

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1006 Market Street Pocomoke City, MD 21851	
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on complaint review, medical record review and interviews, it was determined the facility staff failed to ensure home health services and community referrals were in place at discharge for a resident (Resident #2). This was evident for 1 of 4 residents reviewed for community discharge during a complaint survey. The findings include: Review of Resident #2's medical record on 10/27/25 for complaint 337322 related to the Resident's discharge on [DATE] revealed the Resident was admitted to the facility in March 2022 for rehabilitation following hospitalization. Further review of Resident #2's medical record revealed on 8/15/24 the facility received a Denial of Continued Nursing Facility Services based on patients' needs and documentation, patient has a BIMS (Brief Interview of Mental Status), needs no skilled nursing services, no daily subcutaneous medications, no behaviors and does not need hands on assistance with any ADLs (Activities of Daily Living) and does not meet criteria for NFLOC (Nursing Facility Level of Care) and will deny. Discussed with MDH (Maryland Department of Health). Further review of Resident #2's medical record revealed the Resident was discharged on 12/3/24 to independent living apartment but referrals for home health and meals on wheels were not sent until 12/6/24. The independent living apartment was located behind a nursing home of a sister facility. During interview with Staff #9 (former social services) on 10/27/25 at 1:50 PM, Staff #9 was asked why the Resident was discharged on 12/3/24 but referrals for home health, home care and meals on wheels were not made until 12/6/24. Staff #9 stated this was the first discharge she had made to independent living and was not aware of the resources the Resident needed. Staff #9 stated the Regional Social Worker got involved and told her what referrals she needed to make. During interview with the Regional Social Worker (Staff #11) on 10/28/25 at 9:38 AM, Staff #11 was asked why referrals were not put in place for the Resident at discharge. Staff #11 stated Staff #9 should have ensured the referrals were in place at discharge. Staff #11 stated a referral for home health services was made on 12/6/24 and the Resident began to receive services including physical therapy, skilled nursing services and a home health aide on 12/10/24. Staff #11 stated she ensured when the Resident was discharged to the independent living apartment that the Resident had all of his/her medications, household items and was provided meals from the nursing home. Staff #11 also stated the Resident 's apartment had a call system that she educated him/her to that if the Resident needed help the nursing home staff would respond. Interview with the Director of Nursing on 10/29/25 at 9:50 AM confirmed the facility staff failed to ensure Resident #2 had home health services and community referrals in place at discharge on [DATE].</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: 215134
		If continuation sheet Page 1 of 1