

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2026
NAME OF PROVIDER OR SUPPLIER  Carroll Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  3330 Wilkens Avenue Baltimore, MD 21229	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on record review and staff interviews it was determined that the facility failed to ensure a resident was free of abuse. This was evident for 1(Resident # 3) out of 1 resident reviewed for abuse during the complaint survey The Findings include:Record review was conducted on 3/2/26 at 10:30 AM for a facility reported incident # 2735744. The record review revealed that GNA # 5 and Resident # 3 got into an argument regarding clothes on 2/4/26. During an interview conducted on 03/2/26 at approximately 10:45 AM, the Director of Nursing (DON) reported that on 2/4/26 Resident # 3 threw his/her IPAD and snack tray at GNA # 5. The GNA caught the snack tray and slammed the tray down on top of Resident # 3's hand which was laying on the nurses desk. Resident # 3 sustained a broken fingernail. GNA #5 was sent home pending investigation and GNA #5 was later terminated. Her name was sent to the Maryland Board of Nursing. The DON was notified 2/4/26 at 5:45PM and administrator was notified on 2/4 26 at 5:35 PM. Resident #3 was assessed head to toe with no injuries except for a broken fingernail. The ombudsman was notified. Police were not notified. The incident occurred at the nursing station 2nd floor on 2/4/26. On 3/2/26 at 11:19 AM an interview was conducted with Licensed Practical Nurses (LPN), Staff #4 and #6 who were sitting at the nursing station along with GNA #5 at the time of the incident. Resident # 3 was also at the nursing station complaining that his/her laundry had not come back yet. GNA # 5 explained to her that the dryer was down and this is why his/her clothes weren't back from the laundry. Resident # 3 started cursing and yelling at GNA #5. Resident # 3 then picked up his/her IPAD and a heavy metal tray and threw it at the GNA # 5 and Staff # 4 and #6 who were sitting at the nursing station. GNA #5 caught the metal tray and slammed the tray on the nursing station desk, but it hit the hand of Resident # 3 causing a broken fingernail. Resident # 3 was wheeled back to his/her room. The administrator was notified on 3/4/26 at 1:00PM of the findings.</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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