STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215058	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alice Byrd Tawes Nursing Home	201 Hall Highway Crisfield, MD 21817

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, it was determined the facility failed to report an allegation of seclusion/abuse immediately or no later than 2 hours after the allegation was made aware to the facility's Administration team. This was evident for 1 (#4) out of 1 resident reviewed for allegations of abuse during the complaint survey. The findings include the following:Intake # 2964422 was reviewed on 5/20/26 at approximately 10:30AM for seclusion/ abuse allegations involving Resident #4.During an interview on 05/20/2026 at 11:40 AM with the Director of Nursing she stated, On 03/19/2026 there was an allegation of seclusion/abuse involving Resident #4, the facility investigated and the allegation was not substantiated. The facility provided the survey team with a copy of the investigation.Review of the investigation records on 05/20/2026 at 12:40 PM revealed that the facility was made aware of an allegation of seclusion/abuse involving Resident #4 on 03/19/2026 at 7:30 PM. Further review of records revealed that the facility did not report allegation to the Office of Health Care Quality and other appropriate agencies. During a subsequent interview with the DON 05/20/2026 at approximately 1:00 PM, stated that after reviewing the records, the information should have been reported to the state agency.All concerns were discussed with the Administration team at the exit conference on 5/20/26.

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