STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215118	A. Building B. Wing	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Future Care Old Court	5412 Old Court 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 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct mandatory training, for all staff, on the facility?s Quality Assurance and Performance Improvement Program. Based on record review and staff interviews, it was determined that the facility failed to ensure staff received ongoing Quality Assurance and Performance Improvement (QAPI) training. This deficient practice was evident for 4 of 5 employee files reviewed during the annual survey.The findings include:On 03/13/2026 at 10:45 AM, a review of Geriatric Nursing Assistant (GNA) #4, GNA #13, GNA #14 and GNA #15 employee files failed to show evidence of ongoing QAPI training following initial hire. The GNA hire dates ranged from 2010 through 2025, indicating continued employment without documented QAPI training.During an interview on 03/13/2026, with the Administrator, the surveyor inquired about the facility's QAPI training for staff. The Administrator stated the facility conducts performance improvement town hall meetings; however, the meetings do not include required ongoing QAPI training. The surveyor informed the Administrator of the missing QAPI training for GNA #4, GNA #13, GNA #14 and GNA #15.On 03/17/2026 at 9:27 AM, the Administrator acknowledged that ongoing QAPI training had not been provided and was unable to provide documentation indicating that training was conducted for the identified staff members.

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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(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 - Few	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 interviews with facility staff, it was determined that the facility failed to a keep a sanitary environment in the kitchen. This was evident during the initial observation of the kitchen during the annual re-certification survey. The findings include: Observation on 03/10/2026 at 8:05 AM: During the initial tour of the kitchen with Staff #9, the Dietary Manager, the following conditions were observed: At least five torn areas on the floor were noted, with the underlying red brick exposed. In the dishwashing area, the floor was torn in several places, and the red brick underneath was exposed. A rusted bait trap was observed under the triple sink. Chipped flooring was noted in the corner by the walk-in freezer and the walk-in refrigerator. The baseboard was detached from the walls in the dishwasher area. The baseboard behind the ice machine was chipped and detached from the wall separating the walk-in freezer and walk-in refrigerator. The ceiling above the walk-in refrigerator, adjacent to the ice machine, showed peeling with visible light-colored large pieces of paint hanging down. The ceiling in the remaining kitchen area is black. Follow-up observation and interview on 03/11/2026 at 11:57 AM: The issues noted above were reviewed with the Nursing Home Administrator (NHA) and Staff #8, the Maintenance Director. The following specific conditions were confirmed: At least five torn areas on the floor were observed, with the underlying red brick exposed. In the dishwashing area, the floor was torn in several places, and the red brick underneath was exposed. The rusted bait trap remained under the triple sink. The chipped flooring was confirmed in the corner by the walk-in freezer and the walk-in refrigerator. The detached baseboards were confirmed in the dishwasher area. The chipped and detached baseboard behind the ice machine, between the walk-in freezer and walk-in refrigerator, was confirmed. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The peeling paint on the ceiling above the walk-in refrigerator by the ice machine, with visible large pieces of light-colored paint hanging down, was confirmed. The ceiling in the entire kitchen remains black. The NHA and Staff #8 verbalized understanding that the issues listed above represented conditions of concern for facility sanitation.