STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215121	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Snow Hill Rehabilitation & Healthcare Center	430 West Market Street Snow Hill, MD 21863

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and staff interview, it was determined that the facility failed to ensure an allegation involving a resident elopement was reported to the State Agency within the required time frame. This is evident for 1 (Incident #2989264) of 2 facility reported incidents investigated during the annual survey.The findings include:On 05/05/2026 at 12:46 PM, review of documentation provided by the facility showed the facility became aware of Resident #9's elopement incident on 04/17/2026 at 2:15 PM. Review further showed the initial report to the State Agency was submitted on 04/20/2026 at 6:09 PM per email documentation and at 5:45 PM per the actual report submitted. The five-day follow-up report was submitted on 04/27/2026.On 05/07/2026 at 9:17 AM, the Nursing Home Administrator (NHA) stated she did not have additional information regarding the three-day delay in reporting the elopement, as the previous NHA and Director of Nursing (DON) were employed at the facility at that time. The NHA stated she would follow up with the current DON. No further information was provided prior to exit.

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