

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court Skilled Care Center Fairhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 Third Avenue Sykesville, MD 21784	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on record review and interview, it was determined that the facility failed to report an allegation of abuse in a timely manner. This was evident for 1 (Incident #358045) of 9 Facility Reported Incidents (FRIs) reviewed during an annual survey. The findings include: On 7/17/25 at 10:35 AM, review of investigation documentation provided by the facility revealed that Resident #2 informed Occupational Therapist (Staff #14) on 4/4/25 at 9:12 AM that a care giver the evening prior was rough with him/her and in result caused his/her knees pain. On 7/17/25 at 10:37 AM, further review of the investigation documentation revealed that the facility failed to report the incident to the Office of Health Care Quality until 4/4/25 at 5:07 PM. On 7/18/25 at 10:57 AM, an interview with the Nursing Home Administrator revealed he was unaware that the facility needed to report all allegations of abuse within two hours. The surveyor reviewed the concern with the Nursing Home Administrator.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court Skilled Care Center Fairhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 Third Avenue Sykesville, MD 21784	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to maintain professional standards of practice related to 1. documentation of treatment administration and 2. documentation of a resident's current diagnosis. This was evident for 3 (Resident #8, #3, #50) out of 12 residents reviewed during the annual recertification survey. The findings include:</p> <p>1a. On 07/16/2025 at 9:23 AM, review of Resident #8's medical record revealed an active order for hipsters (cushion belt to protect hips) to be worn at all times.</p> <p>On 07/16/2025 at 9:30 AM, an observation of Resident #8 revealed the resident was in their room recliner eating breakfast, but failed to reveal the hipster brace was on.</p> <p>On 07/16/2025 at 9:44 AM, an interview with Registered Nurse (Staff #5) revealed that the resident was supposed to wear the hipster brace at all times, but that he/she refused it that morning and it would be put on at a later time.</p> <p>On 07/16/2025 at 9:46 AM, review of the administration record for Resident #8's order revealed that the hipster order was signed off as completed on 07/16/25 at 8:37 AM.</p> <p>On 07/16/2025 at 10:54 AM, an interview with the Acting Director of Nursing revealed that the expectation of staff was to not sign off an order as completed unless it was done. She said that if a resident refused, the staff had a way of signing off on the order as refused. The surveyor reviewed the concern.</p> <p>1b. On 7/17/2025 at 9:43 AM, Complaint #358047 was reviewed. The complaint alleged that the facility was not placing Resident #50's sling on the resident as ordered.</p> <p>On 7/17/2025 at 1:36 PM, a review of the Treatment Administration Record (TAR) and progress notes was conducted. The TAR indicated that nursing staff had marked the order, Wear Sling to left shoulder at all times every shift for Sling, as held on 5 shifts in the month of August 2024. There was no progress notes explaining why the order was held.</p> <p>On 7/17/2025 at 2:36 PM, An interview with the Assistant Director of Nursing (ADON) was conducted. When asked what the expectation for staff documentation when a treatment is held in the Treatment Administration Record, the ADON stated that there should be an accompanying note to describe why the treatment was held. When asked if there should have been a note for staff holding Resident #50's order for a sling, the ADON stated that there should have been an order.</p> <p>2. On 7/16/2025 at 8:45 AM, a review of Resident #3's medical records revealed an order to administer oxygen at 2 liters per minute via nasal canula every shift for COPD. (Chronic obstructive pulmonary disease)</p> <p>On 7/16/2025 at 9:05 AM, a review of the resident's care plan revealed that the facility had failed to identify a diagnosis of chronic obstructive pulmonary disease (COPD).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court Skilled Care Center Fairhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 Third Avenue Sykesville, MD 21784	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/2025 at 9:25 AM, a review of Resident #3's medical records revealed that the resident was hospitalized on [DATE] and discharged back to the facility on 5/5/25. The discharge summary from the hospital revealed a discharge diagnosis of Chronic Obstructive Pulmonary Disease (COPD).</p> <p>On 7/16/2025 at 9:30 AM, a review of Physician #7's progress notes from 5/7/25, for readmission follow up, failed to address Resident #3's hospital discharge diagnosis of COPD.</p> <p>During an interview on 7/16/25 at 1:40 PM, Physician #7 stated that when a resident is readmitted to the facility following a hospitalization, she would review the discharge summary and the notes from the hospitalization. She said that she would then update the care plan and resident's diagnoses according to the findings. She stated, if a resident was diagnosed with something new at the hospital then it should be reflected in their diagnosis at the facility.</p> <p>On 7/16/2025 at 1:45 PM, the ADON was made aware of the findings and again at exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court Skilled Care Center Fairhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 Third Avenue Sykesville, MD 21784	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observation and interview, it was determined the facility failed to provide food at an appetizing temperature. This was evident for 1 out of 1 observation of a meal and test tray. The findings include: On 07/17/2025 at 12:02 PM, the surveyor observed the start of the lunch meal on the first floor pine view unit dining area. The plates were prepared in the kitchenette within the dining area, from prepared food that was kept on steam tables. On 07/17/2025 at 12:47 PM, the surveyor observed the dining staff prepare the test tray plate. On 07/17/2025 at 12:49 PM, the test tray left the kitchenette on a cart with other trays, which belonged to residents who were eating lunch in their rooms. On 07/17/2025 at 12:51 PM, the test tray arrived in the prospective hallway. The staff began to deliver the trays which belonged to residents, which were on the same cart as the test tray. On 07/17/2025 at 12:52 PM, the last resident tray had been delivered. The surveyor requested Medical Dietary Aide (Staff #8), who was present at the time, to take the temperature of the food on the test tray. The spaghetti was 107.2 degrees Fahrenheit and the beef soup was 120.5 degrees Fahrenheit. On 07/17/2025 at 12:54 PM, the surveyor tested the spaghetti and beef soup, which were room temperature to taste. On 07/17/2025 at 1:03 PM, the surveyor reviewed the concern with the Nutrition Services Manager (Staff #11). She indicated that the facility realized their steam tables were not working correctly after the test tray temperature result.</p>		