

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER Cumberland Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 512 Winifred Road Cumberland, MD 21502	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews it was determined that the facility failed to ensure a sanitary and homelike environment. This was found to be evident on two out of two nursing units in the facility. The findings include:</p> <p>1) On 10/1/25 at 12:58 PM surveyor observed the sink in the bathroom shared between rooms [ROOM NUMBERS]. Multiple cracks were observed around the drain and in the basin of the sink.</p> <p>On 10/09/25 at 10:53 AM surveyor and the Director of Nursing observed the cracks in the bathroom sink located between rooms [ROOM NUMBERS].</p> <p>On 10/09/25 at 12:33 PM during an interview, the Maintenance Supervisor (Staff #14) reported that he was aware that some of the sinks were in rough shape and that they had replaced some of them. He also reported that he has submitted reports to Quality Assurance for rooms that need updating.</p> <p>On 10/9/25 at 12:45 PM surveyor and the Maintenance Supervisor observed sinks in two randomly selected rooms on the 200 unit, with concerns identified in one out of these two rooms. The sink shared between room [ROOM NUMBER]-206 revealed more than 30 small cracks around the drain. Additionally, multiple cracks of varying length were noted in the basin of the sink. The Maintenance Supervisor confirmed the presence of the cracks. The surveyor informed the Maintenance Supervisor of the previous observation of the sink shared by rooms 203-204. Maintenance Supervisor reported if money had been approved for renovation for these rooms it would of already had been completed.</p> <p>On 10/09/25 at 1:00 PM the surveyor reviewed the concern regarding the cracked sinks with the Nursing Home Administrator.</p> <p>2) On 9/30/2025 at approximately 9:30 AM, Resident #114 complained their bathroom smelled of urine—surveyor observation on 09/30/2025 at 9:58 revealed a strong odor of urine in Resident #114's bathroom.</p> <p>Review of complaint #317846 referenced a complaint of strong odor in the facility.</p> <p>(continued on next page)</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/09/2025 at 1:33 PM, an environmental observation and walk-through was conducted with the facility Maintenance Supervisor. The Maintenance Supervisor confirmed that the facility regularly assesses the airflow and ventilation, and the facility's general ventilation was observed and questioned. This was initiated in room [ROOM NUMBER] on the first floor, followed by rooms [ROOM NUMBERS] on the same floor. Each resident bathroom was observed and tissue tested for air ventilation, in which the surveyor uses a single sheet of one-ply tissue paper against an air intake register. Two of the three resident bathroom areas observed were not able to pull up and hold a single sheet of one-ply toilet tissue against the air intake register.</p> <p>On 10/09/2025 at 1:47 PM, the resident room observed on the second floor, room [ROOM NUMBER], had a ceiling height of more than 10ft and was not assessed. The Maintenance Supervisor provided a record from January 2025 to September 2025 of maintenance for the second-floor exhaust fans, indicating whether they were working or not working and stating they are accessed from the outside. Provided a description that the exhaust fans in the resident rooms on the second floor engage when the light switch is turned on, and operate at a lower intake airflow horsepower, and do not provide continuous air intake. No evidence was provided that air movement is adequate for comfort or odor control, and the Maintenance Supervisor confirmed this.</p> <p>On the second floor, the Maintenance Supervisor was present for the observation of the air intake in the hallway outside resident room [ROOM NUMBER] and explained that air is only drawn in when the air conditioning is enabled and the facility is cooling to the set ambient temperature. Otherwise, there is no continuous air movement or air cycling.</p> <p>On 10/9/2025 at 2:45 PM, the findings and deficiency was reviewed with the Nursing Home Administrator and Director of Nursing.</p>		