STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interviews, and documentation review, it was determined that facility staff failed to treat each resident in a dignified manner by failing to dress a resident in clothing that was suitable for the resident, failing to place a urinary catheter bag in a dignity bag for residents with a Foley catheter, and failing to allow residents to dine in the dining room for dinner daily. This was evident for 10 (#14, #10, #27, #24, #13, #5, #23, #25, #26, #28) of 28 residents reviewed during a complaint survey. The findings include: 1) On 3/9/26 at 9:06 AM observation was made of Resident #14 lying in bed with no clothes on. Resident #14 was covered with a blanket. Resident #14 was yelling, why don't I have any clothes on. Where are my clothes? There was a dried yellow stain on the top of the blanket, and the fitted sheet was stained with dried food and was yellow. There was half of a diaper on the fall mat next to the bed. There was a hospital gown on the floor that was close to the doorway right outside of the bathroom alcove. On 3/9/26 at 10:57 AM a second observation was made of Resident #14. Resident #14 was sitting in a wheelchair in the dining/activity room crying that he/she had shorts on and women were supposed to wear long pants. Resident #14 stated, I am cold. Resident #14 was wearing a short-sleeved shirt, khaki shorts, and slipper socks. GNA (geriatric nursing assistant) #6 stated Resident #14 did not have any other clothes in his/her room. Staff #16 stated that she would go to the laundry to see if she could find some of Resident #14's clothes. The surveyor accompanied Staff #16 to the laundry room. Observation was made in the laundry room of Staff #4 sitting on a chair folding laundry. Staff #4 stated there was supposed to be a 3-day turn around for doing personal laundry. Staff #4 said that she was last here on Friday and no one did the personal laundry over the weekend. Staff #4 pointed to a very large pile of personal laundry that was piled high in a bin. Staff #4 stated that the pile of laundry still needed to be done. Staff #4 was able to give Staff #16 a couple of Resident #14's clean laundry that included a pair of pants and 2 shirts. Staff #4 also stated that only 1 of the 3 commercial dryers was working. Staff #4 stated there was a small non-commercial dryer that she was drying the personal clothes in. Staff #4 confirmed that it takes at least 4 to 5 days to get laundry done because of the washer and dryer situation. On 3/10/26 at 10:11 AM Staff #11, the Director of Maintenance and Housekeeping was interviewed and confirmed that 2 clothes dryers were not working along with a washing machine. Staff #11 stated as of right now I do not know of any upcoming delivery for a washer and the 2 dryers that are down. The staff are not able to keep up with the laundry. They are not able to keep up with the personal laundry. I also didn't have staff to do the personal laundry this past weekend. Review of Resident #14's personal inventory list that was located in the paper medical record (continued on next page)

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
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documented the resident had 1 dress, (3) pairs of pants, (1) jeans, (10) shirts, (4) shorts, (1) sweater, and (1) sweatshirt. On 3/11/26 at 2:50 PM the Director of Nursing and the Nursing Home Administrator were informed of the concern. 2) On 3/11/26 at 10:40 AM observation was made of Resident #10 lying in bed wearing a hospital gown. There was a Foley catheter that was hanging on the right side of the bed draining yellow urine. A Foley catheter is a flexible tube placed in the body which is used to empty the bladder and collect urine in a drainage bag. Resident #10's foley catheter drainage bag was not placed in a privacy/dignity bag to enhance privacy to the resident. 3) On 3/11/26 at 12:55 PM observation was made from the hallway of Resident #27 lying in bed. There was a foley catheter drainage bag visible from the hallway with yellow urine. Resident #27's Foley catheter drainage bag was not placed in a privacy/dignity bag to enhance privacy to the resident. On 3/11/26 at 1:40 PM the Director of Nursing (DON) was asked if a resident with a Foley catheter should have a dignity bag. The DON stated, yes. On 3/11/26 at 1:49 PM a review of the Catheter Care Policy that was given to the surveyor from the DON stated, #2 under policy explanation, privacy bags will be available and catheter drainage bags will be covered at all times while in use. The DON was informed that Resident #10 and Resident #27 did not have a dignity bag covering the urinary catheter drainage bags. 4) During interview with Resident #24 on 3/9/26 at 11:00 AM, Resident #24 stated he/she would like to be able to use the dining room for dinner, but the staff won't let them. During interview with Resident #13 on 3/9/26 at 11:37 AM, Resident #13 stated the facility does not allow them to eat dinner in the dining room. Resident #13 states he/she would like to be able to socialize with other residents during dinner. During interview with Resident #5 on 3/9/26 at 1:15 PM, Resident #5 stated the facility will not allow them to eat dinner in the dining room or eat any meals on the weekends in the dining room. Resident #5 stated they were told they don't have enough staff for the residents to be able to use the dining room for these meals. The Resident stated he/she didn't believe that was right and the residents should be able to use the dining room. During interview with the Resident council president (Resident #23) on 3/10/26 at 5:32 PM, the Resident stated the residents would like to be able to eat dinner in the dining room and eat their meals in the dining room on the weekends. Resident #23 gave the Surveyor permission to review the Resident council notes. Observation of dinner service on 3/10/26 revealed Wye Oak Unit was served dinner trays at 5:50 PM and Chesapeake unit was served dinner trays at 6:01 PM. The facility staff were observed taking the residents their dinner trays in their rooms. Observation of the dining room on 3/10/26 at 6:15 PM revealed the dining room was dark and no residents were in the dining room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident council meeting notes on 3/11/26 revealed on 7/24/25 Resident #5 and #24 are concerned that they cannot eat in the dining room for dinner and weekends. Review of Council Concern/Recommendation Form for Resident #5 and #24 revealed on 8/29/25 the Administrator signed the staff response: The Dining Room is open for breakfast and lunch mon-fri currently. We do not have the staff to support dinner or weekends at this time. During lunch service in the dining room on 3/11/26 at 12:40 PM the Surveyor asked Resident #25 if he/she also eats dinner in the dining room, the Resident stated no they are closed for dinner and on the weekends. The Resident added I don't think it's right. Interview with Resident #26 on 3/11/26 at 12:45 PM in the dining room, the Resident was asked if he/she would like to eat dinner in the dining room, the Resident stated yes. During interview with the Dietary Manager on 3/11/26 at 1:33 PM, the Dietary Manager was asked why dinner is not served in the dining room, Dietary Manager stated she was told because there is not enough staff. During interview with the Activities Director on 3/11/26 at 1:40 PM, the Activities Director was asked if residents complain about the dining room not being open for dinner and weekends. The Activities Director stated she started in September 2025 and only remembers Resident #28 complaining he/she couldn't use the dining room on weekends. She stated I know they have to have someone in there if residents are eating. I don't know how long it has been like that, but residents don't eat in the dining room for dinner or on the weekends. During interview with the Administrator on 3/11/26 at 1:45 PM, the Surveyor reviewed the resident council concern from July 2025 and the residents' interviews during survey that the residents want to have access to the dining room for all their meals. At that time the Administrator was asked why the residents cannot use the dining room for dinner and weekends. The Administrator stated because we don't have the staff to support it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. Based on observations, interview, and medical record review, it was determined the facility failed to ensure that the resident's call light was within reach, per the individualized care plans, to allow access to assistance when needed from staff. This was evident for 7 (#16, #17, #18, #19, #14, #21, #22) of 9 residents observed on the Homestead unit during a complaint survey.The findings include: On 3/9/26 at 9:06 AM a tour of the Homestead unit was conducted, and the following observations were made: 1) Observation was made of Resident #16 lying in bed. Resident #16's call bell was observed on the floor behind the bed. A second observation was made on 3/10/26 at 8:34 AM of Resident #16 lying in bed. Resident #16's call bell cord was lying on the floor and wrapped around Amazon boxes in the corner of the room by the bed. Resident #16 was asked where the call bell was and the reply was, they took it from me.Review of Resident #16's care plan, has an ADL (activities of daily living) performance deficit related to decreased mobility had the intervention, Encourage the resident to use bell to call for assistance that was initiated on 1/18/25. Review of Resident #16's care plan, is at risk for falls r/t decreased mobility/recent hospitalization had the intervention, Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. The facility staff failed to follow the care plans. 2) Observation was made of Resident #17 lying in bed and the call bell was observed hanging under the bed frame and dragging and touching the floor.On 3/10/26 at 8:31 AM a second observation was made of Resident #17 lying in bed. The call bell cord was observed on the floor wrapped under the bed on the bed frame.Review of Resident #17's care plan, resident has an ADL self-care performance deficit r/t dementia, encephalopathy and weakness had the intervention, encourage the resident to use bell to call for assistance that was initiated on 8/26/25. Review of Resident #17's care plan, resident is at risk for falls had the intervention, be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. The care plan was initiated on 8/26/25. The facility staff failed to follow the care plans. 3) Observation was made of Resident #18 lying in bed. Resident #18's call bell was lying on the floor behind the bed. Resident #18 was asked how he/she called the nurse and Resident #18 stated, with the call button. Review of Resident #18's care plan, resident has an ADL self-care performance deficit r/t schizophrenia and dementia had the intervention, encourage the resident to use bell to call for assistance that was initiated on 5/19/25. A second care plan, resident is at risk for falls r/t poor safety awareness had the intervention, be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. The care plan was initiated on 5/19/25. The facility staff failed to follow the care plans. 4) Resident #19 was observed sitting on the edge of the bed and the call bell was observed on the floor behind the bed. Resident #19 was asked how he/she calls the nurse and the reply was, I ring the call bell, and they come in and turn it off and don't come back. Review of Resident #19's care plan, resident has an ADL self-care performance deficit r/t (there was nothing documented as related to). There was an intervention, encourage the resident to use bell to call for assistance that was initiated on 3/1/26. The facility staff failed to follow the care plan. 5) On 3/10/26 at 8:33 AM Resident #14 was observed lying in bed. The call bell cord was wrapped on the frame behind the bed.6) On 3/10/26 at 8:34 AM Resident #21 was observed in bed. The call bell was observed on the floor behind the bed.7) On 3/10/26 at 8:35 AM Resident #22 was lying in bed. The call bell was observed under the bed on the floor. Staff #7 was asked to come in the resident's room. Staff #7 was shown the call bell on the floor. Staff #7 stated that they needed to put a clip on the cord so they could clip it to the sheet. At that time, Staff #7 was informed about the rest of the residents that were observed with call bells on the floor. Staff #7 stated that it was a problem.On 3/11/26 at 2:50 PM the Director of Nursing and the Nursing Home Administrator were informed of the concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on medical record review and interview, the facility failed to notify the Resident's representative of a resident's physician appointment. This was evident for 1 (Resident #5) of 11 residents reviewed for complaints during a complaint survey.The findings include:During interview with Resident #5 on 3/9/26 at 1:15 PM with the Resident's representative (RP) present, the Resident stated he/she had a doctor's appointment today. The RP stated: I didn't know you had a doctor's appointment. I take you to all your appointments, but I can't today. The RP asked the Resident what the appointment was for and the Resident responded they didn't know, someone just told him/her this morning that he/she had one.Review of Resident #5's medical record on 3/11/26 revealed the Resident went to an orthopedic appointment on 3/9/26 and he/she received a left shoulder injection.Interview with the Director of Nursing (DON) on 3/12/26 at 8:55 AM confirmed the Resident's RP takes the Resident to all his/her doctor appointments. The DON confirmed the Resident did go to his/her orthopedic appointment on 3/9/26 without his/her RP because the facility staff failed to notify the Resident's RP of the doctor's appointment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on complaint, observations, and staff interview, it was determined the facility staff failed to provide maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This was evident in the common areas of the facility and in 1 of 4 nursing units observed during a complaint survey.The findings include:On 3/9/26 at 8:55 AM a review of complaint 2702826 alleged that the resident room was in deplorable condition on the Homestead unit. The complaint alleged there were feces on the wall and floors and cold air was coming through the air conditioning unit. The complaint alleged that conditions were so deplorable for the residents and unsanitary.A tour of the facility was conducted on 3/9/26 at 9:06 AM. The following environmental observations were observed:There were (3) ceiling tiles in the conference room where the surveyors were located and they had (4) brown stains on the tiles. There were (2) ceiling tiles with brown stains in the entrance hallway that was on the left side of the ceiling which was across from the Human Resources office. This was at the entrance to the nursing units. On the Homestead unit in the hallway outside of room [ROOM NUMBER] there were (2) ceiling tiles that were stained brown and were cracked. In room [ROOM NUMBER] Resident #14 was lying in bed with no clothes on but was covered with a blanket. The resident was yelling, why don't I have any clothes on. Where are my clothes? There was a dried yellow stain on the top of the blanket, and the fitted sheet was yellow and stained with dried food. There was half of a diaper on the fall mat next to the bed. There was a hospital gown on the floor that was close to the doorway right outside of the bathroom alcove. There was a soiled sheet sitting on top of the trashcan by the sink that was in the room. The sheet was covered with gnats. The laminate on the headboard was missing approximately 6 inches by 1 inch.In room [ROOM NUMBER]B there was a soiled sheet with a pink stain that was on the bed. The overhead light in the toilet area was not working and the ceiling tile in the toilet area was cracked.In room [ROOM NUMBER] there was an air conditioner unit in the wall above the radiator. There was cold air coming through the gaps around the unit. The outside was visible through the gaps and holes around the air conditioner unit. There was a bracket around the air conditioner unit that had a black substance on the left side along with dirt, dust, cobwebs, and the top of the radiator was full of dust. The electrical box was hanging away from the wall approximately 1 inch. The footboard to the bed on the left side of the room had laminate that was peeled off over one half of the footboard and the footboard was loose. There was a 2-inch split in the blue covering on the positioning wedge.There were several beds in the unit that did not have linen. An interview was conducted with Staff #6 who stated she was told when she came in that morning that the staff did not have linen during the night.In the dining room in the Homestead unit by the nourishment room door the drywall was peeling off the wall approximately 5 inches by 3 inches. At the bottom of the wall above the baseboard was a 12-inch area that was caved in. There were (4) exhaust fans in the ceiling that were rusted. There was a piece of molding on the ceiling between the dining room and the nurse's station that was hanging down approximately 2 inches.The hallway floor by room [ROOM NUMBER] was dirty, sticky, and discolored.In room [ROOM NUMBER] the floor tile by the bathroom was missing approximately 1 inch by 12 inches. There was gnats by the toilet.In room [ROOM NUMBER] there were (2) ceiling tiles that had (3) large brown circle stains. There was no cover on the overhead light above the toilet, and the ceiling tile was cracked. The laminate on the closet door was missing approximately 2 feet by the door handle.In room [ROOM NUMBER] there were (3) ceiling tiles over the bed that had brown stains. In room [ROOM NUMBER] the floor was sticky.Observation of the ceiling under the front porch revealed hardy board that was hanging down approximately 2 to 3 inches from the top and was 18 inches in length. There was a hole in the hardy board approximately 6 inches by 3 inches.On 3/10/26 at 10:11 AM a tour of the facility was conducted with the Director of Maintenance and Housekeeping, Staff #11. Staff #11 stated he was not aware of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the ceiling under the front porch. Staff #11 was informed about the Homestead unit not having linen after the weekend and he confirmed that 2 clothes dryers were down along with a washing machine. He stated, as of right now I do not know of any delivery for a washer and the 2 dryers that are down. They are not able to keep up with the laundry. Staff #11 stated, linen has always been an issue here. The last time I ordered bulk linen, but this weekend I did not have staff at night. I didn't have staff to do the laundry. They didn't have morning linen to start. Staff #11 stated, we don't have enough linen to support the residents in the building. Staff #11 was asked if the staff knew how to put repair requests in the electronic system (TELS). Staff #11 stated staff have been in-serviced and stated, as soon as they put it in TELS it comes to my phone and we fix it. I know the administrator has educated the staff on putting things in TELS.The Homestead unit was toured with Staff #11 to point out the concerns. Staff #11 confirmed the findings. Staff #11 stated he was waiting for the Corporate Director of Maintenance to come help him off hours to paint the exhaust fans in the ceiling. Staff #11 confirmed the condition of the air conditioner unit in room [ROOM NUMBER] and confirmed the holes that were visible to the outside of the building. Staff #11 found the surrounding bracket for the unit on top of the resident's closet. Staff #11 took note of the dust and cobwebs and acknowledge the area had not been cleaned.On 3/11/26 at 2:50 PM the Director of Nursing and the Nursing Home Administrator were informed of the concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, and staff interview, it was determined the facility staff failed to ensure Minimum Data Set (MDS) assessments were accurately coded. This was evident for 2 (#10, #27) of 2 residents reviewed for urinary catheters during a complaint survey.The findings include: The MDS is part of the Resident Assessment Instrument that was Federally mandated in legislation passed in 1986. The MDS is a set of assessment screening items employed as part of a standardized, reproducible, and comprehensive assessment process that ensures each resident's individual needs are identified, that care is planned based on those individualized needs, and that the care is provided as planned to meet the needs of each resident. 1) On 3/11/26 at 11:15 AM a review of Resident #10's medical record was conducted and revealed Resident #10 was admitted to the facility on [DATE] from an acute care hospital. Review of the 1/14/26 hospital discharge summary documented Resident #10 was admitted following a fall resulting in left hip pain and inability to ambulate. Initial evaluation revealed a left intertrochanteric femur fracture.Review of a 1/15/26 Nurse Practitioner initial note documented that Resident #10 was admitted to the facility after a recent hospitalization, following a fall that resulted in left intertrochanteric femur fracture with imaging suspicious for pathological fracture.Review of Resident #10's admission MDS assessment with an assessment reference date (ARD) of 1/20/26, Section J1700 Fall History on Admission/Entry or reentry, A did the resident have a fall any time in the last month prior to admission/entry or reentry was documented 9 unable to determine.On 3/11/26 at 2:04 PM the MDS was discussed with the MDS Coordinator, Staff #26 who confirmed the error and said the fall should have been captured.2) On 3/11/26 at 12:55 PM observation was made from the hallway of Resident #27 lying in bed. There was a foley catheter drainage bag with urine that was hanging on the left side of Resident #27's bed that was visible from the hallway.Review of Resident # 27's medical record revealed a physician's order for a foley catheter dated 1/3/26 for urinary retention.Review of Resident #27's quarterly MDS with an ARD of 1/6/26, Section H0300 urinary continence, was coded always incontinent. Since Resident #27 had an indwelling urinary catheter the urinary continence should have been coded, not rated.On 3/11/26 at 2:04 PM the MDS was discussed with the MDS Coordinator, Staff #26 who confirmed the error.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, medical record review, and interview, it was determined that the facility staff failed to develop and implement a care plan related to a resident's specific needs related to an indwelling foley catheter. This was evident for 1 (Resident #27) of 2 residents reviewed for an indwelling foley catheter.The findings include: The MDS is part of the Resident Assessment Instrument that was Federally mandated in legislation passed in 1986. The MDS is a set of assessment screening items employed as part of a standardized, reproducible, and comprehensive assessment process that ensures each resident's individual needs are identified, that care is planned based on those individualized needs, and that the care is provided as planned to meet the needs of each resident. A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess, and evaluate the effectiveness of the resident's care.On 3/11/26 at 12:55 PM observation was made from the hallway of Resident #27 lying in bed. There was a foley catheter drainage bag with urine that was hanging on the left side of Resident #27's bed that was visible from the hallway.Review of Resident #27's medical record revealed a physician's order for a foley catheter dated 1/3/26 for urinary retention.Review of Resident #27's quarterly MDS assessment with an assessment reference date of 1/6/26, documented in Section H, bladder and bowel, H0100A, indwelling catheter use.Review of Resident #27's January 2026, February 2026, and March 2026 Treatment Administration Records (TAR) documented the use of an indwelling foley catheter.Review of the care plan section of Resident #27's medical record failed to produce a care plan for the indwelling foley catheter.On 3/11/26 at 1:37 PM an interview was conducted with Staff #26, the MDS Coordinator. Staff #26 stated that the nursing team was responsible for creating and implementing care plans.On 3/11/26 at 2:50 PM the Director of Nursing and the Nursing Home Administrator were informed of the findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 medical record review and interview, the facility staff failed to have a quarterly care plan meeting for a resident (Resident #13). This was evident for 1 of 5 residents reviewed for care plan meetings during a complaint survey. The findings include: Once the facility staff completes an in-depth assessment (MDS) of the resident, the interdisciplinary team meet and develop care plans. Care plans provide direction for individualized care of the resident. A care plan flows from each resident's unique list of diagnoses and should be organized by the resident's specific needs. The care plan is a means of communicating and organizing the actions and assure the resident's needs are attended to. The care plan is to be reviewed and revised at each assessment time of the resident to ensure the interventions on the care plan is accurate and appropriate for the resident. Care plan meetings are held each quarter and as needed. Review of Resident #13's medical record on 3/9/26 revealed the Resident was admitted to the facility in 2022. Further review of Resident #13's medical record revealed the last quarterly care plan meeting was on 10/29/25. The Resident had a quarterly MDS assessment completed on 12/21/25. Interview with Social Services on 3/9/26 at 2:13 PM revealed she keeps care plan meeting documentation in a file in her office. Social Services was asked to provide any documentation the Resident has had a care plan meeting since the last care plan meeting on 10/29/25 and the 12/21/25 MDS Assessment. Interview with Social Services on 3/9/26 at 3:04 PM revealed the facility was scheduled to have Resident #13's care plan meeting on 12/23/25 but it had to be rescheduled. Social Services stated she didn't realize it hadn't been rescheduled. On 3/10/26 at 2:41 PM the Surveyor advised the Director of Nursing that Resident #13 did not have a quarterly care plan meeting after his/her 12/21/25 MDS Assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, medical record review, and interview, it was determined the facility failed to provide respiratory services in accordance with professional standards of practice. This was evident for 1 (Resident #15) of 28 residents reviewed during a complaint survey. The findings include: A nasal cannula is a lightweight, flexible tube with 2 small prongs inserted into the nostrils to deliver supplemental oxygen. An oxygen concentrator is a medical device that provides supplemental oxygen to individuals with breathing disorders. It offers a continuous supply of oxygen without needing refills, unlike oxygen tanks. On 3/9/26 at 9:06 AM during a tour of the Homestead Unit observation was made by 2 surveyors of Resident #15 lying in bed. There was an oxygen concentrator next to the bed against the back wall. There was a nasal cannula sitting on top of the concentrator that was wrapped in a coil and sitting under the concentrator handle. The concentrator was off. Resident #15 was observed again at 11:10 AM, 1:30 PM and 4:00 PM. Resident #15 was never observed receiving oxygen.On 3/10/26 at 8:31 AM observation was made of Resident #15 lying in bed by 2 surveyors. The oxygen concentrator was next to the bed, and the power button was off. The nasal cannula tubing was wrapped in a coil and sitting under the concentrator handle. The concentrator was off. Resident #15 was not receiving oxygen.On 3/11/26 at 6:50 AM observation was made of Resident #15 lying in bed. Again, Resident #15 was not receiving oxygen. There were several other observations made of Resident #15 from 8:31 AM to 6:00 PM on 3/11/26 and the resident never received oxygen.Review of Resident #15's medical record revealed a physician's order that was written on 2/24/26 at 1500 (3:00 PM) for oxygen at 2 liters continuous for comfort every shift.Review of Resident #15's March 2026 Medication Administration Record (MAR) revealed nurse's initials every shift for 3/9/26, 3/10/26, and 3/11/26 that documented the resident was receiving oxygen around the clock each shift. The initials were from Staff #7, Staff #14, Staff #27, Staff #28, Staff #29, and Staff #17. On 3/11/26 at 2:50 PM the Director of Nursing and Nursing Home Administrator were informed that 6 of their licensed nurses falsified the medical record by documenting Resident #15 was receiving oxygen each shift.On 3/12/26 at 9:00 AM the Director of Nursing confirmed the findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on complaint, medical record review, and interview, it was determined the facility failed to maintain complete and accurate medical records in accordance with accepted professional standards. This was evident for 4 (#12, #8, #4 #5) of 28 residents reviewed during a complaint survey.The findings include. A medical record is the official documentation of a healthcare organization. As such, it must be maintained in a manner that follows applicable regulations, accreditation standards, professional practice standards, and legal standards. All entries to the record should be legible and accurate. 1) On 3/9/26 at 11:00 AM a review of complaint 2702826 alleged that Resident #12's toenails were so long that they were growing into the resident's skin. Review of Resident #12's paper medical record did not produce documentation that Resident #12 had been seen by a podiatrist. Review of Resident #12's EMR (electronic medical record) failed to produce documentation in the miscellaneous section of any podiatry notes that Resident #12 had been seen. On 3/10/26 at 12:54 PM Staff #7 was asked if Resident #12 had been seen by the podiatrist. Staff #7 stated yes because the resident had thick toenails. Staff #7 was asked where the podiatry notes would be located and she said in the medical record. On 3/10/26 at 12:56 PM the Director of Nursing (DON) was asked how the podiatrist was notified of a resident needing an appointment. The DON stated that social services would know and that they would put the resident on the list if nursing informed them. The DON also said the podiatrist kept a list of regularly scheduled visits. The DON was asked to show the surveyor where Resident #12's podiatry visits were located. The DON could not find them in the EMR. The DON came back to the surveyor and provided the 1/10/26 and 1/31/26 podiatry visit for Resident #12 along with podiatry notes from 9/27/25 for (27) other residents. The DON stated that the office visits were never uploaded into the medical records for Resident #12 and the other (27) residents. 2) On 3/9/26 at 1:30 PM Resident #8's medical record was reviewed and revealed the last care plan meeting was on 10/14/25. Resident #8 had an invite for a January 2026 care plan meeting but there was no documentation found in the medical record that the January 2026 meeting took place. On 3/9/26 at 2:15 PM the social workers, Staff #5 was asked if there was a care plan meeting and if so where was the documentation. Staff #5 stated, I keep them (the notes) on paper and organize them inside the file cabinet. Most days I am by myself and don't have time to upload them in the medical record. I am responsible for 100 to 115 residents. It is really busy. I am not really sure if they need to be in the medical record. On 3/9/26 at 2:47 PM Staff #5 brought a copy of the care plan summary for date of service 1/14/26 and confirmed it was not uploaded in the system. On 3/11/26 at 2:50 PM the Director of Nursing and the Nursing Home Administrator were made aware (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of the findings. 3) Review of Resident #4's medical record on 3/9/26 revealed the Resident was admitted to the facility in October 2025 and had a care plan meeting scheduled for 1/21/26. Further review of Resident #4's medical record revealed no evidence of the care plan meeting on 1/21/26. During interview with Social Services (Staff #5) on 3/9/26 at 2:13 PM, Staff #5 stated she keeps care plan meeting documentation in a file in her office. On 3/9/26 at 3:04 PM Social Services provided the notes from the care plan meeting with Resident #4 held on 1/21/26 and confirmed they were not in the Resident's medical record. On 3/10/26 at 2:41 PM the Director of Nursing was advised of the Surveyor's findings. 4) Review of Resident #5's medical record on 3/9/26 revealed the Resident was admitted to the facility in 2023. Interview with Resident on 3/9/26 at 1:15 PM the Resident stated he/she was unsure of when his/her last care plan meeting was. Further review of Resident #5's medical record revealed the last care plan meeting documented was on 7/8/25. During interview with Social Services (Staff #5) on 3/9/26 at 2:13 PM, Staff #5 stated she keeps care plan meeting documentation in a file in her office. On 3/9/26 at 3:04 PM Social Services provided the notes from the care plan meeting with Resident #5 held on 1/7/26 and confirmed they were not in the Resident's medical record. On 3/10/26 at 2:41 PM the Director of Nursing was advised of the Surveyor's findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation and interview, the facility staff failed to have all washers and dryers in working order to meet the needs of the residents. This was evident for 1 of 3 washers and 2 of 4 dryers in the laundry room observed during the complaint survey.The findings include:Observation of the laundry room on 3/9/26 at 9:18 AM due to complaints about not receiving personal laundry timely and not having enough linen revealed 1 of 3 washers not working and 2 of 4 dryers not working. The Surveyor observed 1 of the 2 dryers that was working was much smaller in size than the other commercial dryer.During interview with Staff #4 (Laundry) on 3/9/26 at 9:18 AM, Staff #4 states the washer and 2 dryers have not been working for a while and the smaller dryer can not do as much laundry as the bigger dryer.During interview with the Maintenance and Housekeeping Director (Staff #11) on 3/10/26 at 10:45 AM, Staff #11 stated the facility staff have been unable to keep up with the personal laundry of residents. Staff #11 stated they need to get rid of the 2 dryers that are not working and plan to get a new dryer.The Surveyor shared concerns regarding the washer and 2 dryers not functioning on 3/10/26 at 3:30 PM with the Administrator and the facility inability to keep up with the laundry.On 3/11/26 the Administrator provided the Surveyor with a quote for a new dryer dated and signed on 3/11/26.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, the facility staff failed to maintain the temperatures of the shower on the Wye Oak Unit. This was evident for 1 of 2 showers on the Wye Oak Unit and 1 of 4 nursing units observed during the complaint survey.The findings include:After review of a complaint about not having hot showers on the Wye Oak Unit, the Surveyor went to the Wye Oak shower room on 3/10/26 at 11:55 AM. The shower room contained 2 showers. The left shower water temperature was 87 degrees and the right shower was 110 degrees. The left shower faucet could not be turned towards H for hot.The Surveyor returned with the Director of Maintenance and Housekeeping (Staff #11) on 3/10/26 at 11:48 AM to the Wye Oak shower room. Staff #11 confirmed the left shower water temperature was 87 degrees and the faucet could not be turned toward H for hot. Staff #11 confirmed the water temperature should be between 100 and 120 degrees. Staff #11 stated he was unaware there was an issue with the left shower faucet. Observation of the Wye Oak shower room revealed there were no signs for staff not to use the left shower.The Surveyor shared the findings with the Administrator on 3/10/26 at 3:30 PM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215010	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Nursing and Rehab	610 Dutchman's Lane Easton, MD 21601

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and documentation review, it was determined the facility failed to have an effective pest control program as evidenced by numerous gnats seen in resident rooms and on the unit. This was evident on 1 (Homestead) of 4 nursing units during a complaint survey.The findings include: On 3/9/26 at 9:06 AM observation was made of a gnat flying around in room [ROOM NUMBER]. There was also a soiled sheet sitting on top of the trashcan by the sink in the room. The sheet was covered with at least 9 gnats.Observation was made in room [ROOM NUMBER]. There were gnats flying around the toilet area.While on the Homestead unit frequent gnats were observed flying around in the hallway.On 3/10/26 at 8:35 AM observation was made of Resident #22 lying in bed. Empty plastic juice containers were on the bed tray table in front of the resident. Gnats were flying around Resident #22's chin. Staff #7 was called into the room, and she confirmed that gnats were sometimes present because staff did not remove the juice containers. On 3/10/26 at 10:11 AM Staff #11 (Maintenance Director) gave the surveyor a copy of the pest management sheet which documented that the pest control company last treated the Homestead unit on 2/17/26. There was no documentation about gnats in the unit, even though Staff #7 confirmed the problem.On 3/11/26 at 2:50 PM the Nursing Home Administrator and Director of Nursing were informed of the concerns.