

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Roland Park Place		STREET ADDRESS, CITY, STATE, ZIP CODE 830 West 40 Street Baltimore, MD 21211	
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>50904</p> <p>Based on review of a facility reported investigation and staff interviews, it was determined that the facility failed to report an allegation of abuse to the law enforcement agency. This was evident for 2 (Resident #11 and #13) out of 3 residents reviewed for facility reported investigations during the facility's Medicare/Medicaid recertification survey.</p> <p>The findings include:</p> <p>1. On 04/30/2025 at 12:11 PM, the surveyor reviewed intake MD#00181652 and found that during Resident #11's care plan meeting on 03/14/2022, the resident described the behavior of a Geriatric Nursing Assistant (GNA) #17 as abusive. Resident #11 further characterized GNA #17 as intimidating, abrupt, and dismissive.</p> <p>On 04/30/2025 at 2:24 PM, during an interview with the Nursing Home Administrator (NHA), when she was asked who was notified about the allegations of verbal abuse, she stated that the ombudsman was informed. When she was asked whether a law enforcement agency was notified regarding the incident, she stated that law enforcement was not contacted because the incident involved verbal abuse. When asked to identify the types of abuse, she cited both physical and verbal abuse. In response to reporting such allegations to the law enforcement agency, she expressed that, in her opinion, police involvement was unnecessary, citing that law enforcement agencies were often overwhelmed, and she added that moving forward, she would notify the appropriate law enforcement agency in similar cases</p> <p>On 05/01/2025 at 8:30 AM, in an interview with the Director of Nursing (DON) regarding the reporting of abuse allegations to law enforcement, she stated that all allegations-regardless of the type of abuse or whether they were substantiated-should have been reported to the appropriate law enforcement agency. When she was informed that law enforcement was not notified in the investigation report, she acknowledged that the law enforcement agency was not contacted at the time the allegation was made and agreed that it should have been reported to the law enforcement agency.</p> <p>51589</p> <p>(continued on next page)</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:  215154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Roland Park Place		STREET ADDRESS, CITY, STATE, ZIP CODE  830 West 40 Street Baltimore, MD 21211	
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>2. On 4/30/2025 at 2:00 PM, the surveyor reviewed intake MD#00180814 and found that during a social work (SW) visit on 5/2/2022, Resident #13 informed SW that an agency staff member who worked with the resident on 4/30/2022 was rough and yelling at them during care. During further review of the facility's investigation into alleged abuse against Resident #13, it was revealed that law enforcement was not contacted.</p> <p>On 5/1/2025 at 8:30 AM, the Director of Nursing (DON) was interviewed about Resident #13's abuse allegation. The DON stated that all allegations-regardless of the type of abuse or whether they were substantiated-should have been reported to the appropriate law enforcement agency. When she was informed that law enforcement was not notified in the investigation report, she acknowledged that the law enforcement agency was not contacted at the time the allegation was made and agreed that it should have been reported to the law enforcement agency.</p>		