

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>37276</p> <p>Based on interview and review of pertinent documentation, it was determined that the facility failed to treat residents with respect and dignity by attempting to restrict a resident access to a family member which was inconsistent with the resident's wishes. This was evident for 1 (#4) of 37 residents reviewed for complaints.</p> <p>The findings include:</p> <p>On 2/26/25 at 10:30 AM, a review of complaint MD00210366 was conducted. In the complaint, the complainant stated that on 9/20/24, at approximately 8:00 PM, while a family member was visiting, Resident #4 called for nursing assistance because his/her ileostomy bag was leaking and needed incontinent care. At approximately 9:00 PM, Staff #21, geriatric nursing assistant (GNA) and Staff #30, GNA, entered the resident's room. Staff #30 asked Resident #4's family member to leave the room while they provided care to the resident, and the family member, who was authorized by Resident #4 to stay in the room when s/he received care, declined to leave the room. The complainant alleged that Staff #30 refused to provide the resident's care when the family member chose not to leave the room, and Staff #30 called the nurse. Staff #52, Licensed Practical Nurse, LPN then came to Resident #4's room and attempted to get the family member to leave the room. When they refused, Staff #52 left the room saying s/he was calling the police. The complainant reported that the family member also called the police to mediate the situation. After the police responded, and left the facility, Resident #4 finally received care, and per the complainant, the resident was greatly agitated for the rest of the evening.</p> <p>A review of Resident #4's medical record revealed the resident was admitted to the facility in September 2024 following acute hospitalization , with diagnoses which included quadriplegia (paralysis of all 4 limbs) and had an ileostomy (a surgical opening in the abdomen to divert bowel waste from the body). Resident #4's admission assessment with an assessment reference date of 9/14/24 documented his/her BIMS (Brief Interview for Mental Status) summary score was 15, indicating the resident was cognitively intact, and the resident was dependent for all activities of daily living (ADL).</p> <p>On 2/26/25 at 12:30 PM, in response to the surveyors request to speak to Staff #52, LPN, the corporate nurse reported that Staff #52 no longer worked at the facility.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 215160	Facility ID: 215160 If continuation sheet Page 1 of 27

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/26/25 at 2:55 PM, during an interview, Staff #21, GNA stated she recalled the incident on 9/20/24 and stated that was the first time s/he had worked with Resident #4. Staff #21 stated Resident #4 required 2 persons to provide care, so when s/he notified the resident needed care, s/he asked Staff #30, GNA to assist him/her. When they went in the room, Staff #30 saw the family member and asked him/her for resident privacy and the family member said that it was okay for him/her to stay in the room. Staff #30 told her s/he couldn't stay in the room, then left and went to look for the nurse. Staff #52, LPN then came in the room. Staff #52 told the family member they had to leave the room until they finished cleaning Resident #4, and the family member said s/he wouldn't leave, then someone called the police, and the supervisor came in. Staff #21 stated that Resident #4 said s/he was okay with the family member staying in the room, and s/he agreed with him/her. Staff #21 stated that Staff #52 and the family member had words. Another nurse came in and helped Staff #21 provide the needed care to Resident #4, and the family member was allowed to stay in the room. Staff #21 stated that Staff #30 had refused to help him/her because s/he wanted the family member to leave for privacy reasons.</p> <p>On 2/28/25 at 8:18 AM, during an interview, Staff #30, GNA stated s/he did not recall the incident with Resident #4 on 9/20/24. When asked what s/he would do if a resident need hygiene care and a family member was in the room. Staff #30 stated s/he would ask the resident's family member to step out during care to allow the resident privacy. Staff #30 stated that if the resident gave permission for the family member to stay, s/he would proceed with the care, but it's more common to ask them to step out, and they usually say ok. Staff #30 stated that if the family won't leave, s/he would notify the nurse.</p> <p>On 3/3/25 at 12:07 PM, during an interview, the Assistant Director of Nursing (ADON) indicated s/he was unaware of the incident with Resident #4 on 9/20/24. The ADON was then asked what she would expect the GNA to do when a resident needed care and had a visitor and responded that she would expect the aide to ask the visitor to step out of the room, however, if the resident wanted the visitor to stay she would respect the wishes of the resident. At that time, the ADON was made aware of the concern that the facility staff failed to treat the resident with respect and dignity when the nurse attempted to restrict the resident's access to a family member during care, which was inconsistent with the resident's wishes. The ADON acknowledged the concerns at that time and offered no further comments.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31145</p> <p>Based on review of complaint MD00213109, observation of resident rooms and equipment, and resident and staff interview, it was determined the facility staff failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This was evident on 3 of 4 nursing units observed.</p> <p>The findings include:</p> <p>On 2/25/25 at 10:15 AM a review of complaint MD00213109 revealed complaints of a section of the ceiling by the window leak had crumbled back in late September 2024 along with mold and peeling paint in room [ROOM NUMBER]-B. The complainant alleged that some work was done on the ceiling to repair it, however the room was still not completely finished and remained not homelike.</p> <p>On 2/25/25 at 10:28 AM a tour was conducted of the facility. The following observations were made of disrepair:</p> <p>room [ROOM NUMBER]: There was a board with nails hanging out of the board that was over the top of the window. Resident #29 said that the sheet rock fell down, and they have not finished repairing and it has been like that for about a month and a half. There were spackle marks on the wall beside the bed with a hole in the wall. The ceiling tile in the hallway by the doorway where the call lights were located was discolored.</p> <p>room [ROOM NUMBER]: There was a spackled area on the wall under the call bell approximately 10 feet wide. Next to the bed there were 2 areas that were spackled on the wall and not repainted.</p> <p>room [ROOM NUMBER]: There was drywall missing and busted through on the wall behind the headboard. Resident #28 said it had been like that for 2 to 3 years and they kept saying they were going to fix it, but they never do. The ceiling in front of the window between the 2 beds had an area with approximately 4 to 5 feet of spackle that was never painted over.</p> <p>room [ROOM NUMBER]: there was spackle on the walls approximately 1 ft. by 8 inches at the corner. In the shower there was drywall peeling and hanging down from the ceiling by the light in 2 areas.</p> <p>room [ROOM NUMBER]: there was a spackled wall by the bed to the left. The bathroom wall had 2 areas that were spackled.</p> <p>There was a ceiling tile in the hall outside room [ROOM NUMBER] that had a round, brown stain.</p> <p>room [ROOM NUMBER]: The bathroom wall to the right was spackled and not painted over. There was a wall by the corner that had a small hole in the wall. The entire area above the base was spackled plus an additional 7 areas on the wall. The windowsill was an unfinished board that covered half of the sill. The other half appeared to be marble.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>room [ROOM NUMBER]: The bathroom ceiling above the shower drywall was peeling off and hanging down with areas that were brown and were spackled.</p> <p>room [ROOM NUMBER]: The bathroom had a dirty fracture bed pan and basin on the floor under the sink filled with cans and empty Styrofoam cups. The ceiling was spackled and not painted over.</p> <p>room [ROOM NUMBER]: The left walls in the room were spackled and not painted over.</p> <p>room [ROOM NUMBER]B: The wall over the radiator had chipped paint. The kangaroo tube feeding pole was observed with dark brown drip marks by the display window. There were tube feeding drip marks running down the pole and the base of the pole was dirty with drip marks. The wall behind the bed and to the side by the window had maroon drip marks (appearing to be from the wound cleanser/solution). The top of the windowsill and the top of the radiator were covered with dried maroon drip marks. There was molding off the bottom of the wall lying on the floor that was approximately 40 inches long.</p> <p>room [ROOM NUMBER]: The wall at the corner had missing plaster about 6 inches long.</p> <p>Observation was made on the dementia unit of Resident #30 sitting in a wheelchair. The vinyl on the left armrest was cracked. The vinyl on the right armrest was missing approximately 3 inches by 3 inches.</p> <p>Observation was made of Resident #31 was sitting in a wheelchair. The vinyl on the right armrest was split and torn on the right side</p> <p>Observation was made of Resident #32 sitting in a wheelchair. There was no armrest on the left side of the wheelchair.</p> <p>On 2/25/25 at 11:30 AM an interview was conducted with geriatric nursing assistant (GNA) #5. GNA #5 was asked what she would do if she saw something in disrepair. GNA #5 stated she would report it to her supervisor, the charge nurse.</p> <p>On 2/25/25 at 11:31 AM an interview was conducted with GNA #6 who stated she would let the nurse know or tell the housekeeper if something was observed in disrepair or needed cleaning.</p> <p>On 2/25/25 at 11:32 AM an interview was conducted with licensed practical nurse (LPN) #7 who overheard the conversation and stated that the GNAs tell the nurses, and they can put it in the TELS system.</p> <p>On 2/25/25 at 11:35 AM an interview was conducted with the Nursing Home Administrator (NHA) who stated the Director of Maintenance had just resigned last week. The NHA was informed of the disrepair in resident rooms and the condition of the wheelchairs in the dementia unit. The NHA stated he hired a company to come to redo the rooms. The NHA acknowledged there was damage to the walls and ceiling, and they were supposed to start this past week but had to go to another job.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/27/25 at 11:25 AM a second observation was made in room [ROOM NUMBER]B and nothing had changed. At that time the surveyor had the Director of EVS (environmental services and housekeeping), Staff #22 came into the room. At first Staff #22 thought it was blood and stated that EVS doesn't clean up blood. Staff #22 was asked if EVS would inform nursing if it was blood and he said yes. Staff #22 stated that he and his assistant do hourly rounds which consist of checking deep cleans, new admission rooms, and 2 to 3 times check the regular cleaning, cleanliness of rooms, paper towels, and if dispensers work properly. Staff #22 acknowledged that the areas shown to him by the surveyor needed to be cleaned and the tube feeding pole would need to be taken downstairs to have the areas scrapped off.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>31145</p> <p>Based on medical record review and staff interview, it was determined the facility staff failed to ensure Minimum Data Set (MDS) assessments were accurately coded. This was evident for 1 (#18) of 28 residents reviewed for complaints during a complaint survey.</p> <p>The findings include:</p> <p>The MDS is part of the Resident Assessment Instrument that was Federally mandated in legislation passed in 1986. The MDS is a set of assessment screening items employed as part of a standardized, reproducible, and comprehensive assessment process that ensures each resident's individual needs are identified, that care is planned based on those individualized needs, and that the care is provided as planned to meet the needs of each resident.</p> <p>A nephrostomy tube is a thin tube inserted into the kidney to drain urine when the urinary tract is blocked. Proper care is essential to prevent infection and ensure optimal drainage.</p> <p>On 2/26/25 at 1:33 PM a review of Resident #18's medical record revealed a discharge summary that documented one of the resident's discharge diagnoses was R (right) hydroureteronephrosis secondary to pelvic mass lesion, R nephrostomy tube in place. Hydroureteronephrosis is a condition where urine builds up in the kidneys and ureters, causing them to swell which can be caused by kidney stones, tumors, infections, congenital abnormalities, and trauma.</p> <p>Review of the admission MDS with an assessment reference date (ARD) of 12/11/24, Section H0100, Indwelling catheter (including suprapubic catheter and nephrostomy tube) was answered, no. This was inaccurate as the resident had a nephrostomy tube.</p> <p>Section H0300, urinary continence, documented, occasionally incontinent. That was incorrect as it should have been documented as not rated.</p> <p>Review of the discharge return anticipated MDS with an ARD of 12/19/24, Section H0100, Indwelling catheter (including suprapubic catheter and nephrostomy tube) was answered, no. Section H0300, urinary continence, documented occasionally incontinent. The assessment failed to capture the nephrostomy tube.</p> <p>On 3/4/25 at 9:57 AM an interview was conducted with the Regional Resident Assessment Coordinator, Staff #46. Staff #46 reviewed both MDS assessments with the surveyor and confirmed the findings.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on medical record review and interview it was determined the facility staff failed to ensure a resident's plans of care included individual resident care needs and interventions to assist each resident in reaching their highest practicable level of wellbeing (Resident #8). This was evident for 1 of 35 residents reviewed during a complaint survey.</p> <p>The findings include:</p> <p>A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess and evaluate the effectiveness of the resident's care.</p> <p>Review of Resident #8's medical record on 2/25/25 revealed the Resident was admitted to the facility on [DATE] with a diagnosis to include neuromuscular dysfunction of the bladder and the Resident had a suprapubic catheter. A suprapubic catheter is a tube inserted directly into the bladder through a small incision in the lower abdomen. It is used to drain urine when individuals are unable to urinate themselves.</p> <p>Further review of Resident #8's medical record revealed the facility staff assessed the Resident on 10/3/24 and documented the Resident had an indwelling catheter and they were going to develop a care plan.</p> <p>Review of Resident #8's care plans revealed the facility did not develop a care plan for the Resident's suprapubic catheter to include goals and interventions.</p> <p>On 2/26/25 at 12:30 PM the Surveyor reviewed the concern with the Director of Nursing that there was no care plan for the Resident's suprapubic catheter.</p> <p>After Surveyor intervention, the facility staff developed a care plan on 2/26/25 for Resident #8's suprapubic catheter.</p> <p>Interview with the Assistant Director of Nursing on 2/27/25 at 9:00 AM confirmed the facility staff failed to develop a care plan for Resident #8's suprapubic catheter until Surveyor intervention on 2/26/25.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on complaint, medical record review and interview, it was determined that the facility staff failed to provide needed activities of daily living for a resident dependent on assistance with care (Resident #8, #18, #24). This was evident for 3 of 28 residents reviewed for complaints during a complaint survey.</p> <p>The findings include:</p> <p>1) On 2/25/25 review of complaint MD00214802 revealed an allegation that Resident #8 was left in feces for hours on 2/14/25.</p> <p>Review of Resident #8's medical record on 2/25/25 revealed the Resident was admitted to the facility on [DATE] with a diagnosis to include neuromuscular dysfunction of the bladder and the Resident had a suprapubic catheter. A suprapubic catheter is a tube inserted directly into the bladder through a small incision in the lower abdomen. It is used to drain urine when individuals are unable to urinate themselves.</p> <p>The MDS is part of the Resident Assessment Instrument that was Federally mandated in legislation passed in 1986. The MDS is a set of assessment screening items employed as part of a standardized, reproducible, and comprehensive assessment process that ensures each resident's individual needs are identified, that care is planned based on those individualized needs, and that the care is provided as planned to meet the needs of each resident.</p> <p>Review of the MDS assessment with an assessment reference date of 1/3/25, the facility staff documented in Section GG Functional Abilities Resident #8 was dependent on staff for toileting hygiene. The facility documented in Section C Cognitive Function the Resident's BIMS (Brief Interview of Mental Status) was 15 of 15, cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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>Interview with Resident #8's responsible party (RP) on 2/27/25 at 12:45 PM, the RP stated on 2/14/25 he/she arrived at the facility at 7 PM and found Resident #8 in the hallway. RP stated the Resident stated he/she had finished dialysis, was waiting for someone to put him/her back in bed, had soiled him/herself, still hadn't had dinner and was hungry. The RP stated he/she asked an older lady staff member for help and the staff member said she would try to find someone to help her put the Resident back to bed with the hooyer lift. A Hoyer lift is a mobile device that helps people be lifted and transferred from one place to another. The RP stated 2 staff got the Resident back in bed but stated the Resident would have to wait to be changed until after he/she ate. The RP stated he/she left the facility at 8:45 PM and reminded the staff when she left the Resident still needed to be changed. The RP stated when she returned home that night at 11:40 PM he/she called the Resident and Resident stated he/she still hadn't been changed. The RP stated he/she called the facility and Staff #26 answered the phone, the RP explained Resident #8 needed help and Staff #26 stated she would transfer the call to the Resident's unit. The RP stated the phone rang and rang so he/she hung up and called back. The RP stated at that time a male staff answered the phone and again the RP explained the Resident needed help and he said he would transfer the call to the Resident's unit. The RP stated the phone rang and rang again so he/she hung up and called back. The RP stated on the third call Staff #27 answered the phone, the RP explained the Resident needed help and Staff #27 stated she would help the Resident herself. The RP stated he/she then called back the Resident and he/she stated he/she was changed on 12/15/25 at 12:50 AM, approximately 6 hours later.</p> <p>Review of the Daily Assignment Sheet for 2/14/25 3 PM - 11 PM revealed no GNA (geriatric nursing assistant) was listed assigned to the Resident's room. Review of the Resident's Documentation Survey Report for 2/14/25 evening shift for bladder continence, bowel continence, and personal hygiene tasks revealed no documentation these tasks were completed.</p> <p>During interview with the Resident on 2/27/25 at 2:00 PM, the Resident was asked if had any issues that he/she remembers on Valentine's Day this year. The Resident stated yes, he/she had returned from dialysis and had soiled him/herself and when asked staff to clean me up they said they would come back later, when his/her RP left he/she still wasn't changed. The RP called the facility later that night after talking to Resident #8 and he/she still hadn't been changed. Resident #8 stated it took about a hour after my RP called to finally get changed.</p> <p>During interview with Staff #26 on 2/27/25 at 3:11 PM, Staff #26 stated remembers on 2/14/25 Resident #8's RP calling and stating wanted to speak to staff on the 1st floor. Staff #26 stated she transferred the call.</p> <p>During interview with Staff #27 on 2/28/25 at 7:00 AM, Staff #27 stated on night of Valentine's Day the Resident's RP had called and stated he/she had called several times to get help for the Resident who he/she had been visiting earlier and was looking for someone to clean him/her up. Staff #27 stated, so they went in and asked the Resident what he/she needed and he/she said he/she need to be cleaned up, so Staff #27 and the GNA cleaned him/her up at that time.</p> <p>Interview with the Assistant Director of Nursing on 3/3/25 at 12:15 PM confirmed the staffing sheet for 2/14/25 did not have listed an assigned GNA to the Resident, no care was documented on the Documentation Survey Report for 2/14/25 evening shift by the GNA staff and there was no evidence when a Resident asked to be changed on 2/14/25 it was completed in a timely manner.</p> <p>31145</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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>2) On 2/26/25 at 10:26 AM a review of complaint MD00213591 revealed an allegation that Resident #24 had not been showered for the first 12 days in the facility.</p> <p>Review of Resident #24's medical record revealed the resident was admitted to the facility in December 2024 from an acute care hospital for rehabilitation and strengthening.</p> <p>Review of the 1/4/25 admission MDS, Section GG Self-care, documented that Resident #24 required substantial/maximal assistant with bathing.</p> <p>Review of the GNA Documentation Report for January 2025 revealed blank spaces for every day from 1/1/25 to 1/21/25 with the exception of 1/11/25 and 1/14/25. There were no refusals for any other days.</p> <p>On 2/28/25 at 10:45 AM an interview of Registered Nurse (RN) #34 was conducted. RN #34 was asked if there were shower sheets for each resident on the unit. RN #34 stated that the geriatric nursing assistants (GNA) would document if the resident had a shower or if they refused. RN #34 stated, if they refuse we will try again later. The GNAs will come tell me and I will go in to see if the resident is agreeable to another time. If they refuse we will document that in PCC (electronic medical record). RN #34 showed the surveyor a blank shower sheet that was kept in the shower logbook which documented if a shower is offered, accepted, or refused. The GNA was to complete the shower sheet and then provide to the charge nurse for review and signature. RN #34 stated there were no shower sheets for Resident #24 on the unit since the resident had discharged from the facility.</p> <p>On 2/28/25 at 10:48 AM an interview was conducted with Medical Records Staff #35. Staff #35 stated that typically they will document what the shower sheet says in PCC and then get rid of the shower sheet as it does not come down to medical records and is not a part of the medical record. Staff #35 could not provide the surveyor with any shower sheets for Resident #24.</p> <p>On 3/3/25 at 12:25 PM an interview was conducted with the Assistant Director of Nursing (ADON). The surveyor reviewed the concerns with the ADON. The ADON confirmed the findings.</p> <p>3) On 2/26/25 at 1:21 PM complaint MD00212998 was reviewed and alleged that Resident #18 received inadequate incontinence care, leading to the resident lying in waste for extended periods of time.</p> <p>Review of the admission MDS with an assessment reference date of 12/11/24, Section GG, documented that Resident #18 required partial/moderate assistance with activities of daily living.</p> <p>Review of the GNA Documentation Report for December 2024 revealed blank spaces for personal hygiene and toilet hygiene on day shift for 12/9/25, 12/11/25, 12/14/25, 12/16/25, 12/17/25, 12/18/25, and 12/19/25.</p> <p>On 3/4/25 at 9:39 AM an interview was conducted with the ADON who stated, we have to be better with our documentation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on medical record review and interview, the facility staff failed to administer treatments as ordered by the physician (Resident #8, #16) and failed to accurately assess a resident who was admitted with a nephrostomy tube and failed to monitor the nephrostomy tube while the resident resided at the facility (Resident #18). This was evident for 3 of 35 residents reviewed during a complaint survey.</p> <p>The findings include:</p> <p>1. The facility staff failed to administer flushes to Resident #8's suprapubic catheter from 1/28/25 until 2/8/25.</p> <p>Review of Resident #8's medical record on 2/25/25 revealed the Resident was admitted to the facility on [DATE] with a diagnosis to include neuromuscular dysfunction of the bladder and the Resident had a suprapubic catheter. A suprapubic catheter is a tube inserted directly into the bladder through a small incision in the lower abdomen. It is used to drain urine when individuals are unable to urinate themselves.</p> <p>Review of the progress notes from Resident #8's Urology appointment on 10/7/24 revealed the Urologist recommended a) daily flushing of suprapubic catheter with 60 cc saline and b) change tube every 4 weeks.</p> <p>a) Review of Resident #8's medical record on 2/26/25 revealed the Resident was discharged from the hospital on 1/28/25.</p> <p>Review of Resident #8's January and February Treatment Administration Records revealed the facility staff failed to order the 60 cc saline flushes until 2/8/25, 11 days after readmission from the hospital.</p> <p>Interview with Resident's nurse practitioner (Staff #16) on 2/26/25 at 11:01 AM, Staff #16 stated the Resident's suprapubic catheter should be flushed daily.</p> <p>Interview with Assistant Director of Nursing on 2/27/25 at 9:00 AM confirmed the facility staff failed to administer flushes to Resident #8's suprapubic catheter from 1/28/25 until 2/8/25.</p> <p>b) The facility staff failed to schedule and change Resident #8's suprapubic catheter every 4 weeks.</p> <p>Review of Resident #8's medical record on 2/26/25 revealed the Resident was discharged from the hospital on 1/28/25.</p> <p>Review of the Resident's hospital discharge summary revealed the Resident suprapubic catheter was changed on 1/27/25 in the hospital.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #8's medical record, January and February Treatment Administration Records on 2/26/25 revealed the facility staff failed to order the Resident's catheter to be changed every 4 weeks after readmission from the hospital. Further review of the Resident's medical record revealed no documentation the Resident's suprapubic catheter had been changed since 1/27/25.</p> <p>Interview with Resident's nurse practitioner (Staff #16) on 2/26/25 at 11:01 AM, Staff #16 stated the Resident's suprapubic catheter should be changed every 4 weeks.</p> <p>Interview with Assistant Director of Nursing on 2/27/25 at 9:00 AM confirmed the facility staff failed to schedule and change Resident #8's suprapubic catheter every 4 weeks.</p> <p>2. The facility staff failed to order and administer treatment as recommended by the Dentist for Resident #16.</p> <p>Review of Resident #16's medical record on 3/3/25 revealed the Resident was admitted to the facility on [DATE].</p> <p>Further review of Resident #16's medical record revealed the Resident was seen by the Dentist on 7/3/24 for initial examination and noted the Resident had severe gingivitis. At that time the Dentist recommended Peridex 1/4 ounce on toothette swab teeth after breakfast and hour before of sleep.</p> <p>Review of Resident's 16's physician orders and February 2025 Medication Administration Orders revealed the facility staff failed to order Peridex after the 7/3/24 dental visit.</p> <p>Interview with the Assistant Director of Nursing on 3/3/25 at 12:00 PM confirmed Resident #16 was not ordered or received Peridex.</p> <p>31145</p> <p>3. The facility staff failed to accurately assess Resident #18 who was admitted with a nephrostomy tube and failed to monitor the nephrostomy tube while the resident resided at the facility</p> <p>The MDS is part of the Resident Assessment Instrument that was Federally mandated in legislation passed in 1986. The MDS is a set of assessment screening items employed as part of a standardized, reproducible, and comprehensive assessment process that ensures each resident's individual needs are identified, that care is planned based on those individualized needs, and that the care is provided as planned to meet the needs of each resident.</p> <p>A nephrostomy tube is a thin tube inserted into the kidney to drain urine when the urinary tract is blocked. Proper care is essential to prevent infection and ensure optimal drainage.</p> <p>On 2/26/25 at 1:33 PM a review of Resident #18's medical record revealed a discharge summary that documented one of the resident's discharge diagnoses was R (right) hydroureteronephrosis secondary to pelvic mass lesion, R nephrostomy tube in place. Hydroureteronephrosis is a condition where urine builds up in the kidneys and ureters, causing them to swell which can be caused by kidney stones, tumors, infections, congenital abnormalities, and trauma.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the 12/7/24 nursing admission assessment documented in section 4E bowel/bladder that the resident had bladder incontinence. There was a box on the nursing assessment to indicate indwelling catheter which included a nephrostomy tube; however, it was not checked off. This was an inaccurate nursing assessment.</p> <p>Review of the admission MDS with an assessment reference date (ARD) of 12/11/24, Section H0100, Indwelling catheter (including suprapubic catheter and nephrostomy tube) was answered, no. This was an inaccurate assessment as the resident had a nephrostomy tube.</p> <p>Review of a care plan, has a nephrostomy, that was initiated on 12/9/24, had the interventions, Observe /document for pain/discomfort due to catheter; observe for s/sx of discomfort on urination and frequency; provide catheter care every shift and PRN; notify medical provider if urine is of abnormal color, consistency and side effects; educate resident / resident representative to medication effectiveness and side effects.</p> <p>Review of nursing progress notes in the medical record failed to produce documentation about the nephrostomy tube and site from 12/7/24 until 12/18/24. There was no evaluation of the site for infection or drainage. There was no documentation of the output of urine from the nephrostomy.</p> <p>Review of December 2024 physician's orders failed to have an order to monitor the nephrostomy site for signs of infection, leakage of the tube, and urine output.</p> <p>Review of the December 2024 Treatment Administration Record (TAR) failed to have any documentation that the nephrostomy tube and site were being monitored or that urine output was being measured each shift.</p> <p>Review of a 12/18/24 provider note documented the reason for the visit was follow-up for nephrostomy tube complaints. The note documented, Seen today at the bedside in wheelchair, very upset because nephrostomy tube is leaking urine all over the place. [He/She] stated the nurse who changed the dressing Monday, pulled it while changing the dressing and it has been leaking since. Insertion site is red, and suture is no longer attached. ABD dressing is saturated with urine, and it appears there is small amount of urine pocketing in the dermis. Discussed going to the hospital for re-insertion. The note ended as, Nephrostomy tube displaced. Suture no longer attached with urine leakage. Will need re-insertion due to hydroureter and right kidney mass. Send to the hospital.</p> <p>Further review of progress notes revealed Resident #18 returned to the facility later in the day, however on 12/19/24 was discharged to the hospital for follow-up of nephrostomy tube placement.</p> <p>On 3/3/25 at 1:43 PM Registered Nurse (RN) #17 was interviewed and stated, I don't think it was dislodged. I was trying to give [him/her] the IV and [he/she] was lying on it and said [he/she] felt the tube was pulled. I remember the incident. I came and looked at it and I told [him/her] nothing was wrong with it, and it was intact. This was in the late afternoon. It was fine. It was draining urine. I worked over that day. I was not changing the tubing. I was in there for the IV.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/4/25 at 7:30 AM Certified Registered Nurse Practitioner (CRNP) #43 was interviewed and stated she remembered sending the resident to the hospital because the nephrostomy tube was leaking. CRNP #43 stated that she was making rounds on 2/6/25 because this resident had complex medical issues. CRNP #43 stated that the resident told her that the tube was leaking, and there was an ABD pad on it, and it was saturated. CRNP #43 stated that the stitch was intact, and the hospital sent the resident back and said the nephrostomy tube was intact, and it was some other reason for the leak.</p> <p>On 3/4/25 at 9:33 AM RN #17 was interviewed again and was asked what care was provided for a nephrostomy. RN #17 stated that the collection bag should be emptied and measured each shift, and the site should be checked each shift to see if it is red and swollen or had any signs of infection.</p> <p>On 3/4/25 at 9:39 AM the Assistant Director of Nursing (ADON) was interviewed and was asked what should be done when a resident had a nephrostomy. The ADON stated, make sure if urine is draining, empty it, if insertion site is cleaned, some providers want the nephrostomy tubes to be flushed, and others don't. As a nurse I would be inspecting the skin and insertion site and the output. At that time the ADON was asked if there should have been documentation on the TAR. The ADON stated she would expect it to be on the TAR and that the staff should have been documenting about the nephrostomy. The ADON was informed that there was no evidence in the medical record that the nephrostomy had been monitored and cared for while the resident was at the facility. The ADON stated, the nurses have to work on their documentation.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>31145</p> <p>Based on review of complaint, medical record review, and staff interview it was determined the facility failed to provide timely treatment/services to prevent/heal pressures ulcers. This was evident for 2 (#23, #18) of 28 residents reviewed for complaints during a complaint survey.</p> <p>The findings include:</p> <p>A pressure ulcer, also known as pressure sore or decubitus ulcer, is any lesion caused by unrelieved pressure that results in damage to the underlying tissue. Pressure ulcers are staged according to their severity from Stage I (area of persistent redness), Stage II (superficial loss of skin such as an abrasion, blister or shallow crater), Stage III (full thickness skin loss involving damage to subcutaneous tissue presenting as a deep crater), Stage IV (full thickness skin loss with extensive damage to muscle, bone or tendon) or Unstageable Pressure Ulcer (full thickness tissue loss in which the base of the ulcer is covered by slough and/or eschar in the wound bed).</p> <p>1) On 2/27/25 at 10:15 AM a review of complaint MD00213453 alleged that Resident #23 was admitted with a wound on the buttocks and had acquired wounds on the legs. It was alleged that the bandage on the wound on the worst leg had not been changed since 1/10/25. The complaint also alleged that the barrier used for the wound was not being applied to the resident's wound on the buttocks. The complaint also alleged that the facility was short staffed, and staff could not get the work done because they had so many residents to care for and it was worse on the weekends.</p> <p>On 2/27/25 at 10:15 AM a review was conducted of Resident #23's medical record which revealed Resident #23 was admitted to the facility in November 2022 from an acute care hospital with diagnoses that included, but were not limited to, hemiplegia and hemiparesis following a cerebral infarction (stroke) affecting the left non-dominant side, hypertensive kidney disease, anemia, gastrostomy status, and vascular dementia</p> <p>Review of a vascular visit note dated 11/20/24 documented Resident #23 had PAD (peripheral artery disease) with lower extremity pain and a left calf non healing ulcer. The note documented that the wound had been improving at the last visit, although it now appeared to have declined, and it is suspected it was multifactorial as the resident had decreased mobility and multiple comorbidities.</p> <p>Further review of Resident #23's medical record revealed Resident #23 had a sacral ulcer that was present upon admission. Review of a 1/21/25 wound assessment report documented that the sacral ulcer was a stage 4 pressure ulcer.</p> <p>Review of the January 2025 Treatment administration record (TAR) had an order, cleanse sacrum with wound cleanser, pat dry, apply Medi honey and calcium, and cover with dry dressing every day shift. The order was written on 11/27/24.</p> <p>There was also an order for the left lower leg that documented, Left Lower Leg: Cleanse with 0.25% Dakin's solution, pat dry apply Santyl and calcium alginate and cover with Bordered Gauze. every day shift that was written on 11/1/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was also an order, Resident is on a pressure reducing/relieving mattress every shift for Pressure reducing/relieving, elevate BLE (bilateral lower extremities) every shift and low air loss mattress, check function and status every shift, and turn and reposition every 2 hours every shift for pressure relief that was also on the TAR that was written on 4/24/24.</p> <p>Review of the January 2025 TAR revealed the treatments were not signed off on Saturday 1/11/25, Sunday 1/12/25, and Monday 1/13/25. The spaces on the TAR were blank.</p> <p>Review of the February 2025 TAR revealed an order, Cleanse left posterior thigh with 0.125% Dakins solution, pat dry, apply Santyl to wound bed, Calcium Alginate, and cover with CDD daily and PRN every day shift for wound care with a start date of 1/30/25 and an order, Cleanse posterior RLE (right lower extremity) with 0.125% Dakins solution, apply Dakins moistened and fluffed gauze and CDD and PRN every day shift with a start date of 1/30/25.</p> <p>Review of the February 2025 TAR revealed the treatments were not signed off on Saturday, 2/8/25, Sunday 2/9/25 and Monday 2/24/25.</p> <p>On 2/27/25 at 2:24 PM an interview was conducted with licensed practical nurse (LPN) #50 who stated, we have 25 patients each on the skilled unit. We have trach, g-tube, wounds, and patients are very demanding. When they want their meds they want them. When we used to have a wound nurse, they would help us but now we don't. There is no wound nurse on the weekends. I always sign my wounds and date and put my initial. If I don't sign then it is not done.</p> <p>On 3/4/25 at 12:25 PM an interview was conducted with the Assistant Director of Nursing (ADON) about the blank spaces on the TAR. The ADON stated that it was probably that the nurse did not have time to sign the treatment off. The ADON was asked if she could provide proof that the treatments were done and she stated, no. The ADON confirmed with the surveyor that the standard for nursing was if the treatment was not signed off, it was not done.</p> <p>2) On 2/26/25 at 1:21 PM a review of complaint MD00212998 alleged that Resident #18 had a severe open wound on the backside.</p> <p>Review of Resident #18's medical record revealed a 12/7/24 nursing admission assessment which documented a Stage 2 pressure ulcer on the right buttock, left buttock, and sacrum that was present on admission from the hospital.</p> <p>Review of the hospital discharge summary dated 12/7/24 documented an order for wound care dressing 2 times daily for the buttocks, perineum. The directions stated, Cleanse skin gently with Aloe Touch PROTECT Wipes, Foam cleanser or soap and water, every shift and prn, Treat with Triad Hydrophilic Wound Dressing, twice daily and prn, may cover wound with ABD pad or Allevyn.</p> <p>Review of Resident #18's December 2024 TAR documented an order, sacral wound; cleanse with normal saline pad dry and apply dry dressing, one time a day for wound care with a start date of 12/9/24.</p> <p>The order was not the same as the hospital discharge summary. The physician's order from the hospital was not placed on the TAR upon admission, therefore was not implemented. A treatment was not started on Resident #18 until 2 days after admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/4/25 at 9:39 AM an interview was conducted with the ADON. Reviewed that the treatment was not started upon admission. The ADON confirmed the findings.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>37276</p> <p>Based on medical record review and staff interview it was determined the facility failed to keep a resident's drug regimen free from unnecessary drugs by failing to ensure orders for a topical anesthetic patch included the duration of time the patch should be applied. This was evident for 1 (#1) of 37 residents reviewed for complaints.</p> <p>The findings include:</p> <p>A Lidocaine (local anesthetic) patch, when applied to the skin, helps reduce pain by causing a temporary loss of feeling in the area where the patch was applied. Depending on the Lidocaine patch product, the patch may be left on the skin for up to 8 or 12 hours. According to MedlinePlus a division of the National Institutes of Health (NIH), Lidocaine 4% patches can be applied up to 3 times daily and for no more than 8 hours per application. Applying too many patches or topical systems or leaving them on for too long may cause serious side effects.</p> <p>On 3/3/25 at a review of Resident #1's February 2025 Medication Administration Record (MAR) revealed an 1/11/25 order for Lidocaine Pain Relief 4% Patch, apply to lower back topically one time a day for pain that was documented as applied every day in February. The order did not indicate when the lidocaine patch should be removed.</p> <p>The facility staff failed to ensure Resident # 1's Lidocaine patch order included the length of time the Lidocaine patch could be applied to the resident and when the patch should be removed resulting in the application of a lidocaine patch for greater than the recommended 8 to 12 hours before removal.</p> <p>The above concerns were discussed with the Assistant Director of Nurses (ADON) on 3/3/25 at approximately 1:00 PM, and the ADON confirmed the lidocaine order should have included a schedule for removing the patch.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	

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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on medical review and interview, the facility staff failed to ensure a resident receives dental services as recommended (Resident #16). This was evident for 1 of 28 residents reviewed for complaints during a complaint survey.</p> <p>The findings include:</p> <p>Review of Resident #16's medical record's on 2/25/25 revealed the Resident was admitted to the facility on [DATE].</p> <p>Further review of Resident #16's medical record revealed the Resident was seen by the Dentist on 7/3/24 for initial examination and the Dentist noted the Resident had severe gingivitis. At that time the Dentist recommended a periodic oral examination on 1/3/25.</p> <p>Further review of Resident #16's medical record on 3/3/25 revealed the Resident had not had a follow up dental visit since 7/3/24.</p> <p>Interview with the Assistant Director of Nursing on 3/3/25 at 12:00 PM confirmed the facility staff failed to ensure Resident #16 had a 6 month dental visit in January 2025.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on medical record review and interview, it was determined the facility staff failed to assess a resident's need for rehabilitation services (Resident #7). This was evident for 1 of 28 residents reviewed for complaints during a complaint survey.</p> <p>The findings include:</p> <p>Review of Resident #7's medical record on 2/25/25 revealed the Resident was admitted to the facility on [DATE] from the hospital for subacute rehabilitation.</p> <p>Interview with Resident #7 on 2/25/25 at 11:30 AM the Resident stated he/she isn't getting physical therapy and would like to receive to be able to discharge from the facility.</p> <p>Further review of Resident #7's medical record revealed the Resident received physical and occupational therapy from admission until 8/6/24.</p> <p>Interview with the Director of Rehabilitation (DOR) on 2/25/25 at 12:58 PM, the DOR stated after 8/6/24 until 2/25/24 the Resident had not received any physical or occupational therapy. The Surveyor asked the DOR for evidence of quarterly evaluations of the Resident. The DOR stated that he could not find any quarterly evaluations completed on the Resident since discharged from therapy on 8/6/24.</p> <p>Interview with the DOR on 3/3/25 at 11:50 AM, the DOR stated quarterly evaluations for therapy are done at the time of quarterly MDS (Minimum Data Set) assessments.</p> <p>Review of Resident #7's medical record on 3/3/25 revealed the Resident had a quarterly MDS assessment on 9/17/24 and 12/18/24.</p> <p>Interview with the Assistant Director of Nursing on 3/3/25 at 11:25 AM confirmed no evidence of quarterly evaluations for therapy for Resident #7 on 9/17/24 and 12/18/24.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on medical record review, observation and interview, the facility staff failed to obtain outside services for residents in a timely manner (Resident #8). This was evident for 1 of 28 residents reviewed for complaints during a complaint survey.</p> <p>The findings include:</p> <p>Review of Resident #8's medical record on 2/25/25 revealed the Resident was admitted to the facility on [DATE] with a diagnosis to include neuromuscular dysfunction of the bladder and the Resident had a suprapubic catheter. A suprapubic catheter is a tube inserted directly into the bladder through a small incision in the lower abdomen. It is used to drain urine when individuals are unable to urinate themselves.</p> <p>Further review of Resident #8's medical record revealed on 2/17/25 the Resident went to the Emergency Department and had a diagnosis of Urinary Tract Infection and to schedule an appointment with Chesapeake Urology in one week around 2/24/25.</p> <p>Further review of Resident #8's medical record on 2/27/25 the Resident had not seen the urologist or had a scheduled appointment since discharge from the Emergency Department on 2/17/25.</p> <p>Interview with the Assistant Director of Nursing on 2/27/25 at 9:00 AM confirmed the Surveyor's findings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34484</p> <p>Based on medical record review and interview, it was determined the facility failed to maintain complete and accurate medical records in accordance with accepted professional standards (Resident #1, #8, #14, #18, #23). This was evident for 5 of 35 residents reviewed during a complaint survey.</p> <p>The findings include.</p> <p>A medical record is the official documentation of a healthcare organization. As such, it must be maintained in a manner that follows applicable regulations, accreditation standards, professional practice standards, and legal standards. All entries to the record should be legible and accurate.</p> <p>1. Review of Resident #8's medical record on 2/25/25 revealed the Resident was admitted to the facility on [DATE] with a diagnosis to include neuromuscular dysfunction of the bladder and the Resident had a suprapubic catheter. A suprapubic catheter is a tube inserted directly into the bladder through a small incision in the lower abdomen. It is used to drain urine when individuals are unable to urinate themselves.</p> <p>Further review of Resident #8's medical record revealed the Resident went to a urology appointment on 10/7/24. Review of the 10/7/24 Urology consult notes revealed they were missing pages and did not contain any recommendations from the Urologist.</p> <p>On 2/26/25 at 12:30 PM the Surveyor notified the Director of Nursing (DON) the 10/7/24 Urology consult notes were not complete.</p> <p>After Surveyor intervention, on 2/27/25 at 11:00 AM the Assistant Director of Nursing (ADON) provided the full Urology consult notes and stated the facility staff obtained the notes on 2/27/25 via CRISP. CRISP is a regional health information exchange system. Review of the Urology consult notes dated 10/7/24 from CRSIP revealed the notes were printed on 2/27/25 at 9:32 AM. Interview with the ADON at that time confirmed Resident #8's medical record was incomplete.</p> <p>2. Review of Resident #14's medical record on 2/26/25 revealed the Resident was admitted to the facility on [DATE] with a diagnosis to include malignant neoplasm. A malignant neoplasm, also known as cancer, is an abnormal growth of cells that invade and spread to other parts of the body.</p> <p>Further review of Resident's medical record revealed a nurse's note on 11/25/24 at 3:49 PM that stated, Resident back from appointment. Review of the Resident's electronic and paper medical record revealed no consult notes from the appointment.</p> <p>Further review of Resident's medical record revealed the Resident went to an oncology clinic appointment on 12/11/24 and was to return on 12/13/24. Review of the Resident's electronic and paper medical record revealed no consult notes from the appointment on 12/13/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interview with Staff #40 on 3/3/25 at 12:40 PM, Staff #40 stated the Resident did go on the appointments on 11/25/24 and 12/13/24 and when she returns with the Resident she gives the consult notes to the Resident's nurse.</p> <p>Interview with the ADON on 3/3/25 at 12:43 PM confirmed Resident #14's medical record did not include consult notes from the 11/25/24 and 12/13/24 appointments.</p> <p>31145</p> <p>3. On 2/27/25 at 10:15 AM a review of complaint MD00213453 alleged that Resident #23 was admitted with a wound on the buttocks and now had acquired wounds on the legs. It was alleged that the bandage on the wound on the worst leg had not been changed since 1/10/25. The complaint also alleged that the barrier used for the wound was not being applied to the resident's wound on the buttocks.</p> <p>Review of the January 2025 Treatment administration record (TAR) had an order, cleanse sacrum with wound cleanser, pat dry, apply Medi honey and calcium, and cover with dry dressing every day shift, Left Lower Leg: Cleanse with 0.25% Dakin's solution, pat dry apply Santyl and calcium alginate and cover with Bordered Gauze. every day shift, and Resident is on a pressure reducing/relieving mattress every shift for Pressure reducing/relieving, elevate BLE (bilateral lower extremities) every shift and low air loss mattress, check function and status every shift, and turn and reposition every 2 hours every shift for pressure relief.</p> <p>Review of the January 2025 TAR revealed the treatments were not signed off on Saturday 1/11/25, Sunday 1/12/25, and Monday 1/13/25. The spaces on the TAR were blank.</p> <p>Continued review of the January 2025 TAR had a section for each shift to document the output of urine from the foley catheter drainage bag. The drainage bag was documented as emptied every shift with the amount of urine in the bag, except there was no documentation for day shift on 1/11/25, 1/12/25, and 1/13/25. For the 3-11 shift there was no documentation on 1/31/25 and on the 11-7 shift there was no documentation on 1/9/25 and 1/14/25.</p> <p>Review of the February 2025 TAR revealed an order, Cleanse left posterior thigh with 0.125% Dakins solution, pat dry, apply Santyl to wound bed, Calcium Alginate, and cover with CDD daily and PRN every day shift for wound care, and Cleanse posterior RLE (right lower extremity) with 0.125% Dakins solution, apply Dakins moistened and fluffed gauze and CDD and PRN every day shift.</p> <p>Review of the February 2025 TAR revealed the treatments were not signed off on Saturday, 2/8/25, Sunday 2/9/25 and Monday 2/24/25. The medical record was incomplete as it was unknown if the treatment was done or not done.</p> <p>On 2/27/25 at 2:24 PM an interview was conducted with licensed practical nurse (LPN) #50 who stated, I always sign my wounds and date and put my initials. If I don't sign then it was not done.</p> <p>On 3/4/25 at 12:25 PM an interview was conducted with the Assistant Director of Nursing (ADON) about the blank spaces on the TAR. The ADON stated that it was probably that the nurse did not have time to sign the treatment off. The ADON was asked if she could provide proof that the treatments were done and she stated, no. The ADON confirmed with the surveyor that the standard for nursing was if the treatment was not signed off, it was not done.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. On 2/26/25 at 1:33 PM a review of Resident #18's medical record revealed the resident was admitted to the facility on [DATE] and was discharged on [DATE].</p> <p>Review of the GNA tasks documentation for December 2024 revealed blank spaced for day shift (7:00 AM to 3:00 PM) for 12/9/24, 12/11/24, 12/14/24, 12/16/24, 12/17/24, 12/18/24, and 12/19/24.</p> <p>On 3/4/25 at 12:25 PM an interview was conducted with the ADON. The ADON confirmed with the surveyor that the standard for nursing was if the treatment was not signed off, it was not done.</p> <p>37276</p> <p>5. Documentation of medication administration is part of the patient's legal medical record and plays a critical role in clinical decision-making. To ensure safe medication preparation and administration, nurses are trained to practice the 7 rights of medication administration: right patient, right drug, right dose, right time, right route, right reason and right documentation</p> <p>On 3/3/25 at 8:57 AM, during an interview, Resident #1 reported concerns that s/he did not always get his/her medication on time.</p> <p>Following the interview, a review of Resident #1's medical record revealed the resident was admitted to the facility in January 2025 for rehab and skilled nursing following an acute hospitalization with diagnoses which included type 2 diabetes (DM) with hyperglycemia (high blood sugar).</p> <p>Review of Resident #1's February 2025 MAR revealed a 1/12/25 order for Humalog Kwik pen subcutaneous solution Pen injector (Insulin Lispro), inject 6 units subcutaneously (sq) with meals for diabetes that was scheduled to be given 3 times a day, at 8:00 AM, 12:00 PM and 5:00 PM, and signed off next to scheduled administration time each day, indicating the resident received the insulin at those times.</p> <p>Further review of the MAR, revealed a section that recorded the actual time the nurse documented the insulin as given. Review of the actual times the insulin was documented as given revealed a discrepancy between the scheduled administration time and the actual time the insulin was documented as administered. This was evident on 10 to 15 administration times, from February 1 to February 5, 2025, as follows:</p> <ul style="list-style-type: none"> - The insulin administration scheduled on 2/1/24 at 8:00 AM was documented as given at 3:48 PM. - The insulin administration scheduled on 2/1/24 at 12:00 PM was documented as given at 3:49 PM. - The insulin administration scheduled on 2/2/24 at 8:00 AM was documented as given at 3:38 PM. - The insulin administration scheduled on 2/2/24 at 12:00 PM was documented as given at 3:38 PM. - The insulin administration scheduled on 2/3/24 at 8:00 AM was documented as given at 4:23 PM. - The insulin administration scheduled on 2/3/24 at 12:00 PM was documented as given at 4:23 PM. - The insulin administration scheduled on 2/4/24 at 8:00 AM was documented as given at 5:12 PM <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - The insulin administration scheduled on 2/4/24 at 8:00 AM was documented as given at 5:13 PM - The insulin administration scheduled on 2/5/24 at 12:00 PM was documented as given at 3:52 PM - The insulin administration scheduled on 2/5/24 at 12:00 PM was documented as given at 3:52 PM <p>The above findings were discussed with the Assistant Director of Nurses (ADON) on 3/4/25 at 10:15 AM. In response to the surveyor's concerns, the ADON stated the resident was administered medication at the scheduled time as ordered, however, the nurse did not always document the medication administration until the end of the day. The ADON stated that she had observed this practice, and stated it was because the nurses had a large patient ratio. The concerns with inaccurate documentation were discussed with the ADON at that time, and the ADON acknowledged the concerns at that time.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31145</p> <p>Based on observation and interview it was determined that the facility staff failed to maintain infection control procedures while providing patient care. This was evident on 2 of 5 units observed during a complaint survey.</p> <p>The findings include:</p> <p>1. Observation was made on 2/27/25 at 11:25 AM of a sign on Resident #23's room door. The sign posted on the door stated, Enhanced Barrier Precautions and that hands were to be sanitized prior to entering the room. The sign further stated if giving direct patient care, then a gown and gloves were to be worn.</p> <p>On 2/27/25 at 11:25 AM observation was made of geriatric nursing assistant (GNA) #21 in Resident #23's room. GNA #21 was providing patient care such as brushing Resident #23's teeth and bathing the resident. GNA #21 was wearing gloves. GNA #21 was wearing pants and a top and a nursing jacket. GNA #21 was not wearing a protective gown.</p> <p>A second observation was made on 2/28/25 at 10:15 AM. GNA #21 was in the resident's room providing patient care and did not have a gown on. GNA #21 was also observed in the next resident room with the same sign on the door and was providing patient care without a gown.</p> <p>On 3/3/25 at 12:25 PM an interview was conducted with the Assistant Director of Nursing (ADON). The ADON was informed of the observation and confirmed that the GNA should have had a gown on if that sign was on the door.</p> <p>37276</p> <p>2. On 2/28/25 at 10:44 AM, an observation of the bathroom between room [ROOM NUMBER] and 113 revealed 2 pink plastic basins were on the counter of the bathroom sink. One of the basins was partially inside the other basin, and a wet washcloth was hanging across the side of the top basin. The basins were unlabeled, with no way to know who the basins belonged to. In addition, a pink, plastic bedpan was observed on the floor, in the left corner under the sink. The bedpan was not labeled with a resident's name and not wrapped in a protective covering or bagged to prevent the transmission of disease and infection.</p> <p>On 2/28/25 at 10:53 AM, Staff #7, Licensed Practical Nurse (LPN), joined the surveyor to observe the shared bathroom and confirmed the findings of the 2 unlabeled pink basins on the sink and the bedpan on the floor. Staff #7 acknowledged the concerns and stated that s/he believed a resident in room [ROOM NUMBER] bathes him/herself after set-up, and had just used the basins, and the bed pan should be thrown away.</p> <p>On 2/28/24 at 10:55 AM, Staff #5, Geriatric Nursing Assistant (GNA) stated that the resident who uses 2 basins had just finished washing up, and indicated that when the resident was done, the basins would be bagged and put away. The GNA indicated s/he did not know who the bed pan belonged to and it should be thrown away.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Ellicott City Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 North Ridge Road Ellicott City, MD 21043	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/3/25 at 12:12 PM, the Assistant Director of Nurses (ADON) was made aware of above concerns. The ADON acknowledged the concerns at that time and offered no further comments.</p>