STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215043	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kensington Healthcare Center	3000 McComas Avenue Kensington, MD 20895

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. 47758 Based on record review, observation and interview, the facility failed to provide residents with an adequate supply of linens. This has the potential to affect all residents residing in the facility. The findings include: During a review of Intake #MD00164452 on 2/19/25 at 08:30 AM the complainant stated that the facility did not have enough towels and washcloths. On 2/20/25 at 09:30 AM, 2/20/25 at 12:30 PM and 2/21/25 at 8:00 AM, the surveyors observed that the linen carts in the hall contained only one or two towels and washcloths in the cart. During those observations Geriatric Nursing Assistants #7, #11, #12 and #13 were interviewed about the amount of linen they have to provide for resident care. They stated they have enough linen to provide care, but they often have to go down to the laundry to get extra linens. During an interview on 02/21/2025 at 8:06 AM, laundry staff #9 stated she never has enough laundry to give staff when they come down and request it because they are very short on all laundry but especially washcloths, towels, and gowns. During an interview on 02/21/2025 at 9:00 AM, the Regional Environmental Director stated that the linen Periodic Automatic Replacement (PAR) level is low in the facility. She stated the expected PAR is 3 linen changes per resident per day, however the facility is currently well below the expected PAR level, and they are ordering more linen from the vendor. She stated the expectation is the linen PAR level is checked monthly, and replacement linen ordered.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42828 Based on the facility's investigation on report, staff record review, the facility's policy and procedures for abuse prevention, and facility staff interview, it was determined the facility failed to prevent further potential abuse during an active investigation of abuse. This was evident for 1 resident (#143) of 7 residents reviewed for abuse during the annual survey. The findings include: On 2/19/25 at 1PM, the surveyor reviewed the facility's investigation report (FRI) MD00164084. The report revealed that on 2/18/21 around 8:20 PM Resident #143 reported to county police that Geriatric Nursing Assistant (GNA), Staff #35, punched him/her in the face four times. The facility began their investigation on 2/18/21 and concluded the allegation of abuse on 2/24/21 as allegation not verified. Review of the facility's initial report to the Office of Health Care Quality (OHCQ) revealed a statement from Staff #35 that he/she worked with the resident on 2/18/21 3p-11p shift; denied touching resident- said resident followed him/her to the nursing station after he/she was in their room (caring for roommate) screaming to get out or he/she (resident) will call the police. On 2/25/25 at 10 AM review of the facility's policy titled MARYLAND Abuse, Neglect & Misappropriation showed in Section 5, Subsection 1, Part F: The accused staff member will be suspended, pending the outcome of the investigation of the incident. On 2/25/25 at 10:35 AM, the surveyor reviewed Staff #35's personnel file which did not reveal that the facility issued a suspension notice in relation to the investigation of abuse on 2/18/21. The surveyor requested a copy of Staff #35's timecard for the month of February 2021. Review of Staff #35's timecard revealed that he/she worked on: - [DATE]th 2021 3pm to 11pm - [DATE]nd 2021 3pm to 11pm - [DATE]rd 2021 3pm to 11pm An interview with the Director of Nursing was held on 2/26/25 at 12:07 PM. The surveyor and the DON reviewed the investigation report and the evidence that showed Staff #35 had worked during the facility's investigation into abuse. The DON acknowledged that although he himself was not employed at the facility at the time, it was not acceptable that Staff #35 continued to work with residents during an investigation into staff to resident abuse.