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	02/09/2026

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

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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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility incident 2735892, documentation review, medical record review, interview, and observation, it was determined the facility failed to have an effective system in place to prevent residents from smoking in their room. The failure to monitor residents with recent behaviors of smoking in their rooms resulted in a fire in a resident's room that placed other residents at risk and caused other residents to be relocated in the facility. This deficient practice was evident for 3 (Residents #1, #2, #3) of 35 smokers in the facility and had the potential to affect all residents that resided at the facility.As a result of these findings an Immediate Jeopardy was called on 2/6/26 at 1:59 PM. The facility submitted a plan to remove the Immediacy on 2/6/26 at 5:23 PM. The survey team verified that the facility obtained compliance with the removal plan, and the Immediate Jeopardy was abated on 2/8/26.The findings include:On 2/6/26 at 8:15 AM a review of facility reported incident 2735892 revealed on 2/4/26 at 11:30 PM there was thick smoke that was coming out of room [ROOM NUMBER] where Resident #1 resided. On 2/6/26 a review of Resident #1's medical record revealed Resident #1 had diagnoses that included but were not limited to unspecified psychosis, not due to a substance and non-compliance with medication regimen. Review of a 2/2/26 at 14:00 (2 PM) change in condition note documented, resident [#1] was observed continuously smoking in the room and hallway, resident was redirected multiple times but refused to yield to correction, continued smoking with the resident in room [ROOM NUMBER]A (Resident #2). The recommendation was, notify social worker and continue to monitor behavior.Review of a 2/5/26 at 8:42 AM behavior note for Resident #1 documented, resident refused head to toe assessment x 3 after fire marshal noted smoke coming from [his/her] mattress. On 2/6/26 a review of Resident #2's medical record revealed Resident #2 was admitted to the facility in August 2025 with diagnoses that included but were not limited to tobacco use. Review of a 1/27/26 at 15:28 (3:28 PM) change in condition note for Resident #2 documented, nursing observations, evaluation, and recommendations are: resident picking up cigarette buds from trash in smoke porch. Review of a 1/31/26 at 14:29 (2:29 PM) change in condition note for Resident #2 documented, resident was observed smoking multiple times in the room, bathroom, room [ROOM NUMBER] (Resident #1) and hallway. Resident was redirected to stop smoking multiple times, resident refused to yield to teaching but responded to nurse that [he/she] has the right to smoke anywhere [he/she] wants, nobody can stop [him/her] and [he/she] does not care about the adverse effects of [his/her] smoke on the non-smokers. Review of a 2/1/26 at 14:47 (2:47 PM) note for Resident #2 documented, resident continues to smoke in the room, will not yield to any teaching but instead curses the writer each time caught smoking in the room. Review of Resident #3's medical record revealed Resident #3 was admitted in May 2019 with diagnoses that included but were not limited to tobacco use, intermittent explosive disorder, opioid abuse, bipolar disorder, and generalized anxiety disorder. Review of a 1/31/26 at 00:13 (12:13 AM) nursing note for Resident #3 documented, the resident was observed smoking in the room. Education (continued on next page)

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	provided about danger of such behavior. On 2/6/26 at 8:18 AM Staff #5 was interviewed and asked if she had ever seen Resident #1 smoking in his/her room. Staff #5 stated, yes, I have seen twice in the last week. Staff #5 stated she has seen Resident #1 and Resident #2 with lit cigarettes in the hallway and when she has tried to confront them, they go into Resident #1's room and block the door. Staff #5 also stated Resident #2 will try to run her over if she attempts to get him/her to stop smoking. Staff #5 stated she reported it to the Unit Manager. Staff #5 stated at that time she did a change of condition, care planned the issue, provided education and made sure the residents didn't have any smoking materials.On 2/6/26 at 8:29 AM, Staff #6 (unit manager for the second floor) stated she was made aware from social services and Staff #5 that Resident #1 and #2 were smoking in the last week but could not remember the day but it was before the fire on 2/4/26. Staff #6 stated at that time Resident #1 and #2 were caught smoking by Staff #5 and she did a change of condition, care plan the issue, provided education and made sure the residents did not have any smoking materials. Staff #6 stated she was not at the facility when the fire occurred because that was at night time, but again she said the residents were educated, and she was not sure how they were getting the smoking materials. On 2/6/26 at 8:31 AM the Assistant Director of Nursing (ADON) was interviewed and stated the incident happened during the night on the 11 to 7 shift early Thursday morning. When I came in the room was sealed up. There had been smoke in the room. The ADON stated that Resident #1 was a smoker and non-compliant. The ADON stated, A lot of times we tell the provider. We have a cart where we store the cigarettes and the lighter. I do not know how [he/she] got it. We have people that take them outside to the smoke porch and there must be someone there to supervise them. We have other people that don't follow the rules with smoking. We give a behavioral contract. The ADON was asked what was done if they did not follow the contract, and the response was, we continue to get a medical consult and psych consult.On 2/6/26 at 8:35 AM the Director of Nursing (DON) was interviewed and stated, Sometimes we have residents that do go out and secretly bring things in. No one knows how [Resident #1] got it. The supervisor when it happened, stated he/she smoked in the room. The DON stated, we started in-services yesterday, to be aware when the residents are in the room, the night shift should make sure no one is attempting to smoke in the room. We contacted the guardian and notified that the resident was smoking in the room. On 2/6/26 at 9:20 AM an interview was conducted with the Social Worker who stated they had a meeting with all of the smokers yesterday after the fire and reviewed the smoking policy with them. She informed the surveyors that Residents #1, #2, and #3 had known behaviors of smoking in their rooms prior to the fire. They can't have smoking materials on their person. They have a cart where the materials can be locked up. The residents can obtain smoking materials from the Social Worker. After hours the residents can obtain the smoking materials from their nurse. The Social Worker stated, no residents are to have smoking materials in their room.On 2/6/26 at 10:30 AM Staff #7 stated he was assigned to Resident #1 on 2/2/26 when Resident #1 was caught smoking in his/her room. Staff #7 stated social work and Staff #5 came to him and reported Resident #1 and #2 were smoking in Resident #1's room so he completed a change in condition note. Staff #7 also stated that he has seen Resident #2 smoke in his/her room in the last week and tried to obtain the smoking materials from the resident, but the resident would bunch up his/her fist and cuss at him. Staff #7 stated Resident #2 stated that he/she was a smoker, and this was a smoking facility and that staff have no right to stop him/her from smoking. Staff #7 stated the facility changed the smoking times a few months ago and that they used to be able to smoke all day but now the smokers have set times.Observation on 2/6/26 at 10:38 AM on the nursing unit where Resident #1 and #2 resided revealed a sign that stated: Smoking schedules from 11/14/25 are 9:00 AM-9:30 AM, 11:00 AM-11:30 AM, 1 PM-1:30 PM, 3 (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	PM-3:30 PM, 5 PM-5:30 PM. There were no smoking times for residents between 5:30 PM-9:00 AM or for 15.5 hours.On 2/6/26 at 11:00 AM the DON gave the surveyor a folder with an abatement plan that they started working on prior to the surveyors entering the building. The surveyor asked exactly what was in the abatement plan. The DON stated, we started education of staff but since it just happened yesterday we have not gotten to everyone yet. The DON stated they assessed Resident #1, did a change in condition, did house wide skin sweeps, did smoking assessments on all residents, removed residents in the area, did room changes, and updated the care plans. The initial abatement plan dated 2/5/26 stated that IDT (Interdisciplinary team) ambassador observational rounds would be conducted daily times 4 weeks and monthly times 3 weeks for resident smoking material compliance. The DON also stated they changed the times of smoking to extend later in the day.On 2/6/26 at 12:04 PM Staff #8 stated he walked in Resident #2's room yesterday afternoon (2/5/26) and he/she had a cigarette that was not very long. The cigarette was lit and smoke was coming from it, and he/she was smoking. Staff #8 stated, I told him/her you can't do that and he/she didn't respond. I told maintenance and he said he smelled it and figured somebody was doing something. I went to the admissions office and she took me to the social worker, and I told the Social Worker that the resident was smoking in his/her room after hearing that he/she was being watched for smoking. Staff #8 was asked if he had ever seen the resident smoking before and he stated, about a week before that he/she was smoking in his/her room at his/her bed. He said, there was no one at the nursing station and no one was on the unit, so I didn't tell anyone. Before that I hadn't seen Resident #1 or Resident #2 smoking before. On 2/6/26 at 12:35 PM Resident #3 was observed to have 2 cigarette lighters on the bedside table, which was confirmed by the nurse, Staff #9. This was after the fire in room [ROOM NUMBER]. This was after the facility had started education to staff and after the residents who were smokers were educated that they could not have smoking materials in their room.The facility submitted a plan to remove the Immediacy on 2/6/26 at 4:19 PM that was rejected. The facility submitted a second plan to remove the Immediacy on 2/6/26 at 4:54 PM which was rejected. The facility submitted a third plan to remove the Immediacy on 2/6/26 at 5:08 PM which was accepted on 2/6/26 at 5:23 PM.The facility's plan included:1. The facility smoking policy will be reviewed with all identified smoking residents. All residents have been asked to turn in all smoking materials. All resident rooms have been visually inspected for smoking materials. Any smoking materials collected have been placed in the smoker's box. Residents #1, #2, and #3 refused to turn in their smoking materials and have been assigned one-on-one supervision. These residents will remain on one-on-one supervision until it is determined that they no longer have smoking materials in their possession and demonstrate no behaviors of smoking in their rooms.2. All staff will be educated by the department head team and regional support team that a) all residents may not have any smoking materials on them; b) residents may only smoke at designated smoking times in designated area; c) if they become aware of a resident smoking in their room or having smoking materials on them, they are to ask the resident for the materials. Should the resident refuse to turn in their materials, they are to be placed on one-on-one supervision immediately and the staff member is to notify the ED (executive director) or nursing supervisor.3. The DON will ensure that all nursing notes of the identified residents who smoke are audited in the daily clinical meeting for documentation of illegal smoking activity. This will be ongoing. The room of each resident identified as a smoker will be inspected daily Monday thru Friday by the Ambassador and on weekends by the manager on duty for smoking materials or evidence of smoking in the room. This will be ongoing.4. The ED will audit all Ambassador round reports for residents identified as smokers and the DON will audit all nurses' notes daily for 14 days, weekly for 4 weeks, and then monthly for 2 months to evaluate (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	whether violations of the smoking policy have been discovered. Results of the audits will be submitted to the Quality Assurance and Performance Improvement Committee for review and approval.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. Based on review of facility documentation of employee education records and interview, it was determined that the facility failed to ensure all staff received mandatory Quality Assessment and Performance (QAPI) training (Staff #20). This was evident for 1 of 5 employees reviewed during a complaint survey. The findings include:On 2/9/26 a review of 5 random employees' education records provided by the facility was conducted for QAPI training.Review of Staff #20's education records with a hire date of 7/31/24 revealed no QAPI training has been completed.Interview with the Administrator on 2/9/26 at 2:13 PM confirmed there is no evidence Staff #20 has received QAPI training.

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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide training in compliance and ethics. Based on review of facility documentation of employee education records and interview, it was determined that the facility failed to ensure all staff received mandatory Compliance and Ethics training annually (Staff #20). This was evident for 1 of 5 employees reviewed during a complaint survey.The findings include:On 2/9/26 a review of 5 random employees' education records provided by the facility was conducted for annual Compliance and Ethics training.Review of Staff #20's education records with a hire date of 7/31/24 from January 2025 until February 2026 revealed no Compliance and Ethics training has been completed.Interview with the Administrator on 2/9/26 at 2:13 PM confirmed there is no evidence Staff #20 has received annual Compliance and Ethics training.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on review of facility documentation of employee education records and interview, it was determined the facility failed to ensure all nurse aides received 12 hours of training annually that included dementia management and abuse prevention (Staff #20). This was evident for 1 of 5 nurse aides reviewed during a complaint survey. The findings include:On 2/9/26 a review of 5 random nurse aides' education records provided by the facility was conducted for annual training.Review of Staff #20's education records with a hire date of 7/31/24 from January 2025 until February 2026 revealed no evidence Staff #20 received 12 hours of training that included dementia management and abuse prevention.Interview with the Administrator on 2/9/26 at 2:13 PM confirmed there is no evidence Staff #20 received 12 hours of training from January 2025 until February 2026 that included dementia management and abuse prevention.