STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215084	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patapsco Healthcare	9109 Liberty Road Randallstown, MD 21133

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. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215084	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patapsco Healthcare	9109 Liberty Road Randallstown, MD 21133

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	Based on medical record review and review of pertinent document and interviews it was determined the facility staff failed to notify the resident's representative when there was a significant change in the resident's treatment plan. This was evident for 1 (Resident #14) of 24 residents reviewed for a complaint during the complaint survey.The findings include:Peripheral artery disease (PAD) is a condition where the arteries in the legs and arms become narrowed or blocked due to plaque buildup, reducing blood flow to these extremities. Angiogram-atherectomy-angioplasty-stent procedure uses angiogram (medical imaging procedure) to visualize blockages in leg arteries, then an atherectomy (removes plaque from arteries), an angioplasty (procedure to open blocked or narrow arteries) with a balloon to widen the artery, and finally a stent (metal tube inserted into the artery) to keep it open. This minimally invasive technique improves blood flow to the legs to relieve pain, heal wounds, and prevent amputation in patients with peripheral artery disease. On 9/10/25 at 1:00 PM a review of complaint #2562421 alleged the facility failed to notify resident representative when a medical procedure was performed on Resident #14 on 5/28/25. The complaint alleged the resident representative became aware of this when the resident received the health insurer's explanation of benefits statement that documented Resident #14 was billed by the physician for surgery on 5/28/25. A review of the electronic medical record (EMR), conducted on 9/10/25 at 1:07 PM revealed Resident #14 was admitted to the facility with complex medical condition in February 2024, and resided in the facility for long term care. The medical record also documented Resident #14 had multiple wounds, including a right ankle wound due to peripheral arterial disease, and was followed weekly by a wound Nurse Practitioner (NP). The medical record also documented Resident #14 had cognitive impairment. Resident #14's most recent quarterly assessment with an assessment reference date of 8/5/25 documented Resident #14's Brief Interview Summary score (BIMS) was 4, indicating the resident had severe cognitive impairment.Continued review of Resident #14's medical record revealed on 5/6/25 at 4:00 PM, In a SBAR (Situation, Background, Assessment, Recommendation) (tool for communicating medical information) note, the nurse documented that during activities of daily living (ADL) care, Resident #14 was observed to have an opening on his/her right ankle area. The SBAR documented that the Nurse Practitioner (NP) was notified, and ordered a wound treatment and wound consult, and the resident's representative was notified.Further review of the EMR revealed on revealed on 5/7/25 at 8:29 AM, in a Skin and Wound note, the wound NP wrote that Resident #14 had a new wound on his/her right ankle. In the EMR, an uploaded Wound & Amputation Prevention Consult note, dated 5/14/25 at 10;20 AM, documented Resident #14 was seen by the physician for evaluation and management of peripheral vascular disease. The physician documented that Resident #14, had a right ankle non-healing ulcer and was seen by the physician for evaluation and management of peripheral arterial disease. The physician further documented Resident #14 would benefit from right lower extremity angiogram for revascularization, that this was discussed with the patient who agreed and a RLE (right lower extremity) angiogram would be scheduled.In a Skin and Wound note, on 5/15/25 at 11:12 PM the NP wrote that the Resident #14 had a right lateral ankle arterial ulcer, his/her vascular consult was reviewed, and the resident would benefit from an angiogram, and an angiogram was to be scheduled. In a Nursing Progress Note on 5/16/25 at 6:41 PM, the nurse wrote Resident #14 had an appointment scheduled with a vascular specialist on 5/28/25 for a for a right lower angiogram-atherectomy-angioplasty-stent procedure.In an uploaded Wound & Amputation Prevention Consult note, on 5/28/25 at 11:55 AM, the physician documented a right lower extremity angiogram with intervention procedure was performed on Resident #14. On 5/28/25 at 3:16 PM, in an eMar Medication Administration Note, the nurse wrote that Resident #14 came back from vascular surgery at about 1:45 PM.Continued review of the medical record failed to reveal documentation to indicate Resident 14's representative had been notified when Resident #14 was scheduled for an outpatient appointment with a vascular specialist, or notified when the vascular specialist recommended and scheduled the resident for an angiogram with intervention, or notified when the resident completed the angiogram with intervention procedure and the outcome of the procedure.The above concerns were discussed with the Nursing Home Administrator (NHA) on 9/10/25 at 4:21 PM. The NHA acknowledged the concerns, and no further comments were offered at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215084	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patapsco Healthcare	9109 Liberty Road Randallstown, MD 21133

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215084	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patapsco Healthcare	9109 Liberty Road Randallstown, MD 21133

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on review of facility investigative material and interview with residents and facility staff, it was determined that the facility failed to thoroughly investigate an injury sustained by a resident. This was evident for 1 (Resident #9) of 11 residents reviewed for a facility reported incident during the complaint survey.The findings include:The Resident Assessment Instrument (RAI) -Minimum Data Set (MDS), a comprehensive, standardized process used in nursing homes to identify residents' needs, strengths, and preferences to create individualized care plans.On 9/10/25 at 9:10 AM, a review of facility reported incident #299724 alleged Resident #9 sustained an injury during care. The alleged incident occurred on 3/15/25 at 6:15 AM. The facility's initial self-report documented the RN (registered nurse) supervisor reported that Resident #9 had bruising to the left eye. When Staff #16, GNA (geriatric nursing assisted) who provided care to Resident #9 was questioned about the injury, the GNA stated that the resident poked herself in the eye during personal care and the resident lacked capacity to recall/verbalize the source of the injury. The initial self-report documented steps were taken to immediately ensure resident(s) were protected, that a head-to-toe RN clinical assessment of the resident was conducted, 911 was called, the MD was notified, the GNA was suspended pending investigation, a head-to-toe body assessment of all other patients on GNA assignment initiated, and in-service for resident abuse prevention and reporting initiated.The facility's follow-up investigation report form documented Resident #9 sustained bruising to the face from the incident with no other physical or mental harm identified. The self-report documented that Resident #9 sustained a fall during a transfer from her bed to her wheelchair while being assisted by one GNA, that Resident #9 was assessed for injuries, transferred to the emergency room for further evaluation where no serious injuries found and the resident was then transferred back to the facility.The follow-up investigation documented that a thorough investigation was conducted to determine the cause of the incident and included interviews with 2 GNAs involved in the incident. The first GNA reported Resident #9 became unsteady and fell when being assisted from the bed to the wheelchair. The second GNA witnessed the fall, corroborated this account and that staff responded promptly to assist the resident.The self-report documented an interdisciplinary team (IDT) meeting was held to review the incident, and the IDT reviewed Resident #9's care plan, Kardex, and the Section GG-related documentation for the lookback period of 3/13/2025 to 3/15/2025, that the resident was evaluated who determined s/he was a two-person assist with bed mobility and transfers, and recommended a high-back wheelchair. The RN Manager spoke with the GNAs involved in the incident and provided education on accurate Section GG coding and documentation requirements.The facility's self-report documented that the investigation into the resident's fall on 3/15/25 included comprehensive review of Resident #9's clinical record, a review of the RAI that indicated Resident #9 required extensive assistance with bed mobility and transfers, which aligned with his/her care plan indicating the resident was a two-person assist for transfer and the nursing notes from the date of the incident documented that when Resident #9 was assisted by one GNA, s/he became unsteady and lost his/her balance resulting in a fall.The facility self-report documented that action taken as a result of the investigation, included:-Corrective actions were implemented to prevent future incidents and ensure the accuracy of the resident care documentation.-An evaluation by therapy determined the resident required a two-person assist with bed mobility and transfers and provided the resident with a a high-back wheelchair to improve trunk support, and reduce risk of sliding from the wheelchair during transfers & position.-The Care plan was updated to reflect the resident was a two person assist.-The RN Manager conducted one-on-one education with the involved GNAs regarding accurate Section GG coding.-Staff were reminded to review the Kardex and care plan prior to providing care to ensure consistency with the resident's current needs.Following the surveyor's review of the facility's self-report, a review of the facility's investigation documentation and a review of Resident #9's medical record revealed the facility failed to conduct a thorough investigation.1) Continued review of the facility's investigation documentation and Resident #9's medical record failed to reveal documentation to indicate a comprehensive assessment of Resident #9 had been completed when the injury to the resident had been identified and prior to sending him/her to the hospital. In addition, no documentation was found to indicate an assessment of other residents had been conducted.2) In the facility's initial report documented Staff #16, GNA reported the resident had poked him/herself in the eye. The investigation documentation included 3 GNA staff interviews. Staff #16 documented the resident had poke him/herself in the eye, Staff #17, GNA documented the resident was observed with a wound on his/her left eye with a bump on his/her upper and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215084	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patapsco Healthcare	9109 Liberty Road Randallstown, MD 21133

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, review of pertinent documents and staff interviews, it was determined that the facility failed to ensure the discharge information was sufficiently documented in the medical record. This was evident for 1 (Resident #30) of 24 residents reviewed for a complaint during the complaint survey. The findings include:The MDS (Minimum Data Set) is a complete assessment of the resident which provides the facility information necessary to develop a plan of care, provide the appropriate care and services to the resident, and to modify the care plan based on the resident's status. MDS assessments must be accurate to ensure that each Resident receives the care they need.On 9/8/25 at 12:00 PM, a review of complaint #299668 alleged on 10/26/24, the facility staff were asked to send Resident #30 to the emergency room because the resident's sacral wound had gotten worse. The complainant alleged that when s/he asked the nurse to send the Resident #30 to the hospital, the nurse said s/he had to call the physician, so the complainant called 911 and had the resident transported to the hospital where s/he was admitted for wound surgery.Review of the resident's closed electronic medical record (EMR) and closed paper medical record revealed Resident #30 was admitted to the facility in February 2024 with complex medical conditions, including pressure wounds, then transferred to the hospital in October 2024 and subsequently discharged from the facility. In an eMAR-Medication Administration Note, on 10/26/24 at 2:01 PM, the nurse documented that Resident #30 requested to go out 911 for wound assessment, and on 10/26/24 at 10:42 PM, in an eMAR-Medication Administration Note, the nurse documented that the outgoing nurse sent Resident #30 to the hospital wound evaluation.Resident #30's MDS discharge assessment, return anticipated, with an assessment date of 10/27/24 documented Resident #30 had an unplanned discharge on [DATE] and transferred to an acute hospital.Continued review of the medical record found no other documentation to indicate the reason for Resident #30's transfer to the hospital, and there was no documentation found to indicate a comprehensive assessment of Resident #30 had been completed prior to his/her transfer to the hospital. In addition, there was no documentation to indicate the physician had been made aware of Resident #30's request to go to the hospital, the resident's status and ultimate transfer to the hospital via 911. Further review of the medical record failed to reveal documentation to indicate that appropriate and necessary information, including a summary of the resident's status and the reason for the transfer, was communicated to the receiving health care institution to ensure a safe and effective transition of care. The medical record review failed to reveal evidence that prior to his/her transfer to the hospital, Resident #30 and his/her representative were notified of the transfer and the reasons for the move in writing and in a language and manner they understand, and there was no documentation to indicate at the time of the transfer, a written bed-hold notice which specified the duration of the bed-hold policy was provided to Resident #30. In addition to the above findings, no documentation was found to indicate that a discharge summary with a capitulation of the resident's stay had been completed by the resident's physician following the resident's transfer to the hospital and discharge from the facility.The above concerns were discussed with the Nursing Home Administrator on 9/10/25 at approximately 4:30 PM. NHA acknowledged the concerns and offered no further comments at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215084	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patapsco Healthcare	9109 Liberty Road Randallstown, MD 21133

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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the activities program is directed by a qualified professional. Based on facility staff roster and staff interview, it was determined that the facility failed to employ a qualified activities director from 10/2024 to 12/2024. This deficient practice was found during a complaint survey. The findings include: The surveyor reviewed intake # 299716 on 9/6/25 at 11:30am. The intake alleged that the facility failed to employ an activities director. The complainant stated that the last activities director left the facility in 10/2024. Interview with Activities Director #13 on 9/8/25 at 10:30am revealed that Activities Director #13 was hired in 12/2024. Interview with Unit Manager # 9 confirmed that the facility did not have an Activities Director in the month of 11/2024. On 9/10/25 at 10:06 AM, the surveyor interviewed the Administrator regarding the staff in the activities department. The Administrator stated that the activities department has a activities director that will transfer to the social services department on 9/27/25. A new activities director is expected to start on the same day. The surveyor informed the Administrator that the activities department failed to have a qualified activities director from 10/2024 to 12/2024. The Administrator stated that he/she was not employed with the facility until 5/2025 and he/she was not aware of the deficient practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215084	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patapsco Healthcare	9109 Liberty Road Randallstown, MD 21133

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 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on facility staff roster and staff interview, it was determined that the facility has a bed capacity of 160 and did not employ a qualified social worker from 4/2025 - 5/2025 and then again from 7/2025 to the present on a full-time basis. This deficient practice was found during a complaint survey. The findings include: Interview with the Regional Behavioral Analyst #10 on 9/8/25 at 12:50pm revealed that the facility's social work department does not have a current full-time qualified social worker. The last full-time qualified social worker left the position in 6/2025. Currently, Activities Director #13 assists with the social services tasks. Also, Regional Social Worker #11 supervises the social work tasks and assists as needed until a qualified full-time social worker director is hired. On 9/10/25 at 10:06 AM, the surveyor interviewed the Administrator regarding the staff in the social services department. The Administrator confirmed that the facility has not had a full-time qualified social worker since former social worker director #12 left in 6/2025. The Administrator also added that the facility did not employ a full-time qualified social worker from 4/2025 - 5/2025. The Administrator also confirmed that Activities Director #13 and Regional Social Worker #11 assist with social service tasks as needed. The facility hired a new full-time social worker director who is expected to start on 9/15/25. The Administrator confirmed that the capacity of the facility is 160 beds. The surveyor expressed concerns that the facility failed to employ a full-time qualified social worker from 4/2025 - 5/2025 and then again from 7/2025 to the present.