STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215007	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wicomico Nursing Home	900 Booth Street Salisbury, MD 21801

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record review and staff interviews, it was determined that the facility failed to ensure that care and treatment decisions for a resident assessed to lack decision-making capacity were made by a legally authorized representative. This was evident for 1 (Resident #7) of 5 residents reviewed for advance directives during the annual survey. The findings include: On 02/02/2026 at 12:31 PM, a review of Resident #7's medical record revealed two signed Physician Certifications Related to Medical Conditions, Decision Making, and Treatment Limitations, which documented that the resident lacked adequate decision making capacity. However, there was no evidence in the medical record of a legally authorized representative to make decisions for the resident. On 02/03/2026 at 11:00 AM, during an interview, the Social Work Director confirmed that Resident #7 had two certifications of incapacity and stated that, because the resident's children were not involved, the resident's sister had been making decisions for the resident. The Social Work Director further stated that the facility did not obtain documentation establishing the sister as a legally authorized surrogate decision maker.

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interviews, record reviews, and observations it was determined that the facility failed to ensure that residents requiring assistance with turning and repositioning were turned and repositioned at least every two hours. This was evident for 2 (Resident #3 and #4) out of 2 residents observed for pressure ulcers during the annual survey. The findings include: 1) On 02/02/2026 at 11:56 AM, record review revealed that Resident #3 had an order to be turned and repositioned every two hours. On 02/04/2026 at 9:11 AM, an observation revealed that Resident #3 was lying on his/her back. On 02/04/2026 at 11:23 AM, an observation revealed that Resident #3 was lying on his/her back. On 02/04/2026 at 1:17 PM, record review revealed that the resident had been signed off that they were turned and repositioned. On 02/04/2026 at 1:20 PM, an interview with a Registered Nurse (Staff #11) revealed that the expectation was that residents who required the assistance should be turned and repositioned every two hours. On 02/04/2026 at 1:23 PM, an observation revealed that Resident #3 was lying on his/her back. On 02/04/2026 at 1:53 PM, an interview with Geriatric Nursing Assistant (Staff #12) revealed that the expectation was that residents who required the assistance should be turned and repositioned every two hours. 2) On 02/04/2026 at 9:00 AM, record review revealed that Resident #4 was care planned to be turned and repositioned every two hours. On 02/04/2026 at 9:12 AM, an observation revealed that Resident #4 was lying on his/her back. On 02/04/2026 at 11:24 AM, an observation revealed that Resident #4 was lying on his/her back. On 02/04/2026 at 1:24 PM, an observation revealed that Resident #4 was lying on his/her back. On 02/04/2026 at 3:59 PM, the concerns were brought up to the Director of Nursing and she indicated that she understood.

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations and interviews, it was determined that the facility failed to discard expired medications and store medications properly. This was evident for 2 out of 3 medications carts observed as part of the medication storage task during the annual survey. The findings include:On 02/05/2026 at 9:49 AM, an observation of medication cart in the 100s unit was conducted by the surveyor and Staff #7. The surveyor observed 1 bottle of Aspirin 325mg with an expiration date of 12/2025.A brief interview was conducted with Staff #7. When asked who is responsible for ensuring expired medications are not in the medication cart, she replied that the cart belonged to nurses and therefore nurses were supposed to check for expired medications every shift.On 02/05/2026 at 10:11 AM, another medication cart was observed in the 500s unit. The observation was conducted by the Surveyor and Staff #15.The medication cart contained the following expired medications:1). A bottle of Aspirin 325 mg that had an expiration date of 12/2024.2). A bottle of Tylenol extra strength with an expiration date of 9/2025. 3). A bottle of Benadryl 25 mg with an expiration date of 11/2025. 4). Hemoccult solution had an expiration of 8/2025.5). A bottle of Bacteriostatic 0.9% sodium chloride which had an expiration of 11/1/2025. Additionally, there was a Bisacodyl Suppository that was found in the medication cart. This medication did not have an expiration date. When asked what the expiration date was, Staff #15 stated that the suppository was not supposed to be stored in the medication cart but rather it should be stored in the fridge. On 02/05/2026 at 10:22 AM, the Surveyor and Staff #15, observed the medications in the medication fridge. There were 20 expired Bisacodyl Suppositories, expiration date of 9/9/2025. On 02/05/2026 at 10:30 AM, a follow up interview with Staff #15 was conducted. When asked whose responsibility it was to ensure 1). Expired medications were removed from the cart and 2). Medications are stored properly, Staff #2 stated that it was everyone's responsibility to ensure that medications are stored properly and that any expired medications are removed and discarded. She further stated, no expired medication should be in the medication cart. On 02/05/2026 at 10:40 AM, the Director of Nursing and facility administrator were notified of the concerns.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations and interviews, it was determined that the facility failed to use appropriate infection control practices while handling laundry. This was evident during the observation of the laundry room as part of the infection control task during the annual survey.The findings include:Personal Protective Equipment (PPE) refers to specialized clothing and gear-gloves, gowns, masks, and face shields designed to protect workers and patients from infectious materials, contaminants, and bloodborne pathogens. It acts as a physical barrier, critical for infection control during procedures and in high-risk environments.On 02/04/2026 at 12:45 PM, a tour of the laundry room was conducted. In the dirty laundry room area, the Surveyor observed a laundry cart half-way filled with clothes that were not bagged. There was a cart near the wall that had 2 hospital gowns and gloves.A brief interview was conducted with Staff #2. When Staff #2 was asked if the clothes were dirty, she said yes and that the clothes belonged to different residents in the facility. She also stated that she needed to wait for more resident clothes to be brought in for laundry because the machine only allows a certain load weight to wash. Moreover, when asked what she wore for PPE, staff pointed at gloves and a resident hospital gown. When asked about the ventilation of the room, Staff #2 stated that the vent was off. She added that in the summertime they open the vents to get the air out, but right now the laundry staff had turned off the vents for the season because of how cold it was in the laundry area.On 02/04/2026 at 12:47 PM, a tour of the clean laundry area was conducted. The surveyor observed holes in the ceiling with loose, exposed insulation materials. Clean, folded clothes were observed directly below the affected area. On 02/04/2026 at 1:26 PM, an interview with the Assistant Director of Nursing (ADON) was conducted. When asked what PPE staff members are expected to wear, the ADON stated that the staff are provided with gowns, gloves and eye shield. When asked what type of gowns are used, the staff stated that the facility had blue disposable gowns that are one-time use. Staff was asked if she considered hospital gowns as appropriate PPE. She stated No, because it's made of cloth and therefore not protective. On 02/04/2026 at 1:48 PM, another tour of the laundry room was conducted with the ADON and Director of Nursing (DON). When asked if the dirty clothes should be bagged, the ADON stated yes, she is unsure why the clothes in the cart are not in a bag. The Surveyor asked the ADON what PPE the laundry staff should use or be readily available for use, the ADON stated gloves, gown and face shields. The Surveyor pointed out the hospital gowns that were being used as PPE. Lastly, the surveyor also showed the ADON and DON the clean area ceilings with loose, exposed insulation materials.On 02/04/2026 at 2:27 PM, the ADON reported to the surveyor that the maintenance staff had turned on the ventilation switch and that they would fix the ceiling holes to prevent cross contamination. On 02/04/2026 at 2:30 PM, the DON and ADON were notified of the infection control concerns.