STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, the facility staff failed to notify the Resident's physician when the Resident's BiPap was not administered (Resident #5). This was evident for 1 of 16 residents reviewed during a complaint survey.The findings include:Review of Resident #5's medical record on 10/14/25 revealed the Resident was admitted to the facility in September 2024 with a diagnosis to include acute and chronic respiratory failure with hypercapnia. Hypercapnia is a condition characterized by an excessive amount of carbon dioxide in the blood, often resulting from respiratory issues like chronic obstructive pulmonary disease (COPD) or hypoventilation. Further review of Resident #5's medical record revealed the Resident was discharged to the hospital on 9/9/25 and returned to the facility on [DATE]. Review of the hospital Discharge summary dated [DATE] states: Patient has a history of respiratory failure and CO2 (carbon dioxide) retention. Using a BiPap is critical. Review of Resident #5's physician orders revealed the Resident was ordered BiPap at bedtime and as needed for naps. Review of Resident October 2025 Treatment Administration Record revealed the Resident was not administered the BiPap on 10/3, 10/11 and 10/12/25. Review of nursing notes for those dates revealed no notification to the Resident's physician the Resident was not administered his/her BiPap. Interview with Resident #5's Physician (Staff #3) on 10/15/25 at 1:16 PM, the Physician stated she would expect the facility staff to notify her when the Resident's BiPap can not be administered. Interview with the Director of Nursing on 10/15/25 at 1:59 PM confirmed the facility staff failed to notify Resident #5's physician when the Resident's BiPap was not administered on 10/3, 10/11 and 10/12/2025.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 review of facility reported incidents, record review, and interview, it was determined the facility failed to report an injury of unknown origin within 2 hours to the regulatory agency, the Office of Health Care Quality (OHCQ). This was evident for 1 (#11) of 4 residents reviewed for 4 facility reported incidents during a complaint survey.The findings include: On 10/16/25 at 7:19 AM a review of facility reported incident 2566844 was conducted and revealed Resident #11 had a displaced fracture of the right hip. Review of Resident #11's medical record revealed Resident #11 had a history that included dementia, failure to thrive, and multiple contractures. On 7/15/25 on the 3:00 PM to 11:00 PM shift, Resident #11 complained about right foot pain. Resident #11 was also observed with right foot swelling. The physician was notified and ordered for the right leg to be elevated on a pillow. On 7/16/25 the physician ordered an x-ray and doppler study. On 7/16/2025 at 11:12 PM, Resident #11's X-ray result of the right hip showed that there was a displaced fracture laterally. 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. Review of Resident #11's MDS assessment with an assessment reference date of 7/16/25, Section GG, mobility, documented that Resident #11 was dependent on staff for all mobility. Review of the facility's investigation into the injury of unknown origin documented that the initial report was not sent to OHCQ until 7/18/25 at 6:25 PM. On 10/16/25 at 9:46 AM an interview was conducted with the Director of Nursing (DON). The DON confirmed the finding and stated that Staff #14 was written up by the prior DON for failing to notify administration timely.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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. Based on medical record review and staff interview, it was determined the facility staff failed to ensure Minimum Data Set (MDS) assessments were accurately coded. This was evident for 1 (#11) of 4 residents reviewed for 4 facility reported incidents 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. On 10/16/25 at 7:19 AM a review of facility reported incident 2566844 was conducted and revealed Resident #11 had a displaced fracture of the right hip. Review of Resident #11's medical record revealed a 7/16/25 physician's order for an x-ray and doppler study. On 7/16/2025 at 11:12 PM, Resident #11's X-ray result of the right hip documented there was a displaced fracture laterally. Resident #11 was sent to the emergency room for further evaluation. Review of Resident #11's July 2025 Medication Administration Record (MAR) documented the resident received Tramadol 50 mg. for pain management on 7/13/25 at 18:31 for a pain level of 6 and on 7/10/25 at 13:50 for a pain level of 7. Review of Resident #11's MDS with an assessment reference date of 7/16/25 failed to capture the fracture in Section I diagnoses and failed to capture the use of Tramadol, which is an opioid medication, in Section N, medications. On 10/16/25 at 2:00 PM an interview was conducted with the Regional Director of Case Management, Staff #16 who stated the facility was currently without an MDS coordinator, however they just hired 2 people that were coming on board. Reviewed with Staff #16 that the fracture was not captured on the 7/16/25 MDS, Section I and the opioid was not captured in Section N. On 10/16/25 at 2:55 PM, Staff #16 confirmed the errors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, it was determined that the facility failed to have a process in place to ensure that a baseline care plan was provided to the resident's representative within 48 hours of admission to the facility (Resident #3). This was evident for 1 of 16 residents reviewed during a complaint survey. The findings include: The baseline care plan is given to residents and their representatives within 48 hours of their admission and details a variety of components of the care that the facility intends to provide to that resident. In addition to the baseline care plan, residents are also expected to receive a list of their admission medications. This allows residents and their representatives to be more informed about the care that they receive. During interview with Resident #3's representative (RP) on 10/14/25 at 9:06 AM, the RP stated he/she was never given a baseline care plan or had a meeting with the facility staff to discuss admission to the facility within the first 48 hours of admission. Review of Resident #3's medical record on 10/14/25 revealed the Resident was admitted to the facility on [DATE] from the hospital for rehabilitation services. Further review of Resident #3's medical record revealed there was no evidence in the medical record of a baseline care plan that was reviewed and given to the Resident's RP. The medical record review failed to reveal evidence that the facility offered the Resident's representative a summary of the baseline care plan that included initial goals, physician orders, therapy services, dietary services, and social services within 48 hours of the resident's admission to the facility. Interview with the Director of Nursing on 10/16/25 at 9:40 AM stated the process is on for baseline care plans is on admission the facility staff assess the Resident and generate a baseline care plan and social work staff review with the Resident in a navigation meeting within the first 48 hours of admission. The DON was asked if the baseline care plan is reviewed with the Resident's representative also. The DON stated it is reviewed with the Resident if they are their own RP and with the RP if they are not. Interview with the Director of Nursing on 10/16/25 at 11:20 AM confirmed the facility staff failed to review the baseline care plans with the Resident's RP on 5/2/25. During interview with Resident #3 on 10/16/25 at 11:28 AM, the Resident stated he/she would have wanted his/her RP involved in the navigation meeting on 5/2/25 to review his/her baseline care plans.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documentation, medical record review and interview, it was determined the facility failed to follow professional standards of practice when administering medications (Resident #5). This was evident for 1 of 16 residents reviewed during a complaint survey. The findings include:The 6 rights of medication administration are the right patient, the right drug, the right does, the right route of administration, the right time, and the correct documentation. Review of Resident #5's medical record on 10/14/25 revealed the Resident was admitted to the facility in September 2024 with a diagnosis to include end stage renal disease and dependence on renal dialysis. The facility staff assessed the Resident on 7/13/25 to have a BIMS (Brief Interview for Mental Status) of 15 out of 15 indicating the Resident's cognition is intact.Review of facility documentation on 10/15/25 revealed a written statement from Staff #22 on 8/7/25 that stated: 8/5/25 1st day without a preceptor as night shift supervisor. Had a nurse call out and I had to be on cart. Was not trained on the cart. I never thought about passing meds and it was too late it would have been too close because next doses were going to be due. A statement from Staff #23 on 8/5/25 stated: During med pass it was observed prior Nurse (Staff #22) has signed off on multiple medications as being pass for Resident #5. Upon investigation Resident #5 stated to not have been medicated during the overnight shift.Review of Resident #5's August 2025 Medication Administration Record revealed Staff #22 signed off she administered the following medications on 8/5/25: Dasatinib 50 mg, Duloxetine 60 mg, Fenofibrate 145 mg, Ferrous Sulfate 325 mg, Folic Acid 1 mg, Pantoprazole 40 mg, [NAME]-Vite 1 tablet, Apixaban 2.5 mg and Midodrine 5 mg. Review of an Employee Performance Improvement Notification for Staff #22 on 8/18/25 revealed it stated it was a written notice for Omission of medications signed in medical record. Interview with Director of Nursing on 10/16/25 at 9:40 AM confirmed Staff #22 signed off he/she administered medications on 8/5/25 to Resident #5 that were not administered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on complaint review, medical record review and interview, it was determined the facility staff failed to provide needed activities of daily living (ADL) for residents totally dependent on bathing assistance (Resident #3, #13). This was evident for 2 of 16 residents reviewed 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) Review of complaint 2594969 regarding Resident #3 not receiving showers for the first month and half since admission to the facility even though the Resident's representative asked the facility staff to give the Resident showers. Review of Resident #3's medical record on 10/14/25 revealed the Resident was admitted to the facility on [DATE] from the hospital for rehabilitation services. Further review of Resident #3's medical record revealed the facility staff completed an admission MDS (Minimum Data Set) assessment on 5/7/25 and coded the Resident in Section GG as dependent for shower/bathe.Review of Resident #3's care plans revealed the Resident had a care plan entitled: Resident has an ADL Self Care Performance Deficit with an intervention for Bathing: I require 1 staff assist with bathing. Review of Resident #3's physician orders revealed the Resident was scheduled for showers on Mondays and Thursdays. Review of the GNA (geriatric nursing assistant) documentation from 5/1/25 until discharge to the hospital on 6/20/25, there was no documentation on the Documentation Survey Report or GNA Shower Review the Resident received a shower from 5/1/25 until 6/20/25. During interview with the Director of Nursing (DON) on 10/16/25 at 11:20 AM, the DON confirmed there was no evidence that the Resident received showers from 5/1/25 until 6/20/25. 2) On 10/15/25 at 8:48 AM an interview was conducted with Resident #13. Resident #13 complained that he/she missed too many showers. Resident #13 stated that he/she was supposed to get showers on Wednesday and Saturday night. Resident #13 stated that the GNAs (geriatric nursing assistants) said that it was a waste of time for them to be in the shower room with him/her because the resident could wash him/herself. Resident #13 stated, the aides say they are short staffed and have a lot to do and don't have time to stay in there with me and there is no top staff on the evening shift to enforce it. Review of Resident #13's quarterly MDS assessment with an assessment reference date of 7/19/25 documented in Section GG, that Resident #13 was partial/moderate assistance which required the helper to do less that half the effort. The helper would lift, hold, or support trunk or limbs, but provides less than half the effort. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #13's GNA documentation for showers for August 2025 revealed Resident #13 did not receive a shower on Saturday 8/2/25 and Wednesday 8/27/25 as evidence by N/A (not applicable) documented on the GNA task/intervention. Review of the September 2025 GNA documentation for showers revealed N/A for Wednesday, 9/3/25, Wednesday 9/10/25, and on Saturday 9/13/25. On 10/16/25 at 1:10 PM an interview was conducted with the Director of Nursing (DON). The DON reviewed the shower logs with the surveyor and confirmed the findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, the facility staff failed to provide treatment and care in accordance with professional standards of practice (Resident #5 and #11). This was evident for 2 of 16 residents reviewed during a complaint survey. The findings include: 1) Review of Resident #5's medical record on 10/14/25 revealed the Resident was admitted to the facility in September 2024 with a diagnosis to include end stage renal disease and dependence on renal dialysis. Further review of Resident #5's medical record revealed the Resident was discharged to the hospital on 9/9/25 and returned to the facility on [DATE]. Review of the hospital Discharge summary dated [DATE] states: Please note this is critical for the patient to take Midodrine 1 hour prior to hemodialysis. Usually patient's dialysis is scheduled at 6:00 in the morning, therefore the first does of midodrine should be given at 5 AM. Midodrine is a medication used to treat low blood pressure (hypotension). Further review of Resident #5's medical record revealed a History and Physical physician note with date of service of 10/3/25 that stated Assessment and Plan for Orthostatic hypotension-It was critical for the patient to take Midodrine one hour prior to hemodialysis. Therefore, first dose of Midodrine should be given around 5:00 AM to 5:15 AM. This has been extensively discussed with the staff. Review of Resident October 2025 Medication Administration Record revealed on 10/9/2025 the Resident received Midodrine at 5:30 AM and on 10/11/25 the Resident received Midodrine at 5:25 AM. Interview with the Director of Nursing on 10/16/25 at 9:40 AM confirmed the Resident did not receive Midodrine at 5:00 AM on 10/9 and 10/11/25. 2) On 10/16/25 at 7:19 AM a review of facility reported incident 2566844 was conducted and revealed Resident #11 had a displaced fracture of the right hip. Review of Resident #11's medical record revealed Resident #11 had a history that included dementia, failure to thrive, and multiple contractures. On 7/15/25 on the 3:00 PM to 11:00 PM shift, Resident #11 complained about right foot pain. Resident #11 was also observed with right foot swelling. The physician was notified and ordered for the right leg to be elevated on a pillow. On 7/16/25 the physician ordered an x-ray and doppler study. On 7/16/2025 at 11:12 PM, Resident #11's X-ray result of the right hip showed that there was a displaced fracture laterally. The physician ordered for the resident to be sent to the emergency room for further evaluation. 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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #11's MDS assessment with an assessment reference date of 7/16/25, Section GG, mobility, documented that Resident #11 was dependent on staff for all mobility. Further review of Resident #11's medical record failed to produce documentation from the time of swelling and the physician's order to elevate the leg on 7/15/25 at 21:56 until a change in condition note was initiated on 7/16/25 at 22:21 of the fracture. There was no documentation of an assessment of the swelling. There was no specific pain assessment of the leg/ankle region. There was documentation on the July 2025 Treatment Administration Record (TAR) that pain was assessed every shift, but nothing about the status of the resident related to the swelling, and the conversation with the physician when the physician ordered the x-ray. On 10/16/25 at 9:46 AM the Director of Nursing was interviewed, and she confirmed the surveyor's findings that there was no other documentation or assessment of the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, it was determined the facility failed to provide treatment/services to prevent/heal pressures ulcers. This was evident for 1 (#12) of 3 residents reviewed for pressure ulcers during a complaint survey.The findings include: A pressure ulcer, also known as pressure sore or decubitus ulcer, is any lesion caused by unrelieved pressure that results in damage to the underlying tissue. Pressure ulcers are staged according the their severity from Stage I (area of persistent redness), Stage II (superficial loss of skin such as an abrasion, blister or shallow crater), Stage III (full thickness skin loss involving damage to subcutaneous tissue presenting as a deep crater), Stage IV (full thickness skin loss with extensive damage to muscle, bone or tendon) or Unstageable Pressure Ulcer (full thickness tissue loss in which the base of the ulcer is covered by slough and/or eschar in the wound bed). On 10/14/25 at 9:30 AM a review of Resident #12's medical record revealed the resident was admitted to the facility on [DATE] from an acute care facility with diagnoses that included bilateral lower extremity wounds with lymphedema, systemic lupus erythematosus, chronic kidney disease, stage 4 (severe), and acute embolism and thrombosis of deep veins of lower extremity. A 7/26/26 at 0:58 AM admission summary note documented that Resident #12 was admitted from the hospital after being admitted to the hospital for, foul smelling wounds. The note documented that Resident #12 was bed bound, had lymphedema, and right thigh chronic wounds. The note also documented that the resident had a pressure wound at sacrum and right outer thigh. Lymphedema is a chronic condition that causes swelling the body's tissues due to a buildup of lymph fluid.On 7/28/25 a physician's history and physical note documented that Resident #12 had an infected sacral wound while in the hospital and received IV (intravenous) medication to treat the wound. The note documented a right ischial wound, chronic lymphedema complicated by lower extremity cellulitis and worsening discharge from the wound with foul-smelling discharge. The plan was to continue with local wound care for the decubitus ulcer which was a Stage III.Review of a 7/30/25 skin/wound note documented, resident has a stage 2 pressure ulcer located on the sacrum. Resident has a stage 3 pressure ulcer located on the right thigh.An 8/1/25 progress note documented Resident #12, was seen by wound therapy on July 30th, 2025. Patient was found to have multiple wounds. Wound #1 is a right thigh wound, measurements 7.5 x 2.0 x 5.0 centimeters. Stage 3. Second wound is a sacral wound, measurement 2.2 x 0.6 x zero centimeters. Wounds Stage 2.The next wound assessment found in Resident #12's medical record was dated 9/5/25. The nurses signed off that weekly skin assessments were done, but there were no weekly skin assessments that had measurements, the characteristics of the wound, and if the treatment was working and if the wounds were improving or not improving.Further review of the medical record revealed an August 2025 Treatment Administration Record (TAR) for Resident #12 with an order, Cleanse stage 3 pressure ulcer located on the right thigh with wet to dry kerlix packing, cover with foam dressing daily. This order was for one time a day for wound care with a start date of 8/1/25 to 9/4/25. The TAR was blank on 8/9/25, 8/19/25, and 8/26/25. It was unknown if the treatment to the wounds was performed.On 10/14/25 at 11:00 AM an interview was conducted with the Director of Nursing (DON) who stated, the wound nurse does the wounds every day and Fridays are her documentation dates to make current. The DON stated, we have had 3 wound nurses from March until current. Documentation has been an area we have been working on for some time and with 3 different wound teams from the outside, it has been a challenge, so we have had some turnover.On 10/14/25 at 11:50 AM the DON brought her computer in with the surveyor, and she could not find wound assessments or measurements for August 2025 for Resident #12. The DON gave the surveyor a 7/30/25 skin evaluation but there was no documentation provided for the entire month of August of wound measurements and evaluations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on review of complaints, interviews, and documentation review it was determined that the facility failed to have sufficient nursing staff to meet the needs of the residents. This was evident for 6 of 9 complaints submitted to the Office of Health Care Quality (OHCQ), the regulatory agency, multiple staff and resident interviews, observation of staffing boards, and review of staffing schedules. This deficient practice had the potential to affect all residents.The findings include: 1) Six out of nine complaints that the Office of Health Care Quality (OHCQ) received and reviewed on this survey alleged the facility did not have sufficient nursing staff to provide essential care to the residents that resided at the facility. Complaints consisted of nursing care delayed and inadequate, waiting hours to be cleaned after a bowel movement, left lying in feces and lying in bed wet, residents not receiving showers, not being turned in bed, and not receiving basic hygiene. 2) Interviews of residents and complainants revealed their concerns that the facility was short-staffed: On 10/14/25 at 8:03 AM an interview was conducted with Resident #12. Resident #12 stated, I wait all night to be turned because I can't do it myself and no one comes in. During interview with a resident's representative (RP) on 10/14/25 at 9:06 AM, the RP stated his/her concern is the Resident is left soiled and not changed timely. During interview with Resident #5 on 10/14/25 at 12:00 PM, the Resident complained he/she if he/she has a bowel movement at 2:00 PM sometimes it will take until 4:30 PM to be changed. Resident also stated after dialysis he/she has to wait a long time before staff will place him/her back in bed. On 10/15/25 at 8:48 AM an interview was conducted with Resident #13. Resident #13 complained that he/she missed too many showers. Resident #13 stated that he/she was supposed to get showers on Wednesday and Saturday night. Resident #13 stated that the GNAs (geriatric nursing assistants) said that it was a waste of time for them to be in the shower room with him/her because the resident could wash him/herself. Resident #13 stated, the aides say they are short staffed and have a lot to do and don't have time to stay in there with me and there is no top staff on the evening shift to enforce it. Review of Resident #13's GNA documentation for showers for August 2025 revealed Resident #13 did not receive a shower on Saturday 8/2/25 and Wednesday 8/27/25 as evidence by N/A (not applicable) documented on the GNA task/intervention. Review of the September 2025 GNA documentation for showers revealed N/A for Wednesday, 9/3/25, Wednesday 9/10/25, and on Saturday 9/13/25. Cross Reference F677 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview with Resident #3 on 10/16/25 at 7:44 AM, the Resident stated he/she will not get a shower when there are not enough staff. The Resident also stated he/she is supposed to be out of bed by 10:30 because he/she has therapy at 11:00 AM. The Resident also stated last Tuesday (10/7/25) the facility staff did not get him/her up until 2:00 PM. The Resident states the nurse will answer the call bell but then tell you they will get the aide and the aide doesn't come. The Resident stated that when he/she was supposed to restart Physical Therapy after being in the hospital it was delayed because they told her they didn't have a therapist. Cross Reference F677 On 10/16/25 at 2:32 PM an interview was conducted with 2 family members who stated that their loved one was always having urinary tract infections and that the resident was not being cared for like he/she should. They stated that the resident was always laying in feces and wet, not being changed timely. 3) Interviews of front-line staff revealed their concern for not being able to provide residents with the care that they need: On 10/16/25 at 8:37 AM Staff #12 was asked about the work load and staffing and stated, on day shift I normally have 15 or more residents and there are days when I can't give showers. During interview with the Director of Rehabilitation (DOR) on 10/16/25 10:19 AM regarding Resident #3's statement that Physical Therapy was delayed the DOR stated we had a care plan meeting on 9/24/25 with the Resident and RP. At that time we started Occupational Therapy that week but I did tell them we would start Physical Therapy the following week because we had 2 Physical Therapists out on leave. On 10/17/25 at 7:38 AM Staff #21 was interviewed and stated, sometimes the staffing is challenging, and you can't get to the residents as quickly as you want to. Sometimes they are left a little longer than what you plan to. A staffing ratio of 1 to15 is a lot and sometimes it is more than 15. Staff #21 stated, I understand how some of the residents feel because it is unfair to them. Staff #21 stated, Showers are difficult and when you have the high numbers of residents, where do you get the time. The aides will give bed baths versus giving a shower. On 10/17/25 at 9:35 AM an interview was conducted with Staff #28 who stated, staffing is terrible. We have 18 patients. We can't get showers done and people are always calling out. They put too much on us. We can't turn and reposition every 2 hours because there is not enough time. You can't give the care that they need because there isn't enough time. There is too much charting that takes an hour. I don't want to leave the patients wet but I can't get to them. On 10/17/25 at 9:37 AM an interview was conducted with Staff #29. Staff #29 was asked about staffing and replied, we are short GNAs. They don't turn and reposition the residents every q 2 hrs. There is not enough time to do that. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/17/25 at 9:45 AM an interview was conducted with Staff #30 who stated, we have problems with staffing. Most of the time we have 16 to 18 residents on day shift. We can't give proper showers. Management says we take too long. We also have to do charting. We can't get to turning and repositioning every 2 hours. The residents lay wet. We try to do at least 2 rounds per shift. The amount of work for that many residents we cannot do. On 10/17/25 at 9:50 AM an interview was conducted with Staff #31 who stated, we work short. We have 18 to 20 residents. One time I was the only aide about a month and a half ago. No management helped out and I hurt my back. There are no guarantees that showers are being done, or residents are being changed. It is first come first serve. We can't give adequate care. They stop us to help them with wound care, even when we are short staffed. Unit managers do not help, they only nitpick. On 10/17/25 at 9:53 AM an interview was conducted with Staff #32 who stated, we are short staffed. We are supposed to clock out at 3 PM and sometimes I don't get out until 5 PM. Today I had 14 patients that were all total care. I can't turn and reposition every 2 hours. On 10/17/25 at 9:55 AM Staff #33 was interviewed and said, yes, we are short staffed. Showers can't get done and they are late on water pass. Therapy and dialysis patients take priority. Trays come up and trays are on the floor but can't get passed. On 10/17/25 at 9:57 AM Staff #34 was interviewed and said, we are short staffed and can't get showers done. Nail care isn't getting done and some days beds are not made. We do not turn and reposition every 2 hours. The residents do lay wet, unfortunately. We have expressed concerns at town halls. The first day I oriented someone, and we had 18 patients. After that the new orientee did not come back because it is too much. 4) Review of facility documentation revealed: a) Staffing sheets were reviewed from 7/25/25 to 7/30/25 that confirmed the staff findings of GNA to patient ratios. On 7/25/25 on day and evening shift on Unit 1, the census was 35 and there were 2 GNAs which made it a 1 to 17 ratio. On Unit 3 the census was 37 and there were 2 GNAs which made it a 1 to 18/19 ratio. On Station 2 the census was 27 and there were 2 GNAs and on Unit 4 the Census was 28 and there were 2 GNAs. This pattern was repeated with 2 GNAs on day and evening shift for 7/26/25 to 7/29/25. On 7/30/25 there were 2 GNAs on each unit on day shift, however on the evening shift there were 3 GNAs on unit 1. b) Review of facility documentation on 10/15/25 revealed a written statement from Staff #22 on 8/7/25 that stated: 8/5/25 1st day without a preceptor as night shift supervisor. Had a nurse call out and I had to be on cart. Was not trained on the cart. I never thought about passing meds and it was too late it would have been too close because next doses were going to be due. A statement from Staff #23 on 8/5/25 stated: During med pass it was observed prior Nurse (Staff #22) has signed off on multiple medications as being pass for Resident #5. Upon investigation Resident #5 stated to not have been medicated during the overnight shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5) On 10/17/25 the staffing boards were observed in the 4 units of the facility. On Unit 1 the census was 34. There were 2 GNAs for a 1:17 ratio, 1 RN, and 1 LPN. On Unit 2 the census was 27. There were 2 GNAs for a ratio of 1:13/14, and 2 RNs. On Unit 3 the census was 36 and there were 3 GNAs, however 1 GNA was split between unit 3 and unit 4. On Unit 4 the census was 27 and there were 2 GNAs (with 1 split between unit 3 and unit 4) and 2 LPNs. On 10/17/25 at 10:00 AM an interview was conducted with the Director of Nursing (DON). The DON was informed of all staffing concerns. The DON stated, I figured all of the staff complained about staffing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on review of facility documentation and interview, it was determined the facility staff failed to maintain accurate nursing staffing data. This was evident during a complaint survey and was evident for 18 of 18 days reviewed.The findings include: On 10/14/25 at 9:30 AM the surveyor requested the actual worked nursing schedule for the time period 7/25/25 to 8/12/25. On 10/15/25 at 7:00 AM, while reviewing a complaint, the surveyor was looking at the actual worked nursing schedules that were given from the Director of Nursing (DON). It was found that the schedules did not match up with statements from an investigation of who worked on a particular day. At that time the surveyor requested time punches to correlate with the nursing schedules. On 10/16/25 at 11:30 AM an interview was conducted with Staff #15, the Human Resources Director. Staff #15 stated that she was going through time punches, and she confirmed that the schedule that was given to the surveyor as the actual worked schedule was not correct. Staff #15 stated, we have had 2 schedulers during this time period. They were not updating the On-shift scheduling and by the time I got involved in it, late into August, is when I found out about it. From that point on we got a staffing person here. Staff #15 stated, the schedules at the time were schedules that should have been printed from the On-Shift, and they were the old schedules, and they were pulled. There was a book that she pulled from; however, the ones that were in the actual system is what was posted, and they still were not accurate.Review of the schedules with the time punches revealed every day there were people that should not have been on the schedule that were listed as worked and people that had to be added on the schedule that were not initially on the schedule.On 10/17/25 at 11:20 AM the DON was informed of the concerns with not keeping an accurate account of who actually worked in the building and assignment on any given day and shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined that facility staff failed to keep medication carts locked when unattended and discard medications/biologicals when expired. This was evident on 1 of 3 nursing units observed during random observations made during a complaint survey. The findings include: On [DATE] at 8:14 AM observation was made of an unlocked and unattended medication cart sitting outside of room [ROOM NUMBER]. The nurse was in the room and could not be visualized from the hallway. Staff #5 came out of the room and asked the surveyor what she was doing. The surveyor informed Staff #5 that the medication cart was left unlocked and unattended and that she could not be visualized from the hallway.The surveyor opened the top drawer of the medication cart and observed an opened 20 ml. vial of sterile water. There was no date opened on the bottle of sterile water. Also observed in the top right section of the first drawer was an insulin pen for Resident #14. The insulin was opened on [DATE]. There was a second Insulin, Lispro, that was opened with no date opened. A third insulin, Aspart for Resident #14 did not have a date opened on the insulin pen and the seal was broken. There was also an opened Lispro insulin for Resident #3 that was opened on [DATE] and an opened insulin Aspart that did not have a name and the seal was broken. According to the National Institute of Health, once the sterile water vial has been punctured and fluid has been removed, the container should be discarded no later than 4 hours after initial closure puncture. According to the manufacturer's instructions, the insulin should be dated when opened and should be discarded 28 days after opening.On [DATE] at 12:22 PM the Director of Nursing (DON) was informed of the observation. The DON stated that the staff had received education about locking medication carts.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, it was determined the facility failed to maintain complete and accurate medical records in accordance with accepted professional standards (Resident #6 and #12). This was evident for 2 of 16 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) Review of Resident #6's medical record on 10/14/25 revealed the Resident was admitted to the facility in June 2025 with diagnosis to include Multiple Sclerosis. Further review of Resident #6's medical record revealed the Resident has a Stage IV pressure ulcer of the sacrum and is currently receiving hospice services. Review of Resident #6's August, September and October 2025 Treatment Administration Records (TARs) revealed the facility staff did not sign off treatment for the sacrum on 8/18, 8/19, 9/11, 10/2 and 10/7/25. Interview with the Wound Nurse on 10/15/25 at 12:48 PM, the Wound Nurse stated she completed the dressings those days but forgot to sign off the TARs on 8/18, 8/19, 9/11, 10/2 and 10/7/2025. Interview with the Director of Nursing on 10/15/25 at 12:55 PM confirmed the facility staff failed to accurately document the administration of Resident #6's sacral wound treatments on 8/18, 8/19, 9/11, 10/2 and 10/7/2025. 2) On 10/14/25 at 9:30 AM a review of Resident #12's medical record revealed the resident was admitted to the facility on [DATE] from an acute care facility with diagnoses that included bilateral lower extremity wounds with lymphedema, systemic lupus erythematosus, chronic kidney disease, stage 4 (severe), and acute embolism and thrombosis of deep veins of lower extremity. A 7/26/26 at 0:58 AM admission summary note documented that Resident #12 was admitted from the hospital after being admitted to the hospital for, foul smelling wounds. The note documented that Resident #12 was bed bound, had lymphedema, and right thigh chronic wounds. The note also documented the resident had a pressure wound at sacrum and right outer thigh. Lymphedema is a chronic condition that causes swelling the body's tissues due to a buildup of lymph fluid. Review of a 7/30/25 skin/wound note documented, resident has a stage 2 pressure ulcer located on the sacrum. Resident has a stage 3 pressure ulcer located on the right thigh. There were no other wound assessment notes documented until 9/5/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215069	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Hill Rehabilitation and Healthcare Center	111 West Road Towson, MD 21204

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 - Few	Review of Resident #12's August 2025 Treatment Administration Record (TAR) revealed an order, Cleanse stage 3 pressure ulcer located on the right thigh with wet to dry kerlix packing, cover with foam dressing daily. This order was for one time a day for wound care with a start date of 8/1/25 to 9/4/25. The TAR was blank on 8/9/25, 8/19/25, and 8/26/25. It was unknown if the treatment to the wounds was performed. Review of weekly skin sheets were void of any type of measurements on 8/2/25, 8/10, 8/17, 8/24, and 8/31/25. Resident #12's medical record was incomplete related to wounds.