

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Layhill Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3227 Bel Pre Road Silver Spring, MD 20906	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**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 the Resident/Resident Representative and Ombudsman received notification of a proposed transfer. This was found to be evident for 1 (Resident #27) out of 1 Resident reviewed for transfer during the recertification and complaint survey. The findings include: A review of complaint #2734130 submitted to the Office of Health Care Quality (OHCQ) was conducted on 02/11/26 at 6:00 AM. The complainant, who was Resident #27's Representative, reported that the facility failed to provide notification of a proposed transfer of Resident #27 to another Skilled Nursing Facility (SNF) for Long Term Care. During an interview on 02/11/26 at 6:45 AM the Business Office Manager (BOM) reported that Resident #27 was referred to another facility because the facility was bed locked and the facility needed to transfer residents out to open beds for rehab. She further stated that at the same time unaffiliated facilities reached out to Layhill inquiring if they had residents they could transfer to their facility due to their low census. The Surveyor questioned the BOM if that was that normal practice for random facilities to contact Layhill to obtain Residents when they experience low census. The BOM stated yes, it's called Quid Pro Quo. We work with each other. The Resident was identified as a Resident that could be transferred out because he/she was easy going and did not have behaviors. When asked if the Resident's Representative was notified she replied yes, however she was not the person who notified the Representatives. She reported that she thought maybe Social Services made the notifications. During an interview conducted on 02/12/26 at 12:05 PM the complainant reported that a family member was contacted by Kensington Rehab on 02/04/26 about Resident#27 being transferred to their facility. The complainant reported that he/she was the medical decision maker for the Resident and the facility was aware. The Representative reported that he/she was confused and upset that a family member was called instead. The complainant reported that after speaking with Kensington Rehab Admissions he/she immediately contacted the Business Office Manager (BOM) via email expressing his/her concern that the facility had attempted to transfer the Resident to another facility without first discussing the transfer and obtaining permission. During an interview conducted on 02/12/26 at 12:36 PM, the Social Service Director (SSD) reported that she received a list of residents to be referred out for transfers due to a bed lock. When asked what the facility's process was when transferring a resident to another Skilled Nursing Facility (SNF) the SSD reported that she sends the referrals out and then contacts the family. The SSD stated that she had not contacted Resident #27's Representative to discuss the transfer. When asked why she had not contacted the Representative the SSD reported that she was busy and that Kensington had reached out to the Representative quickly. During a review conducted on 02/12/26 at 12:55 PM, it was discovered that the SSD sent a referral for placement at [NAME] Grove on 01/27/26 and a referral on 2/04/26 for placement at Kensington Rehab. During an interview conducted 02/12/26 at 1:00 PM, the Director of Nursing (DON) reported that other facilities do not contact their</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
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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>facility to obtain Residents, and the facility absolutely does not engage in Quid Pro Quo of any sorts. The DON also reported that the facility's expectation is to contact and discuss a proposed transfer with the Resident or Resident Representative prior to sending out a referral. The Surveyor expressed concern that the Social Service Director (SSD) sent the first referral to transfer Resident #27 on 01/27/26 to [NAME] Grove. However, the first communication of the proposed transfer was made by the Representative to the facility on [DATE] after Kensington Rehab contacted a family member to discuss the transfer. During an interview conducted on 02/13/26 at 7:12 AM, the Ombudsman reported that she was not notified of the bed lock and residents referred out for transfer.</p>		