

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2025
NAME OF PROVIDER OR SUPPLIER Marley Neck Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7575 East Howard Road Glen Burnie, MD 21060	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on incident report, record review, and interviews with staff and residents, it was determined that the facility failed to change the brief of Resident #5 and #6. This was evident for 2 out of 6 residents reviewed during the complaint survey. Findings Include: 1) On 8/16/25, a family member of Resident #5 sent in complaint stating the resident was left on several occasions with stool and urine in his/her diaper. On the GNA (Geriatric Nursing Assistant) documentation sheet for the month of March and April 2025, the documentation shows that resident was not changed on 3/28/25 day and night shift and on 3/31/25 night shift. The Director of Nursing (DON) was made aware on 10/15/25 and she stated she would look into this. 2) On 10/15/25 at 9:45 AM an interview was held with Resident #6 who is alert and oriented with a BIMS score of 14/15, indicating he/she is cognitively intact and can make his/her needs known. Resident #6 stated he/she normally does not have a problem with getting changed, however last eve he/she stated they put the call bell on at 7:30PM and a GNA (Geriatric Nursing Assistant) came in to answer the call bell. He/she stated they needed to be changed and the GNA stated she would be right back. However, she never came back and call light was on until 11:30 PM. The DON was made aware and went in to speak with Resident #6. The DON stated she would look into the matter and educate staff if needed.</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
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical chart review, it was determined that the facility failed to place CPAP on resident every night. This was evident for 1 (Resident #6) out of 1 resident reviewed for CPAP usage during the complaint survey. The findings include: On 10/15/25 at 10:45 AM, the surveyor went to room [ROOM NUMBER]-2 to interview Resident # 6 about the care he/she is receiving. The resident has been at this facility since 10/6/25 and has a history of COPD and respiratory failure. Resident #6 is alert and oriented and can make all needs known. The resident was ordered a CPAP machine for sleep Apnea. A CPAP machine (continuous positive airway pressure) machine is one of the most common treatments for sleep apnea. It keeps your airways open while you sleep so you can receive the oxygen you need. CPAP machines can significantly improve sleep quality and reduce your risk for a number of health issues, including heart disease and stroke. Resident #6 stated that he/she wears the CPAP machine when he/she can. I asked the resident what that means and the resident stated I can not put the machine on by myself and need assistance but when I call for assistance sometimes the nurse will come and other times no one answers my call bell. The DON (Director of Nursing) was made aware on 10/15/25 at 10 AM. The DON stated she will look into this.</p>		