

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2026
NAME OF PROVIDER OR SUPPLIER Caroline Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 520 Kerr Avenue Denton, MD 21629	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interview and record review, it was determined that the facility failed to provide activities of daily living (ADL) care by ensuring timely assistance with toileting. This is evident for 1 (Resident #96) of 7 residents reviewed for ADL care. The findings include:</p> <p>On 03/11/2026 at 9:49 AM, during investigation of Complaint 2656323, the surveyor interviewed the complainant and they stated that Resident #96 had contacted the local health department with concerns about care provided on 10/30/25. Review of the complaint showed that the resident reported s/he was left on the bedside commode for 2.5 hours this morning before staff responded to move him/her back. The Hoyer lifts are never charged.</p> <p>At 10:15 AM, review of the electronic medical record revealed that Staff #20 provided care to Resident #96 on the morning of the alleged incident; however, there were no entries in the treatment record or progress notes indicating that the resident had been left on the commode or required assistance.</p> <p>On 03/12/2026 at 9:30 AM, during interview, Staff #20 stated that Resident #96 had been left on the toilet by the previous shift. Staff #20 further stated that staff were unable to transfer the resident off the toilet because the bariatric Hoyer lift required for the resident was not charged. Staff #20 explained that the bariatric Hoyer lift used a different battery than other lifts in the facility and staff often failed to plug it in. Additionally, because it was the only lift of that type, staff could not obtain a charged battery from the charger due to incompatibility.</p> <p>At 2:08 PM, during interview, the Director of Nursing (DON) stated they were unsure about the incident and would need to verify the weight limits and usage of the facility's Hoyer lifts.</p> <p>At 2:25 PM, during interview, the Nursing Home Administrator (NHA) stated that the Hoyer lifts in the building had a weight limit of up to 600 pounds and was unable to explain why Resident #96 required a specific bariatric Hoyer lift. The surveyor confirmed at this time that the resident did not exceed the weight limit of the other Hoyer lifts in the building. The NHA stated they would attempt to obtain additional information regarding why other lifts were not used.</p> <p>By the end of the survey, the facility had no additional information clarifying why alternative equipment could not be used to assist Resident #96 off the toilet.</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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