STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215151	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Laplata LLC	1 Magnolia Drive Laplata, MD 20646

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews it was determined that the facility failed to ensure that Pharmacy Recommendations were implemented. This was found to be evident for 3 (Resident # 3, Resident #14 & #15) out of 6 Residents reviewed for Pharmacy Medication Regimen Review (MRR) during the recertification and complaint survey. The findings include: 1)The Minimum Data Set (MDS) is a standardized assessment tool used in nursing homes to evaluate a resident's clinical condition, functional status, and care needs. Antipsychotic medications are drugs used to treat certain mental health conditions and behaviors, and because these medications can have significant side effects, facilities are expected to routinely evaluate their ongoing need. A Gradual Dose Reduction (GDR) is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued. Psychotropic drug is defined in the regulations as any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories: anti-psychotics, anti-depressants, anti-anxiety, and hypnotics. On 04/29/2026 at 10:48 AM, this surveyor conducted a record review of Resident #3's MDS assessment dated [DATE]. The MDS documented that Resident #3 received antipsychotic medications on a routine basis. The assessment further documented that a GDR (Gradual Dose Reduction) had not been attempted and that the physician had not documented that a GDR was clinically contraindicated. A continued record review on 04/29/2026 at 11:00 AM revealed an active physician order for Rexulti Oral Tablet 2 MG (Brexpiprazole), Give 2 mg by mouth in the morning for Depression, with an original order date of 04/22/2025 and revision date of 01/25/2026. Pharmacy Medication Regimen Review (MRR) or Drug Regimen Review (DRR) is a comprehensive, systematic evaluation of a patient's medication list by a pharmacist to identify, prevent, and resolve medication-related problems, such as drug interactions, adverse effects, or inappropriate dosing. It involves reviewing medical records and collaborating with the healthcare team to optimize therapeutic outcomes and ensure safety, particularly in post-acute care. A Pharmacy Medication Regimen Review (MRR) Recommendation is a pharmacist-led, systematic, and documented evaluation of a patient's medication list against their medical record to identify and (continued on next page)

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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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resolve issues like unnecessary drugs, interactions, or safety concerns. It involves proactive clinical interventions to improve outcomes and reduce risks, particularly in long-term care. On 04/29/2026 at 12:20 PM, this surveyor reviewed Resident #3's Medication Regimen Reviews (MRRs). A pharmacy recommendation dated 04/23/2025 stated: Trazodone 50 mg - Give 50 mg by mouth every 24 hours as needed for Depression, Insomnia nightly as needed. Please consider discontinuing this (thus far) unused PRN order. If it remains active, please have STOP DATE of 14 days at which time further need may be assessed and documented. The document was signed OK on 04/23/2025; however, the Agree, Disagree, and Other sections were left blank. On 04/29/2026 at 12:39 PM, continued review of the MRRs revealed another pharmacy recommendation dated 06/17/2025 regarding the same medication. The pharmacist documented: Psychotropic medications should not be extended beyond 14 days without thorough documentation regarding continued need. Resident has orders for the following PRN medications which have not been used in greater than 60 days. Please consider discontinuing due to non-use: Trazodone HCL Oral Tablet 50 mg Give 50 mg by mouth every 24 hours as needed for Depression, insomnia nightly as needed. This was the second recommendation made by the pharmacist for discontinuation of the medication. The physician signed Agree on 06/19/2025. On 04/29/2026 at 12:40 PM, continued record review confirmed that the Trazodone order, originally dated 04/22/2025, was not discontinued until 06/19/2025, approximately two months after the initial pharmacy recommendation on 04/23/2025. On 04/29/2026 at 1:58 PM, continued review of Resident #3's MRR dated 08/13/2025 revealed another pharmacy recommendation regarding Citalopram Hydrobromide Oral Tablet 10 mg. Give 10 mg by mouth one time a day for Depression. The pharmacist documented: During the first year in which a resident is admitted on a psycho-pharmacological medication or after the facility has initiated such medication, the facility should attempt to taper the medication during at least two separate quarters. Please consider a GDR at this time. State reason if contraindicated at this time and state date if past GDR attempt was a FAIL. The physician response section for Agree, Disagree, and Other was left incomplete, and handwritten documentation stated cont some. The form was signed on 08/14/2025. Continued record review revealed that the Citalopram medication was later discontinued on 10/30/2025. On 04/30/2026 at approximately 10:00 AM, this surveyor reviewed the facility's Medication Regimen Review policy, which stated: Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities within 30 days. On 05/01/2026 at 10:17 AM, this surveyor conducted an interview with the DON (Director of Nursing). It was explained that the pharmacy recommendation dated 04/23/2025 was not acted upon until 06/19/2025, after a second recommendation had been issued, which exceeded the facility's policy requirement to address MRR irregularities within 30 days. Concerns were also discussed regarding the incomplete physician response sections on the MRR forms and the lack of clear rationale regarding the GDR recommendation for Citalopram. The DON acknowledged the concerns and reported that the facility had recently identified issues with physicians not properly completing the Agree, Disagree, and Other sections and had begun correcting the process in recent months. On 05/01/2026 at 1:53 PM, this surveyor conducted an interview with the Medical Director regarding (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #3's psychotropic medications and GDR process. The physician reported that Resident #3 had originally been admitted for rehabilitation with plans to return home but later transitioned to long-term care. The physician stated that if residents are admitted already taking psychiatric medications prescribed by outpatient providers, she generally does not make changes unless clinically indicated. Regarding Rexulti, the physician reported that the resident's outpatient nurse practitioner had originally prescribed the medication for major depression. The physician stated that she had discussed tapering the medication with the resident on multiple occasions, but the resident declined dose reductions. The physician stated, I cannot do a GDR on someone who does not want the meds to be touched, and reported that she attempts to evaluate these medications quarterly. When asked what specific guidelines she follows regarding GDR practices, the physician reported, No, I just know them after 15 years. 2) During a review of Resident #14's Pharmacy Medication Regimen Review (MRR) conducted on 04/30/2026 at 10:08 AM it was discovered that the Pharmacy made a recommendation on 08/17/2025. The Pharmacy recommended making Loratadine 10 milligram (mg) PRN (as needed) because the medication had not been routinely administered. The Physician agreed and signed on 09/12/2025. On 03/13/2026 the Pharmacy made the same recommendation again. During a review of Resident #14's Medication Administered Record (MAR) conducted on 04/30/2026 at 10:17 AM it was discovered that the Pharmacy recommendation was not implemented until 3/16/2026. During a review of Resident #15's Pharmacy Medication Regimen Review (MRR) conducted on 04/30/2026 at 11:00 AM it was discovered that the Pharmacy made a recommendation on 10/20/2025. The Pharmacy stated that Lidoderm patch is recommended for up to 12 hours ON with period of 12 hours OFF. Please review this resident's order and reconcile. Staff should document removal in eMAR [electronic medication administration record]. The Physician agreed and signed the recommendation on 10/27/2025. On 11/09/2025 the Pharmacy made a second recommendation that stated Lidocaine patches (two orders) are STILL being left on for almost 24 hours. Please discuss with staff and reconcile. The Physician agreed, signed the recommendation and wrote on lower back and on right rib on 11/14/2025. On 02/13/2026 the Pharmacy made a third recommendation that stated patches, according to documentation in eMAR are being left on 24 hours. Lidoderm patch is recommended for up to 12 hours on with period of 12 hours off. Please review this resident's order and reconcile. The Physician agreed and signed the recommendation. The word done was written on the recommendation on 02/20/2026. On 04/17/2026 the Pharmacy made a fourth recommendation that stated Lidoderm patch is recommended for up to 12 hours on with period of 12 hours off. Please review this resident's order and reconcile. The Physician agreed and signed the recommendation on 04/20/2026. The word corrected was written on the recommendation. During a review of Resident #15's MAR conducted on 04/30/2026 at 1:00 PM it was discovered that recommendation was implemented on 04/19/2026. During an interview conducted on 05/01/2026 at 8:33 AM, the Surveyor expressed concern for the (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	delay in implementing the Pharmacy recommendations with the Director of Nursing (DON). The DON reported that she would investigate and return. The DON returned and confirmed the delay in the implementation of the Pharmacy recommendation for Resident #14 & #15.