

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Laurelwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Laurel Drive Elkton, MD 21921	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on medical record review and facility staff interview, the facility staff failed to protect and value a resident's right to religious freedom (residents #18, 40, 43, 81, 83, and 91). This was evident for 6 out of residents reviewed for resident rights during a recertification survey. The findings include: Review of complaint # 2676017 on 1/19/26 at 10:30am revealed a complaint from a eucharistic minister stating that he/she was unable to provide communion to Catholic residents because the facility has failed to provide the eucharistic minister with an accurate list of Catholic residents for approximately 2 years. Interview with eucharistic minister # 25 on 1/20/25 at 10:17am revealed eucharistic minister attempted to obtain an accurate list of Catholic residents since October 2025. Eucharistic minister #25 normally sends an email to the Administrator and the Activity Director approximately 4 days before he/she will visit the facility. Since March 2025, eucharistic minister #25 alleged that he/she has not received an accurate list of Catholic residents so he/she has been unable to provide communion to these residents. Eucharistic minister #25 also alleged that he/she contacted the Administrator about the inability to receive an accurate list of Catholic residents from the facility. The Administrator was alleged to have stated that he/she saw the email but he/she did not believe that the list of Catholic residents was unimportant at the time of review. On 1/20/26 at 10:45am, the surveyor interviewed Activity Director #2 regarding the list of Catholic residents. Activity Director #2 provided the surveyor with a copy of the list. Review of the list of Catholic residents on 1/20/26 at 11:30am revealed the list was inaccurate. Comparing the list of Catholic residents with the most recent annual activity preference forms revealed residents #18, 40, 43, 81, 83, and 91 did not indicate that they were Catholic. All of the most recent activity preference forms were signed and reviewed by Activity Director #2. Interview with Activity Director #2 on 1/21/26 at 10:30am revealed that all residents receive an assessment of their activity preferences when admitted, when there are any changes to activity preferences, at re-admission and annually. The surveyor asked when the list of Catholic residents is updated. Activity Director #2 stated that the list of Catholic residents is updated based on any changes to the activity preference form. The Surveyor pointed out that he/she found inaccurate information on the list of Catholic residents. Activity Director #2 stated that his/her assistants normally update the list of Catholic residents as necessary. The surveyor provided copies of the most recent annual activity preference form for residents #18, 40, 43, 81, 83, and 91. Activity Director #2 reviewed the forms and admitted that the list of Catholic residents was inaccurate. During an interview with the Director of Nursing and the Administrator on 1/21/26 at 11:15am, the surveyor informed the DON and the Administrator that the list of Catholic residents was inaccurate based on the most recent activity preference form. The Administrator stated that the list of Catholic residents would be updated. On 1/21/26 at 12:30pm, Activity Director #2 provided the surveyor with a new list of Catholic residents.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 215111	If continuation sheet Page 1 of 2

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, it was determined that the facility failed to ensure that a resident was free from a significant medication error. This was evident for 1 (#343957) of 7 complaints reviewed during an annual survey. The findings include:Based on record review and interview, it was determined that the facility failed to ensure a resident was offered activities throughout each month based on the comprehensive care plan and activity interest. This was evident for 1 (#2586001) of 7 complaints reviewed during an annual survey.The findings include:On 01/23/2026 at 10:34 AM, review of anonymous complaint #2586001 revealed that Resident #32 felt bored at the facility.On 01/23/2026 at 10:37 AM, review of Resident 32's medical record revealed they were admitted to the facility on [DATE].At the same time, further review of Resident #32's medical record revealed a document titled, Activity Preferences Interview, dated 7/12/2025 which indicated that the resident was interested in several activities such as those involving animals, group activities, sports, religion, cards, bingo, games, audio books, reading, writing, music, TV, movies, outdoors, talking, parties, and more. On 01/23/2026 at 10:42 AM, review of Resident #32's comprehensive care plan revealed an activity focus that indicated the resident was dependent on staff for activities and engagement (initiated on 7/15/2025) with interventions such as encourage attendance (initiated 7/15/2025), invite resident to scheduled activities (initiated 7/15/2025), and provide activity materials of interest such as books, puzzles, and magazines (initiated 7/15/2025).On 01/28/2026 at 8:57 AM, an interview with the Activities Director (Staff #2) revealed that the expectation was that residents were offered to attend all scheduled activities, and if they refuse, it would be documented on the activity log. She further indicated the facility will try and provide residents' several activities based on their interests. The surveyor revealed the concern from complaint #2586001 that Resident #32 was noted to feel bored at the facility.The surveyor requested Resident #32's activity log from July 2025 - January 2026.On On 01/28/2026 at 10:35 AM, the Activities Director (Staff #2) provided the activity logs requested. She indicated that she was going to educate the activities staff on the expectation of documenting when activities were offered, if the resident attended the activity, and if the resident refused. She indicated she was aware that Resident 32's activity log indicated the resident had not been offered nor attended many activities throughout the months requested.On 01/28/2026 at 10:37 AM, review of Resident #32's activity log form July 2025 - January 2026 revealed:In July 2025, the resident was offered an activity 10 out of 31 days.In August 2025, the resident was offered an activity 7 out of 31 days.In September 2025, the resident was offered an activity 7 out of 30 days.In November 2025, the resident was offered an activity 9 out of 30 days.In December 2025, the resident was offered an activity 8 out of 31 days.In January 2026, the resident was offered an activity 5 out of 28 days (reviewed on 1/28/26).On 01/28/2026 at 11:46 AM, the surveyor reviewed the concern with the Director of Nursing and she indicated she understood.</p>		