

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER Citizens Care and Rehabilitation Center of Frederi		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 Rosemont Avenue Frederick, MD 21702	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and review of facility reported incident (FRI) investigation documentation it was determined the facility failed to thoroughly investigate incidents of missing property, this was evident for 1 (Resident #1) of 2 residents reviewed for facility reported incidents. The findings include: On 0/14/25 at 1:23 PM, a review of facility reported incident #2613495 revealed on 8/28/25 at 3:00 PM, the resident's representative reported to facility staff that Resident #1 was missing an unknown amount of money. During a follow-up interview, Resident #1 reported that about \$500 was missing from the lock box (safe) the resident kept in his/her room. The facility's self-report documented Resident #1 resided in the facility for long term care since October 2019, and had multiple diagnoses which included vascular dementia, depression, anxiety and cognitive communication deficit, was followed by psychiatric services and was seen by his/her primary care physician for recently exhibited increased confusion. Review of the facility's investigative documentation revealed interviews were conducted with facility staff, however, continued review of their investigation found no documentation to indicate interviews had been conducted with any residents. The facility failed to do a thorough investigation into the alleged misappropriation of Resident #1's funds by failing to interview residents who potentially may have been victims or may have seen or heard something relevant to the incident. On 10/15/25 at 9:44 AM, during an interview, the Nursing Home Administrator (NHA) confirmed the facility's investigation did not include resident interviews. At that time, the NHA indicated resident interviews would have been conducted if residents wandered in and out of the resident's room, however, Resident #1 kept the door to his/her room closed, that residents did not wander into the resident's room and Resident #1 had the only key to his/her lock box. The concerns with the facility failing to conduct resident interviews during an investigation were then discussed with the NHA, who acknowledged the concerns at that time. On 10/16/25 at 11:51 AM, the above concerns were discussed with Staff #8, Chief Operating Officer who indicated resident interviews were not conducted because the facility staff knew Resident #1 very well, that the resident stayed in his/her room, and had the only keys to his/her lock box which s/he on him/herself at all times. Staff #8 acknowledged the concerns at that time and indicated the facility had not fully explored all possibilities of what could have happened.</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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NAME OF PROVIDER OR SUPPLIER Citizens Care and Rehabilitation Center of Frederi		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 Rosemont Avenue Frederick, MD 21702	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the medical record and interview it was determined the facility staff failed to ensure all prior MOLST forms in the resident record were voided as per the MOLST instructions. This was evident for 1 (#6) of 3 residents reviewed for Quality of Care. The findings include: Maryland MOLST (Maryland Orders for Life Sustaining Treatment) is a portable and enduring medical order form covering options for cardiopulmonary resuscitation and other life-sustaining treatments. The medical orders are based on a patient's wishes about medical treatments. Per the MOLST instructions: Updating the Form: The MOLST form shall be voided and a new MOLST form prepared when there is a change to any of the orders. If modified, the physician, NP, or PA shall void the old form and complete, sign, and date a new MOLST form. Voiding the Form: To void this medical order form, the physician, NP, or PA shall draw a diagonal line through the sheet, write VOID in large letters across the page, and sign and date below the line. A nurse may take a verbal order from a physician, NP, or PA to void the MOLST order form. Keep the voided order form in the patient's active or archived medical record. Resident #6's electronic medical record (EMR) was reviewed on [DATE] at 8:12 AM. The Miscellaneous section revealed 5 scanned voided copies of MOLSTS dated: [DATE] - Attempt CPR - per resident, [DATE] - Attempt CPR per Surrogate decision maker, [DATE] - No CPR option A2 with changes to page 2, [DATE] - No CPR Option B with changes to Page 2, [DATE] - No CPR, Option B with changes to Page 2. The EMR also contained the scanned copies of the original (un-voided) MOLST for the same dates as well as the most recent MOLST dated [DATE]. An interview was conducted with the facility Administrator on [DATE] at 11:30 AM. She was made aware of the above findings. She indicated that the paper record contained the original MOLST forms all of which, except for the most recent, were voided as per the MOLST instructions. She was made aware that Resident #6's EMR contained the voided and un-voided (active) copies of each MOLST form. The Corporate Nurse was made aware of the above concerns on [DATE] at 12:15 PM.</p>		