

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2026
NAME OF PROVIDER OR SUPPLIER Complete Care at Annapolis		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Van Buren Street Annapolis, MD 21403	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>Based on interviews and observations it was determined that the facility failed to utilize Video Remote Interpreting (VRI) services to communicate with deaf residents. This was evident for 1 (Resident #47) out of 4 residents reviewed for communication-sensory impairment during the annual survey. Video Remote Interpreting (VRI) is a service that uses video technology to connect a deaf or hard of hearing person with a sign language interpreter who appears on a screen (tablet, computer, or monitor). The interpreter signs what the staff say and voices what the resident signs so both sides can understand each other. The findings include: On 03/03/2026 at 8:25 AM, the surveyor observed a sign outside Resident #47's room indicating that the resident was deaf. At the same time, an interview with Geriatric Nurse Assistant (Staff #7), revealed that she communicated with Resident #47 through written communication. On 03/03/2026 at 9:13 AM, an interview with Geriatric Nurse Assistant (Staff #8), revealed that she communicated with Resident #47 through written communication. On 03/03/2026 at 12:10 PM, an interview with Resident #47 revealed that written communication was not the resident's preferred method of communication. At the same time, an observation of the Resident #47's room revealed that there was a VRI tablet in the room. On 03/05/2026 at 8:05 AM, an interview with Licensed Practical Nurse (Staff #14) revealed that her form of communication with Resident #47 was through facial expressions and writing. It was also revealed that staff rarely used the VRI tablet in the resident's room. On 03/05/2026 at 8:08 AM, an interview with Resident #47 revealed that staff rarely use the VRI tablet as a form of communication. On 03/05/2026 at 9:53 AM, an interview with the Director of Nursing revealed that the expectation was that staff use the VRI system in place for Resident #47 throughout the day during care. On 03/05/2026 at 11:34 AM, surveyor requested Geriatric Nurse Assistant (Staff #8) to obtain an interpreter on the VRI system; however, Staff #8 was unable to do so because she did not know how to use the system. On 03/05/2026 at 11:37 AM, the surveyor requested Licensed Practical Nurse (Staff #14) to obtain an interpreter through the VRI system, and Staff #14 was unable to do so. On 03/05/2026 at 1:09 PM, the concern was reviewed with the Assistant Director of Nursing and she indicated that she understood.</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
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