 ADCLARE RD.
ROCKVILLE, MD 20850

is licensed to opcrnte a FoodService Facility a t:

ROCKVILLENURSING HOME
303 **ADCLARE RD.**
ROCKVILLE, MD 20850

This license is ls.sut>d under theauthorityof Chapter 15,of the Montgome ry Count)•Code.199-1, as a mcndt>d and COMAR 10.15.03.

Conditions:

UmaS. Ahluwal@, Di rector

C1tcring No:

Expirotion Dote: 01/31/2018 **U c:c:-nsc No: 2113** **Type: E**

This license is not transferable. must be consdcously posted on the premises. and renewed prior to the exoiration date.

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VINCENT P. MCCU881N

VI NCl;NTP. M<X:U881N
155 Doeove<ly Drive
Gaanorsbu'll, MO 2087 8

16

1 461 91

State of Maryland

DE P A R TM EN T OF H E A L T H AN D M EN TA L HYGIENE

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CERTtFrt;S rHAT VINCelT P. MCCt/88/N

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IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE

LIC. NO. & CERT. NO.	EXPIRATION DATE
R0892	5/19/2018

IRYLAND

Executive Director

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LA.BORATORY IMP ROVEME NT AMENDMENTS

CERT/FICATEOF WAIVP.R

L.A.D-ORATQRVSAMP.Al"-OADDRl:SS
ROCKVIU.E NURSINGHOME
303AOCl.AAE RO
ROCKVILI.E, MO 20050-3325

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LADORA'J'ORY DIRECTOR
VINCENTP MCCUB81N

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for violation of the Act or the regulations promulgated thereunder.

Karen W. Dyer, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

CMS

3401 Cert1 0A0216

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303AOC<AA£RD
ROCKVILL.£ MO 201$O

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Chief, Division of Drug Control
Secretary of Health and Mental Hygiene

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CDS REG. NO.
R09944
04/30/2018
EXPIRATION DATE

ROCKVILU! NURSING HOME
303AOCI..ARE ROAD
ROC1<VIIJ.£ MO 20850

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DHMH-1237 Revised 7/08

STATE OF MARYLAND

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Spring Grove Center • Blond Bryant Building
SS Wade A\'cnuc • C:itonsv illi:. Maryland 2t:!28•-46(,3

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LETTER OF **PERMIT** EXCEPTION

EXCEPTIONNUMBER: 050329

PERIOD; 02101/2017 • 0 1/31/2019

VINCENT P MCCUBBN
ROCKVILLE NURSINGHOME
303AOCLARERD
ROCKVILLE, MD 20850

DearMr MCCUBBN:

Undo< Ille promloosIn H.,._11!1 -GeneralMlde,Tlile17,205 and 212. of IlleAnnotatedCodeof Maryland.and based uponInformation recetvod from an on-liteinspectionand/«formatregistrationof tho polnt f-carelaboratory named **aboYo,** an exceptiom to Ula permitrequiremenls to opemtea laboratoryin Marylandls GRANTED for111• **above period.** VndM1h11exception Iha **f-rng** tosts and/or examinations may **be** perfcrmed In your laboratory.

Chomiolly • Excepted:
Gluco.e (FDAHome **Device)**

Thie Sotter **OF** P erm it Ex ce p tio n m u ■t be p ro m lno ntJy df1playedIn your1.lborato,y.

I)'OU haveany questlonaconeeming thismatter. or find thatyou¥Mh to expandyoor taborator(s test menu beyond t11e18sts allowed under 1,111 excoptio<,, W>t8elCllerytSloan at (410) 402-S025.

Sincerely.

-+ LR.. G.52_

Pa ul Co Ul
Labon,W<y ficatlonPn,gn,m Manager

(Tags: Coronavirus attorney, covid-19, nursing home lawyer, nursing home attorney, 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 claim, Maryland elder abuse 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, wrongful death case or claim, Maryland Nursing abuse attorney, Maryland nursing home attorney, pressure sores, Sterling Care Rockville Nursing, Rockville malpractice attorney, Montgomery County malpractice attorney)