STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, it was determined that the facility failed to provide a clean and homelike environment. This was evident in 1 (C) of 2 shower rooms, 6 (14, 24, 52, 54, 55, and 57) out of 12 resident rooms, and the C/D Nourishment Room observed during the recertification survey. The findings include: On 01/05/26 at 12:28 PM, the surveyors observed brown staining on the ceiling in room [ROOM NUMBER]. On 01/07/26 at 9:53 AM, the surveyors observed a dusty wall mounted ventilation unit, peeling bed board, indentation in the wall, and peeling paint at the base of the bathroom wall in room [ROOM NUMBER]. On 01/07/26 at 9:57 AM, the surveyors observed brown staining around the wall mounted ventilation unit in room [ROOM NUMBER] and room [ROOM NUMBER]. On 01/07/26 at 10:10 AM, the surveyors observed the C/D Nourishment Room. The refrigerator contained crumbs and brown and red stains. The room's floor also had trash, with black and brown staining visible on the tiles. On 01/07/2026 at 11:37 AM, the Nursing Home Administrator, Maintenance Regional Director, and the Maintenance Supervisor acknowledged the concerns found throughout the C/D unit and stated they would begin repairs. On 01/12/ 2026 at 11:15 AM, the surveyor conducted a tour of units A and B with the Maintenance Supervisor and the Administrator. The tour revealed a bathroom door in a state of disrepair in Resident #14's room, a large hole in the drywall, and multiple unsealed wall penetrations in Resident #24's bathroom. The Maintenance Supervisor confirmed that the necessary repairs would be expedited.

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
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on kitchen observation, record review, and staff interview, it was determined that the facility failed to ensure that food storage complied with professional standards of food safety. This practice had the potential to impact all residents eating food prepared in the kitchen. The findings include: During the initial brief tour of the kitchen on 01/05/26 at 8:15 AM, the surveyors observed hard boiled eggs, salad, an opened carton of liquid eggs, opened dry pasta, and multiple Rita's Italian ices that were not labeled and dated. The surveyors also observed an uncovered container of rice. The dietary manager acknowledged that food should be labeled and dated once opened and the rice should be covered. On 01/10/26 at 10:11 AM, the surveyors observed the A/B and C/D Nourishment Rooms. The A/B Nourishment Room fridge had a green bag, 1 salad dressing bottle, and two bottles of thickened hydrolyte water that were not labeled and dated. The C/D Nourishment Room fridge had sticky colored residue in it. The Nursing Home Administrator acknowledged the concerns and arranged for the Nourishment Rooms to be cleaned. During the follow-up visit to the kitchen on 01/09/26 at 10:10 AM, the surveyors observed cups of juice in the walk in fridge that were not labeled and dated. The District Manager acknowledged that they were not labeled and stated that they would be used for lunch that day. On 01/12/26 at 1:00 PM, the Nursing Home Administrator acknowledged the findings of the kitchen visits.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, it was determined that the facility failed to provide a functional and sanitary environment. This was evident for 1 (C) out of 4 shower rooms observed during the recertification survey.On 01/07/2026 at 9:35 AM, the surveyors observed two drains covered in multicolored hair and a metal panel coming off of the bathroom wall. Unit Manager #10 and the Maintenance Regional Director acknowledged the concerns and stated the shower rooms are scheduled for renovation. On 01/07/2026 at 10:11 AM, the surveyors observed a dirty and stained floor with trash in the C/D Nourishment Room.On 01/07/2026 at 11:37 AM, The Nursing Home Administrator (NHA), Maintenance Regional Director, and Maintenance Supervisor acknowledged the concerns in the C/D Nourishment Room. On 01/08/2026 at 11:26 AM, the surveyors observed the ice machine dripping and black staining around the drain in the A/B Nourishment Room. On 01/09/2026 at 10:22 AM, surveyors showed the concerns in the A/B Nourishment Room to the NHA. The NHA stated that they would call for repair immediately.On 01/12/2026 11:35 AM, during observation of the laundry room, surveyors noted a dusty ceiling vent, a dusty hot water heater, trash in the drain, and missing and stained floor tiles.On 01/12/2026 at 11:26 AM, the Housekeeping Manager and the District Housekeeping Manager observed the above concerns and removed the trash from the drain. The NHA acknowledged the concerns found in the laundry room on 01/12/2026 at 11:57 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have enough outside ventilation via a window or mechanical ventilation, or both. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: Number of residents cited: Based on observations and interviews with facility staff, it was determined that the facility failed to maintain clean and operational ventilation systems, thereby impairing proper airflow throughout the premises. This deficiency was observed in 4 of the 5 unit ventilation systems reviewed during the annual survey.The findings include: Local Exhaust Ventilation ([NAME]) systems are designed and engineered to capture and remove contaminants such as excessive heat, steam, condensation, vapor, smoke, odor, and fumes. This is achieved through the calibration of the total pressure, which is calculated as the sum of the static pressure exiting and entering the system, minus the velocity pressure entering the system. In addition, the fan speed, pressure, and power must be adjusted to account for the specific gravity of the contaminant being captured and removed by the [NAME] system, while considering the specific size and air changes of the room. On 01/5/2026 at 11:45 AM, the surveyor conducted an initial tour of units A and B. The following bathroom [NAME] in the resident rooms were found to be inoperable:room [ROOM NUMBER] inoperableroom [ROOM NUMBER] inoperableroom [ROOM NUMBER] inoperableOn 01/12/2026 at 11:12 AM, a tour of the facility was conducted with the Maintenance Supervisor and the Administrator. The Maintenance Supervisor placed a piece of toilet paper against the exhaust fan covers in residents' bathrooms [ROOM NUMBERS] to verify negative pressure and confirmed that these [NAME] systems were inoperable. The Maintenance Supervisor stated that he would reassess the fans located in the attic.At 12:00 PM, the Administrator confirmed that the fan belt had been replaced for the resident bathroom [NAME] to become functional in units A and B.On 01/12/2026 at 12:59 PM, the surveyor conducted a tour of units C and D with the Administrator and Staff #16. The functionality of the following residents' bathroom [NAME] was verified by placing a piece of toilet paper on the fan covers:room [ROOM NUMBER] inoperableroom [ROOM NUMBER] positive pressureroom [ROOM NUMBER] inoperableroom [ROOM NUMBER] positive pressureAt 1:06 PM, the Administrator stated that this information would be relayed to the Maintenance Supervisor to reassess the fans in units C and D to implement the necessary repairs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. Number of residents sampled:Number of residents cited:Based on record review and interview it was determined that the facility failed to provide a Resident's Representative the right to be involved in informed consent process. This was found evident in 1 (Resident #16) of 4 residents reviewed for advanced directives. The findings include: On 1/6/26 at 12:23 PM, the surveyor reviewed Resident #16's medical record. The review revealed a Medical Orders for Life-Sustaining Treatment (MOLST) dated 9/10/24 indicated Resident #16's MOLST decisions were done per the legal authority in accordance with all provisions of the Health Care Decision Act. On further review it was noted that on 11/11/25 and 11/14/25 two medical providers completed assessment/certifications related to medical condition decision-making and treatment limitations. Both providers determined that Resident #16 lacked capacity to make their own decisions and those related to medical necessity/prognosis. Next the surveyor reviewed the social service assessment completed on 11/12/25 by Social Worker #25. The assessment documented that Resident #16 was responsible for him/herself. On further review it was noted that Resident 16's consent for admission to facility and medical treatment was signed on the resident signature line and dated 11/10/25. The spot for the Resident Representative was left blank. Additionally, the psychotherapeutic medication informed consent dated 11-13-25 was signed on the patient's signature section and again the Representative Party (RP) was left blank. On 1/7/26 at 10:31 AM, the surveyor conducted an interview with the Nursing Home Administrator (NHA). During the interview the surveyor reviewed the concern that documentation was conflicting who should be responsible for giving consent for Resident #16's care. The NHA stated she would look into the matter and follow-up On 1/8/26 at 10:19 AM, the surveyor conducted a follow-up interview with the NHA. During the interview the NHA stated the MOLST completed at the hospital was marked in error and that Resident #16 had a surrogate making decisions for him/her. She further stated that Resident #16 should not have consented for him/herself and that currently Resident #16's son is in communication with the facility in regard to Resident #16's care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interviews, it was determined that the facility failed to attempt a recommended gradual dose reduction for a psychotropic medication and/or failed to document contraindication rationale for why gradual dose reduction was not attempted. This was found evident in 1 (Resident #30) out of 6 residents reviewed for unnecessary medications. The findings include: Psychotropic medications are used to treat mental health disorders and are considered any drug that affects behavior, mood, thoughts, or perception. There are five main types of psychotropic medications, and each type has its own specific uses, benefits, and side effects. The five main types are: antidepressants, anti-anxiety, stimulants, antipsychotics and mood stabilizers. Mirtazapine, also known as Remeron, is used to treat depression. Mirtazapine belongs to a group of medicines called tetracyclic antidepressants and is considered a psychotropic medication. A common side effect is increased appetite. Gradual Dose Reduction (GDR) refers to the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued. On 1/6/25 at 9:20 AM, the surveyor observed Resident #30 resting in bed. When the surveyor attempted to engage in conversation, Resident #30 did not respond. Resident #30's roommate stated that his/her roommate does not talk much and rests quietly most of the time. On 1/7/26 at 9:58 AM, the surveyor reviewed Psychiatric Nurse Practitioner Staff #21's progress note written on 11/15/25. The note stated the reason for the consultation was for a gradual dose reduction (GDR) review. Staff #21 wrote Resident #30 was seen resting in bed with his/her eyes closed and did not answer questions. Staff #21 documented that Resident #30's roommate reports that the patient sleeps all the time. The assessment and plan recommended reducing Mirtazapine 7.5mg nightly. The surveyor noted a handwritten message on the note that stated, Declined by NP (Nurse Practitioner) and was signed and dated 11/24/25. Next the surveyor reviewed Resident #30's primary care provider notes following Staff #21's note. The next note was a monthly follow-up progress note was written by Physician #22 on 11/28/25. In the progress note Staff #22 reviewed Resident #30's medications and listed Mirtazapine 7.5mg to be given nightly with the reason for administration as dementia with failure to thrive. Nowhere in the progress note was there rationale for the decision to no attempt the GDR for this medication. On 1/7/26 at 10:12 AM, the surveyor reviewed Resident #30's care plan. A care plan initiated on 7/20/23 stated that Resident #30 uses antidepressant medication related to depression. On 1/7/26 at 10:36 AM, the surveyor conducted an interview with the Director of Nursing (DON). During the interview the surveyor asked why the GDR recommendations were declined. The DON stated that she documented the handwritten note after discussing the recommendation with the NP. She further stated that the recommendation was declined because the medication was written to help increase Resident #30's appetite and not related to behaviors. The surveyor reviewed the concern that the rationale for not reducing Resident's psychotropic medication, after being recommended to do so, was not addressed in Resident's medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interviews, it was determined that the facility failed to accurately document a Minimum Data Set (MDS) assessment in a Resident's medical record. This was found evident of 1 (Resident #5) of 33 residents reviewed in the survey. The findings include: On 1/6/26 at 9:15 AM, the surveyor interviewed Resident #5. During the interview Resident #5 stated that he/she had not had any teeth since being admitted to the facility. On 1/8/26 at 9:44 AM, the surveyor reviewed Resident #5's most recent comprehensive Minimum Data Set (MDS) assessment dated [DATE]. In the oral dental assessment, there was a list that gave options to capture an abnormal evaluation. One option was, no natural teeth or tooth fragment(s) (edentulous) but this option was left blank. Resident #5 was coded as none of the above were present. Next, the surveyor reviewed Resident #5's care plan. A care plan initiated on 5/17/17 stated, Resident #5 is at risk for oral health or dental care problems as evidenced by: resident is edentulous. On 1/9/26 at 8:29 AM, the surveyor interviewed the Director of Nursing (DON) and the Nursing Home Administrator. During the interview they confirmed that Resident #5 was edentulous and both were not sure why the MDS assessment did not capture that in the assessment. On 1/9/26 at 12:02 PM, the surveyor interviewed the MDS coordinator Staff #26. During the interview Staff #26 stated that the oral/dental assessment is completed by looking at nursing assessments. She further stated that if the assessment was inaccurate then the MDS assessment would be inaccurate. Staff #26 confirmed that Resident #5 should have been coded edentulous and that she would correct the inaccurate assessments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Number of residents sampled:Number of residents cited:Based on observation, interviews, and record review, it was determined that the facility failed to review and revise a Resident's care plan after a Resident's situation changed. This was found evident of 1 (Resident #9) out of 1 Residents reviewed for hearing and vision during the survey. The findings include: Care plans are developed for residents to guide the care that residents receive in the facility. They are required to be developed within 7 days of completion of a resident's admission comprehensive Minimum Data Set (MDS) assessment and revised at least every quarter (or more often as needed). The facility is required to have care plans developed and revised by an interdisciplinary team. On 1/6/26 at 7:03 AM, the surveyor observed Resident #9 in his/her bedroom watching the television at a loud volume. The surveyor noted that Resident #9 did not have hearing aids at the time. On 1/8/26 at 9:45 AM, the surveyor reviewed resident #9's orders. Resident #9 had an order written on 9/18/25 that stated, continue use of amplification. (Hearing Aid) Patient is to wear hearing aid daily. Patient requires assistance with insertion and manipulation of hearing aids daily. (Every shift for Hearing Aid Devices) Next the surveyor reviewed the January 2026 Treatment Administration Record (TAR). On all three shifts, 1/1/26-1/7/26, there was a check mark documented, indicating that this treatment was completed for Resident #9. On 1/8/26 at 12:17 PM, the surveyor observed Resident #9 in the dining room. Resident #9 did not have hearing aids in. The surveyor then asked Resident #9 if he/she had hearing aids. Resident #9 stated that he/she had two hearing aids but preferred not to use them. On 1/8/26 at 12:30 PM, the surveyor reviewed Resident #9's care plan. A care plan was initiated on 12/18/22 that stated, Resident #9 had a communication problem related to being Hard of Hearing (HOH). One of the interventions was to offer hearing aids and put them in place. On 1/9/26 at 11:11 AM, the surveyor conducted an interview with the Director of Nursing (DON). During the interview the DON confirmed that Resident #9 does not utilize his/her hearing aids. The surveyor relayed the concern that the current plan of care does not reflect Resident #9's wishes and that the care plan is not accurate to current treatments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, record reviews, and interviews, it was determined that the facility failed to provide necessary services to maintain good personal hygiene for dependent residents. This was evident in 2 (Resident #66 and Resident #93) of 2 Residents reviewed for Activity of Daily Living (ADL) care during the annual survey.The findings include:1) On 1/12/2026 at 11:00 AM, the surveyor observed Resident #66 seated on the side of the bed, wearing wrist support braces on both hands. All 10 fingers appeared clean; however, the free edge of the fingernails was about 0.5 cm in length.The surveyor inquired of Resident #66 whether nail trimming was needed. The Resident said that the free edge of the nails was preferred to be shorter.At 11:30 AM, the surveyor informed Staff #19 of Resident #66's request for nail care.A review of the Resident's Minimum Data Set (MDS) and Care Plan dated 6/24/2024, indicated that the resident was dependent (requiring the helper to perform all effort) on ADL cares to maintain good personal hygiene. In addition, the BATHING/SHOWERING intervention notes specified that staff were required to check nail length, and trim and clean nails on bath days and as necessary.At 11:45 AM, a review of the resident's Task documentation for December 2025 revealed that Resident #66 refused a shower or bed bath on 12/9/2025, and did not receive a shower or bed bath on 12/12/2025. However, documentation for the next scheduled ADL care on 12/26/2025 was missing. In addition, there was no documentation indicating that nail care was provided for the Resident during December 2025. 2) On 1/12/2026 at 11:35 AM, the surveyor observed two nurses providing wound care for Resident #93. The surveyor was able to conduct a hygiene assessment but could not verify the condition of the toenails as the Resident was wearing a medical walking boot.Record reviews of Resident #93's MDS and Care Plan, dated 4/9/2025, showed that the Resident was also dependent on ADL cares to maintain good personal hygiene.At 11:48 AM, a review of Resident #93's Task documents for December 2025 revealed that the Resident refused a shower or bed bath on 12/2/2025, and a shower nor bed bath was not provided on 12/5/2025. The Resident refused a shower or bed bath again on 12/16/2025. However, documentation for the next scheduled shower or bed bath on 12/19/2025 was missing. At 12:15 PM, the surveyor conducted an interview with the DON and requested an explanation for the missed ADL cares for Resident #66 on 12/26/2025, and for Resident #93 on 12/19/2025. Furthermore, the lack of documentation for nail care for Resident#66 who had a care plan was questioned. The DON stated that staff were unable to recall the missed ADL cares and could not provide an explanation for the absence of nail care documentation in the PointClickCare (PCC) software application.At 2:00 PM, the surveyors were not provided with additional information regarding the missing ADL documentation for the two residents by the Administrator, the DON, or the Regional DON during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interviews, facility policy review, and record review, it was determined that the facility failed to provide respiratory care consistent with professional standards for oxygen administration. This was found evident of 1 (Resident #1) out of 2 residents reviewed for respiratory care during the survey. Pulse oximeter - a device that uses a light source to analyze the light that passes through a finger and can determine the percentage of oxygen in the red blood cells, referred to as a pulse ox (pox) Peripheral Oxygen Saturation (SPO2). Nasal cannula- a medical device used to provide supplemental oxygen therapy to people who have lower oxygen levels. The findings include: On 1/6/26 at 7:14 AM, the surveyor observed Resident #1 with an oxygen concentrator in his/her room, however the Resident was currently not receiving oxygen. Resident #1 stated that he/she had just gotten over pneumonia. On 1/7/26 at 11:11 AM, the surveyor reviewed Resident #1's orders. An order was written on 12/23/25 for oxygen 2 liters/minute via Nasal Cannula (NC) for SPO2 less than 92% every shift for shortness of breath. The oxygen order prior was stated on 12/2/25 and was written, oxygen 2 liter per minute via Nasal Cannula every shift for shortness of breath. On 1/7/26 at 12:50 PM, the surveyor reviewed the facility's Oxygen Administration policy. In assessment it stated, before administering oxygen, and while the resident is receiving oxygen therapy, assess for the following: #5. oxygen saturation, if applicable. Next the surveyor reviewed Resident #1's SPO2 readings and were as follows:1/6/26 97% on room air at 10:10 AM1/4/26 97% on room air at 9:53 AM12/26/25 94% on room air at 7:07 PM12/17/25 94% on room air at 8:55 AM12/12/25 96% room air at 8:44 AM12/2/25 88% room air at 2 PM Next the surveyor reviewed Resident #1's care plan. Resident #1 had a care plan initiated on 10/16/25 for altered respiratory status related to a left plural effusion (the buildup of excess fluid in the pleural space, the area between the lungs and the chest wall) and left lower lobe associated atelectasis (a condition where alveoli in your lung or a part of your lung deflates). One of the interventions listed was, monitor for signs and symptoms of respiratory distress and report to the physician as needed: Decreased pulse oximetry. On 1/7/26 at 11:32 AM, the surveyor conducted an interview with the Director of Nursing (DON). During the interview the surveyor asked if a Resident has an order for oxygen with Pox parameters how often should a pox be taken. The DON stated the Pox should be taken with vitals as ordered. She further stated that if the Resident was symptomatic that a pox should be taken. The surveyor relayed the concern that Resident #1 had an order for oxygen on 12/2/25-12/23/25 (23 days) for continuous oxygen and from 12/23/25 to current (16 days) to have oxygen if pox less than 92% and the pox was only documented and monitored 6 times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interviews, it was determined that the facility failed to maintain medical records in accordance with acceptable professional standards and practices by keeping complete documentation. This was found evident in 2 (Resident #1 and #7) out of 33 residents reviewed during the survey. The findings include:1) On 1/7/26 at 7:12 AM, the surveyor conducted an interview with Resident #1. During the interview the Resident stated that on occasion scheduled showers have not been given. On 1/7/26 at 11:31 AM, the surveyor requested shower documentation for Resident #1 from December of 2025 and January 2026. Next the surveyor reviewed the documentation. The surveyor noted that on Resident #1's scheduled shower days of 12/4/25, 12/8/25 and 12/11/25 the documentation was left blank. On 1/8/26 at 10:15 AM, the surveyor conducted an interview with the Nursing Home Administrator (NHA). During the interview the NHA stated that she had reached out to the 2 staff responsible for giving showers to Resident #1 on the days that there was no documentation. She stated the on 12/4/25 the staff stated that she had forgotten to document that Resident #1 refused the shower. The NHA further stated that the staff responsible for 12/8/25 and 12/11/25 stated that on the 8th she forgot to document that Resident #1 refused the shower and on 12/11/25 forgot to document that she gave a shower to Resident #1. The NHA stated that she had initiated re-education on the importance of shower documentation. 2) During a record review on 01/12/26 at 9:47 AM, the electronic medical record revealed that LPN #18 documented Yes on Resident #7 on 01/05/26 and 01/06/26, indicating that Resident #7 experienced behavior from their antianxiety medication. No documentation was found of interventions or outcomes in the progress notes as directed by the order. On 01/12/26 at 10:20 AM, the surveyors interviewed LPN #17 regarding the facility's expectation for staff documenting behavior monitoring. LPN #17 stated that they describe the side effects or symptoms the resident displayed, notify the doctor and the family and document under progress notes in electronic record. On 01/12/26 at 11:10 AM, the DON and Administrator were asked to provide documentation that the behavior monitoring triggered the electronic record were documented in the progress notes. The facility was unable to provide the requested documentation, acknowledged the concern and stated that education would be provided to staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215114	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Corsica Hills LLC	205 Armstrong Street Centreville, MD 21617

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and interview, it was determined that the facility failed to maintain a sanitary environment in resident shared areas and the laundry room. This was evident in 2 (C, D) out of 4 shower rooms and the laundry room observed during the recertification survey.The findings include:On 01/07/2026 at 9:30 AM, the surveyors observed soiled linen on shower room D's floor. GNA #9 entered the shower room and picked up the linen from the floor saying I came in to make sure the shower was clean. GNA #9 stated that they did not know why there was soiled linen on the floor because the facility expects staff to place soiled linen in the hamper. The surveyors also observed a brown substance on the floor of a shower stall next to a brown-stained commode chair.On 01/07/2026 at 9:45 AM, Unit Manager #10 observed the findings in the shower stall and stated she would have the area cleaned.The Nursing Home Administration (NHA), Maintenance Regional Director, and Maintenance Supervisor acknowledged the concerns on 01/07/2026 at 11:37 AM. On 01/12/2026 at 11:26 AM, the surveyors observed multiple bags of linen on the floor of the soiled side of the laundry room and unbagged linen on the floor of the clean side. The Housekeeping Manager and the District Housekeeping Manager stated that the laundry staff was short-staffed the day before but the linen should not be stored on the floor. The NHA acknowledged the concerns found in the laundry room on 01/12/2026 at 11:57 AM and stated the shower rooms were already cleaned.