

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/13/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2023
NAME OF PROVIDER OR SUPPLIER Riderwood Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3160 Gracefield Road Silver Spring, MD 20904	
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 0623 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>15701</p> <p>Based on medical record review and staff interview it was determined the facility failed to notify the resident/resident representative in writing of a transfer/discharge of a resident along with the reason for the transfer. This was evident for 3 (#52, #65, #218) of 3 residents reviewed for hospitalization .</p> <p>The findings include:</p> <p>1.) Resident #52's medical record was reviewed on 10/11/23 at 11:20 AM. Review of a RN nursing note (staff #5) on 7/28/23 at 11:31 AM revealed Resident #52 was evaluated by a nurse practitioner and a doctor and an order for transfer to the emergency room via 911.</p> <p>Review of a nurses note of 8/1/22 effective for 6:30 PM revealed that after a nurse practitioner's skin wound assessment, the nurse practitioner ordered to transfer resident back to the hospital. Resident #52 was transferred to the hospital via 911.</p> <p>There was no written documentation in the medical record that the responsible party and/or resident was notified in writing of the 2 hospital transfers.</p> <p>The unit's clinical manager (staff #3) was interviewed on 10/13/23 at 12:43 PM. She was asked how the facility notifies the resident and/or the resident's representative in writing of the reason for transfer to the hospital in a language they. She indicated that the residents responsible party is notified and documented in progress notes. She indicated that administrative staff send a notice to the ombudsman. She adamantly indicated that the facility did not have a mechanism to inform the resident in writing when transferred to hospital.</p> <p>42507</p> <p>2.) On 10/11/2023 at 10:10 AM, Resident #218 was observed being taking out of the unit via stretcher by the paramedics. Per Licensed Practical Nurse, LPN #4, the resident was being taken to the hospital for treatment.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 215343	If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2023
NAME OF PROVIDER OR SUPPLIER Riderwood Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3160 Gracefield Road Silver Spring, MD 20904	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Review of the medical record for Resident #218 on 10/17/2023 at 9:35 AM revealed documentation by nursing on 10/11/2023 at 11:42 AM that Resident #218 was transferred to an acute care facility on 10/11/2023 via 911: . Resident's son notified of the transfer to the hospital and also agreed to hold bed while resident is out at the hospital. However, there was no documentation and/or evidence in the record indicating that the facility staff notified the resident/resident's representative (RP) in writing of the reason for the transfer/discharge to the hospital.</p> <p>On 10/17/2023 at 10:12 AM, in an interview with LPN #4, she stated that Resident #218 was still in the hospital. Regarding resident/RP notification of transfers to the hospital, LPN #4 stated that the transferring nurse was responsible for notifying the resident and/or their RP about the bed hold policy. LPN #4 stated that communication regarding reasons for transfer of a resident was done verbally by phone and/or in person (when family was present at time of transfer) and documented in progress notes. LPN #4 confirmed that she did not notify Resident #218 and/or the resident's family/RP in writing of the reason for the transfer to the hospital.</p> <p>On 10/17/2023 at 10:34 AM, an interview was completed with the unit's Clinical Manager, Registered Nurse (RN #1) regarding notification of the resident/RP in writing of the reason for transfer to the hospital. RN#1 stated that they attempted to call Resident #218's spouse but s/he did not answer their phone, so the facility staff ended up calling/notifying the resident's son. RN #1 added that she later gave Resident #218's spouse the facility's Emergency transfer form and change in condition form that indicated the reason why the resident was transferred out. However, when asked to provide a copy/proof that she gave the resident's spouse in writing reason for the transfer to the hospital, RN #1 stated that the facility did not have any specific form that they give. RN #1 added that they did not give specific written notification regarding reason for transfers apart from the Emergency transfer form and change in condition form that were sent out with the resident.</p> <p>Surveyor noted and reviewed a copy of the Bed hold notification to Resident #218's son that was on file and dated 10/11/2023. However, there was no written documentation that the resident and/or resident representative was notified in writing of the reason for the transfer/discharge to the hospital.</p> <p>43096</p> <p>3) A review of Resident #65's medical record on 10/12/23 at 1:51 PM revealed that the resident's change in condition was documented on 9/14/23 at 7:50 AM about he/she noted unresponsive, congested with shallow breathing. The resident was evaluated by CRNP (Certified Registered Nurse Practitioner) with a new order to transfer the resident to the ER for further evaluation due to unresponsiveness.</p> <p>Further review of an electronic medical record revealed the Emergency Transfer to Hospital Form for Resident #65 documented that the resident was transferred to the hospital via ambulance on 9/14/23 at 8:12 AM.</p> <p>In an interview with the Director of Nursing (DON) on 10/12/23 at 2:42 PM, she stated that the facility staff documented a change in condition and emergency transfer to hospital form under assessment, but no additional note was required to document about the residents' transfer/discharge.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/13/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2023
NAME OF PROVIDER OR SUPPLIER Riderwood Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3160 Gracefield Road Silver Spring, MD 20904	
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 0623 Level of Harm - Potential for minimal harm Residents Affected - Many	During an interview with the DON on 10/17/23 at 1:29 PM, she confirmed that the facility staff called the residents' family members for their transfer/discharge, documented the emergency transfer form, and reported to the ombudsman.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2023
NAME OF PROVIDER OR SUPPLIER Riderwood Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3160 Gracefield Road Silver Spring, MD 20904	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>15701</p> <p>Based on observation, medical record review and interview it was determined the facility failed to follow physician's orders and the resident's care plan for the administration of oxygen. This was evident for 1 (#56) of 1 resident reviewed for the administration of oxygen.</p> <p>The findings include.</p> <p>Resident #56 was observed in bed on 10/10/23 at 1:40 PM receiving oxygen via nasal cannula (a tube worn in the nostrils to administer oxygen) that was attached to an oxygen concentrator (a machine that concentrates oxygen from room air). The flow meter scale with a metal ball was observed between the 4 and 5 lines to show an oxygen flow rate of 4.5 liters per minute. At 1:52 PM the facility's infection preventionist (staff #6) entered Resident #56's room to observe the oxygen concentrator. An interview followed and she indicated that she was documenting when the oxygen tubing was replaced. She was asked about the current oxygen flow rate, and she went back into the resident's room and upon exit she indicated that the metal ball was above the 4 line.</p> <p>On 10/10/23 at 2:50 PM the director of nursing assisted the surveyor in navigating Resident #56's electronic health record to locate the physician order for the administration of oxygen. The oxygen administration order of 8/3/23 indicated that a physician order for oxygen to be administered at 4 liters per minute. The director of nursing was informed of the observation of the flow meter rate set on 4.5 liters per minute and confirmed that the infection preventionist acknowledged that the rate was above 4 on the oxygen flow rate.</p> <p>Review of Resident #56's care plan on 10/18/23 revealed a care area indicating that the resident required oxygen therapy with a care intervention indicating that Resident #56 will need assistance in keeping O2 (oxygen) on and maintain prescribed liters of administration at all times daily. 4 LPM (liters per minute).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2023
NAME OF PROVIDER OR SUPPLIER Riderwood Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3160 Gracefield Road Silver Spring, MD 20904	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>43096</p> <p>Based on record review and staff interview, it was determined that the facility staff failed to ensure documentation of residents' Pneumococcal vaccination status in their medical records. This was evident for 1 (Resident #369) of 5 residents reviewed who were eligible for Pneumococcal vaccines during the survey.</p> <p>The findings include:</p> <p>Pneumococcal vaccine helps prevent Pneumococcal disease, any type of illness caused by streptococcus pneumonia bacteria. The Centers for Disease Control and Prevention (CDC) recommends a Pneumococcal vaccine for those age 65 and older and adults 19 through 64 with certain medical conditions or risk factors. (Centers for Disease Control and Prevention- vaccines and preventable disease)</p> <p>On 10/18/23 at 9:49 AM, randomly selected five residents' (eligible for the Pneumococcal, Flu, and COVID vaccination) vaccination statuses were reviewed. Reviewing Resident #369's paper medical chart revealed blank vaccination consent forms (for Influenza, Pneumococcal, and COVID-19) without any detailed information.</p> <p>During an interview with a Unit manager (Staff #3) on 10/18/23 at 10:22 AM, she stated Resident #369 had received Flu vaccine in the assisted living before being admitted to this facility on 10/03/23. Staff #3 also said that since the facility did not have Resident #369's COVID and Pneumococcal immunization status, she had emailed family members upon the resident's admission.</p> <p>On 10/18/23 at 10:50 AM, a review of the facility's electronic medical record vaccination survey section revealed that Resident #369's Flu and COVID vaccine was completed. However, the vaccination survey report showed the resident's Pneumococcal vaccination status as no record.</p> <p>In an interview with the Infection Control Preventionist (ICP) on 10/18/23 at 11:08 AM, she stated upon the resident's admission, the facility staff tracked their immunization status and updated them under medical records. The ICP said she expected the vaccination status to be updated within 2-3 days. The surveyor shared concerns about Resident #369's Pneumococcal vaccination status. The ICP verbalized she understood.</p> <p>During an interview with the Director of Nursing (DON), the ICP, and Staff #3 on 10/18/23 at 1:15 PM, Staff #3 insisted that since she did not receive any response from Resident #369's family member regarding his/her vaccination consent, she called them on 10/10/23. Resident #369 's family members confirmed that they would be at the facility on 10/18/23 for a care plan meeting and would sign the consent at that time. The surveyor asked the facility staff whether they had any documentation about this communication under the resident's medical record. Staff #3 confirmed that there was no documentation.</p> <p>On 10/18/23 at 1:25 PM, the facility staff submitted a Pneumococcal vaccine consent form for Resident #369 signed by a family member dated 10/18/23. The DON confirmed that the form was completed on 10/18/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2023
NAME OF PROVIDER OR SUPPLIER Riderwood Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3160 Gracefield Road Silver Spring, MD 20904	
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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The surveyor informed the above issue about a Pneumococcal vaccination status that was not tracked for Resident #369 on 10/18/23 at 1:35 PM with the Nursing Home Administrator and the DON.		