

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42886</b></p> <p>Based on medical record review, administrative record review, and staff interview; it was determined that the facility failed to protect a cognitively impaired resident (resident #1) from physical abuse from a facility staff member. This was evident for 1 of 5 residents reviewed for abuse during a complaint survey. This failure to protect residents from physical abuse by a facility staff member resulted in an Immediate Jeopardy. However, the facility developed, initiated, and completed an acceptable plan of correction to prevent further abuse which met all elements of past noncompliance. The period of noncompliance began on 2/12/24 and ended on 2/20/2024. The findings include:</p> <p>The following terms are defined for comprehension of the investigative findings:</p> <p>Minimum Data Set (MDS):</p> <p>The Minimum Data Set (MDS) is a comprehensive assessment of a resident completed by facility staff. The MDS is a multi-discipline tool that allows many facets of the resident's care [cognition, behavior, mobility, activities of daily living, accidents, activities, weight, pain, and medications to name a few] to be addressed. The MDS assessment is part of the broader Resident Assessment Instrument (RAI) process. The RAI process ties the assessment and care plan to the delivery of care to meet the needs of the resident.</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>Brief Interview for Mental Status (BIMS) is an assessment that assists staff in determining a resident's cognitive status. A score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment. A score of 99 indicates the facility was unable to complete the assessment.</p> <p>The findings include:</p> <p>On 4/8/24 at 9:00 am, surveyor review of resident #1's medical record revealed resident #1 was admitted to the facility alert and oriented x3 with a BIMS 15/15 documented in the quarterly MDS assessment dated [DATE].</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:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 4/8/24 at 10:00 am, surveyor review of facility reported incident intake MD#00202562, dated 2/13/2024, revealed that on 2/12/24 resident #1 alleged that he/she was punched in the nose by Agency GNA #1. On 4/8/24 at 10:30 am, surveyor review of related complaint MD#00204268, dated 4/2/2024, alleged resident #1 received improper treatment by the facility.</p> <p>On 4/8/24 at 11:00 am, surveyor review of the facility's investigation of the incidents that occurred on 2/12/24 revealed the facility's investigation contained a witness statement from Agency LPN#4, dated 2/13/24, which revealed that on 2/12/24 at approximately 5:00 pm resident #1 required care after Agency LPN #4 observed resident #1's room was soiled from urine and stool after resident #1 detached his/her colostomy bag. On 2/12/24 at approximately 5:15 pm, Agency LPN#4 asked Agency GNA #1 to assist resident #1 with his/her care while Agency LPN #4 finished necessary nursing tasks. On 2/12/24 at approximately 5:30 pm, Agency LPN #4 then stated in the witness statement that Agency GNA #1 came to him/her and reported that resident #1 hit him/her in the mouth while he/she was providing care. On 2/12/24 at approximately 5:45 pm, Agency LPN #4 and RN Night Supervisor #5 entered resident #1's room and found resident #1's nose bleeding. Agency LPN #4 stated that he/she immediately provided treatment by applying ice to resident #1's nose to stop the bleeding. Agency LPN #4 also stated that resident#1 told him/her that he/she was punched in the nose by Agency GNA #1.</p> <p>On 4/8/24 at 11:30 am, surveyor review of witness statements from GNA #2 and GNA #3, both dated 2/13/24, revealed that GNAs #2 and #3 observed resident #1 entering Unit 3's dining room on 2/12/24 at approximately 6:15 pm. GNA #2 and GNA #3 observed that resident #1 had scant bleeding from his/her nose when he/she stated that a GNA punched him/her in the nose. GNA #2 and #3 observed Agency GNA#1 enter Unit 3's dining room on 2/12/24 at approximately 6:20 pm. GNA #2 and #3 stated in their witness statements that they heard resident #1 apologize to Agency GNA #1 for hitting him/her in the mouth and resident #1 added, .but you hit me first.</p> <p>Further review of the facility investigation on 4/8/24 at 11:45 am revealed facility nursing staff failed to inform the facility's DON or the Executive Director after the discovery of the alleged abuse of resident #1. Agency LPN #4 and GNA #3 contacted RN Night Supervisor #5 to report the alleged abuse of resident #1 on 2/12/24 by approximately 6:30 pm. The Director of Nursing (DON) discovered the alleged abuse of resident #1 on 2/13/24 when he/she viewed local hospital records of resident #1's emergency room visit.</p> <p>Continued review of the facility investigation on 4/8/24 at 11:50 am revealed resident #1 self-contacted law enforcement on 2/12/24 at approximately 10:30 pm. According to the witness statement from RN Night Supervisor #5, resident #1 told local law enforcement that he/she was not being treated well in the facility and he/she was also having chest pains. Resident #1 requested to be transferred to the local hospital for treatment.</p> <p>On 4/8/24 at 12:30 pm, surveyor review of local hospital records detailing resident #1's admission assessment on 2/13/24 at 9:22 pm revealed the hospital assessed the resident and found mild soft tissue swelling in the left nose area after taking a maxillofacial CT scan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 4/8/24 at 1:59 pm, surveyor interview with Agency LPN#4 confirmed the written statement in the facility investigation. Agency LPN #4 also added that resident #1's nose was not bleeding prior to care being provided by Agency GNA#1 on 2/12/24 at approximately 5:15 pm. After care was provided by Agency GNA #1, Agency LPN#4, and RN Night Supervisor #5 observed resident #1 was bleeding from his/her nose that required treatment to stop on 2/12/24 at approximately 5:45 pm. Agency LPN #4 confirmed that he/she treated resident #1's nosebleed with ice. Agency LPN #4 also added that resident #1 was not violent or uncontrollable when he/she made contact with the resident after his/her contact with Agency GNA #1 on 2/12/24 at approximately 5:45 pm. Resident #1 told Agency LPN #4 on 2/12/24 at approximately 5:45 pm that Agency GNA #1 punched him/her in the nose.</p> <p>On 4/8/24 at 2:55 pm, surveyor interview with Agency GNA #1 confirmed that Agency GNA #1 was in resident #1's room on 2/12/24 at approximately 5:30 pm. Agency GNA #1 also confirmed the statements made by GNAs #2 and #3. Agency GNA #1 stated that he/she entered the Unit #3's dining room on 2/12/24 at approximately 6:15 pm where two other GNAs (GNAs #2 and #3) were feeding residents. Agency GNA #1 stated that resident #1 approached him/her and stated . I know I punched you in the mouth, but you punched me first. Agency GNA #1 stated resident #1 was winking at him/her when the statement was made in the Unit 3 dining room. Agency GNA #1 then stated that he/she turned to GNAs #2 and #3 and stated, Did you see that he/she (resident #1) winked when he/she said that to me? Agency GNA #1 stated that GNAs #2 and #3 did not respond to her statement about resident #1.</p> <p>On 4/9/24 at 11:45 am, surveyor interview with the Executive Director, DON, Regional Director of Operations, and Regional Clinical Services Manager revealed that Agency GNA #1's last day working at the facility was 2/12/24. The DON stated that Agency GNA #1 was placed on the Do Not Call list on 2/15/24 when he/she refused to return to the facility on [DATE] for re-training on abuse prohibition. The Regional Executive Director provided proof of abuse and prohibition education that was given to all nursing staff.</p> <p>Medical record review on 4/9/24 at 12:30 pm revealed resident #1 had care plans which contained interventions for behavior that included resident swinging at staff and physically and verbally abusing staff since 1/22/24.</p> <p>On 4/11/24 at 11:30 am, the DON provided the surveyor with facility reports on all agency staff that worked in the facility from 2/12/24 to the present. The DON also provided proof that all agency staff received abuse prohibition training from their agency and refresher training from the facility prior to their first shift. Review of the information given by the DON revealed that the facility employed agency staff from 2 nursing agencies, Agency A and Agency B. Agency GNA #1 was employed by Agency B. The DON provided proof of a background check (dated 4/25/23), completion of abuse prohibition training by Agency B (dated 12/4/23) and completion of abuse prohibition training by the facility (dated 11/3/23). The information obtained from Agency B also contained confirmation that Agency GNA #1 worked in the facility on 2/12/24 at 3:00 pm to 2/13/24 at 7:00 am.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 4/11/24 at 1:30 pm, interview with the DON, Executive Director, Regional Director of Operations and Regional Clinical Services Manager revealed the RN Night Supervisor #5 failed to remove Agency GNA #1 from the building after resident #1 alleged Agency GNA #1 hit him/her in the nose. RN Night Supervisor #5 told Agency GNA #1 that resident #1 was no longer assigned to him/her. The interview also revealed the resident was transferred to the local hospital after his/her complaint to local law enforcement on 2/12/24 at approximately 10:00 pm. The surveyor asked the facility administration team why the RN Night Supervisor #5 failed to remove Agency GNA #1 from the facility after resident #1 alleged that he/she was punched in the nose by Agency GNA #1. None of the facility administration team was able to explain why Agency GNA #1 was allowed to work the remainder of the shift on 2/12/24 (after 6:00 pm) to 2/13/24 at 7:00 am. The surveyor also asked the DON when he/she became aware of resident #1's allegation of abuse. The DON stated that he/she became aware of the abuse allegation when he/she reviewed local hospital records for resident #1's status on 2/13/24. The local hospital records documented that resident #1 alleged that he/she was punched in the nose on 2/12/24. The DON further stated that he/she started the abuse investigation on 2/13/24. The DON stated that he/she suspended Agency GNA #1 from all of his/her scheduled shifts until completion of the abuse investigation.</p> <p>On 4/12/24 at 12:00 pm, the Executive Director, DON, Regional Director of Operations and Regional Clinical Services Manager were notified by the surveyor that the facility failed to protect a cognitively impaired resident (resident #1) from physical abuse from a facility staff member (Agency GNA #1). The facility's failure to remove Agency GNA #1 from the facility on 2/12/24, after nursing supervisory staff became aware of the allegation of abuse, placing all residents in the facility in immediate jeopardy. Agency GNA#1 was allowed to continue working from 2/12/24 at approximately 6:00 pm to 2/13/24 at 7:00 am.</p> <p>The facility's corrective actions included:</p> <p>Suspending all up-coming scheduled shifts for Agency GNA #1 as of 2/13/24 at approximately 2 pm. Agency GNA #1 was also placed on the facility's Do Not Call List as of 2/15/24 due to his/her refusal to return to the building for one-on-one abuse prohibition training.</p> <p>Creating a QAPI plan to prevent future errors in adherence to CMS abuse procedures including re-education of all nursing staff (including agency staff) by 2/20/24, auditing all abuse complaints to ensure the facility adhered to the 2 hours time limit for reporting of alleged abuse by 4/1/24.</p> <p>A review of the facility records and staff interviews revealed that the facility completed corrective actions on 2/29/24. This deficient practice was cited as past noncompliance with Federal and State requirements with a compliance date of 2/20/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42886</p> <p>Based on medical record review, administrative record review, and staff interview; it was determined that the facility failed to report the alleged abuse of a cognitively impaired resident (resident #1) to the proper authorities. This was evident for 1 of 5 residents reviewed for abuse during a complaint survey.</p> <p>The following terms are defined for comprehension of the investigative findings:</p> <p>Minimum Data Set (MDS):</p> <p>The Minimum Data Set (MDS) is a comprehensive assessment of a resident completed by facility staff. The MDS is a multi-discipline tool that allows many facets of the resident's care [cognition, behavior, mobility, activities of daily living, accidents, activities, weight, pain, and medications to name a few] to be addressed. The MDS assessment is part of the broader Resident Assessment Instrument (RAI) process. The RAI process ties the assessment and care plan to the delivery of care to meet the needs of the resident.</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>Brief Interview for Mental Status (BIMS) is an assessment that assists staff in determining a resident's cognitive status. A score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment. A score of 99 indicates the facility was unable to complete the assessment.</p> <p>The findings include:</p> <p>On 4/8/24 at 9:00am, surveyor review of resident #1's medical record revealed resident #1 was a long-term care resident admitted to the facility on [DATE] with diagnoses that include but are not limited to Bipolar Disorder, Heart Disease, and Colostomy status. The resident was admitted to the facility alert and oriented x3 with a BIMS 15/15 documented in the quarterly MDS assessment dated [DATE].</p> <p>On 4/8/24 at 10:00am, surveyor review of facility reported incident intake MD#00202562, dated 2/13/2024, revealed that on 2/12/24 resident #1 alleged that he/she was punched in the nose by Agency GNA #1. On 4/8/24 at 10:30am, surveyor review of related complaint MD#00204268, dated 4/2/2024, alleged resident #1 received improper treatment by the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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>On 4/8/24 at 11:00am, surveyor review of the facility's investigation of the incidents that occurred on 2/12/24 revealed the facility's investigation contained a witness statement from Agency LPN#4, dated 2/13/24, which revealed that on 2/12/24 at approximately 5:00pm resident #1 required care after Agency LPN #4 observed resident #1's room was soiled from urine and stool after resident #1 detached his/her colostomy bag. On 2/12/24 at approximately 5:15pm, Agency LPN#4 asked Agency GNA #1 to assist resident #1 with his/her care while Agency LPN #4 finished necessary nursing tasks. On 2/12/24 at approximately 5:30pm, Agency LPN #4 then stated in the witness statement that Agency GNA #1 came to him/her and reported that resident #1 hit him/her in the mouth while he/she was providing care. On 2/12/24 at approximately 5:45pm, Agency LPN #4 and RN Night Supervisor #5 entered resident #1's room and found resident #1's nose bleeding. Agency LPN #4 stated that he/she immediately provided treatment by applying ice to resident #1's nose to stop the bleeding. Agency LPN #4 also stated that resident#1 told him/her that he/she was punched in the nose by Agency GNA #1.</p> <p>On 4/8/24 at 11:30am, surveyor review of witness statements from GNA #2 and GNA #3, both dated 2/13/24, revealed that GNAs #2 and #3 observed resident #1 entering Unit 3's dining room on 2/12/24 at approximately 6:15pm. GNA #2 and GNA #3 observed that resident #1 had scant bleeding from his/her nose when he/she stated that a GNA punched him/her in the nose. GNA #2 and #3 observed Agency GNA#1 enter Unit 3's dining room on 2/12/24 at approximately 6:20pm. GNA #2 and #3 stated in their witness statements that they heard resident #1 apologize to Agency GNA #1 for hitting him/her in the mouth and resident #1 added, .but you hit me first.</p> <p>Further review of the facility investigation on 4/8/24 at 11:45am revealed facility nursing staff failed to inform the facility's DON or the Executive Director after discovery of the alleged abuse of resident #1. Agency LPN #4 and GNA #3 contacted RN Night Supervisor #5 to report the alleged abuse of resident #1 on 2/12/24 by approximately 6:30pm. The Director of Nursing (DON) discovered the alleged abuse of resident #1 on 2/13/24 when he/she viewed local hospital records of resident #1's emergency room visit. The DON informed the State of Maryland's Office of Health Care Quality (OHCQ) of the alleged abuse on 2/13/24 at 5:24pm, the Baltimore City Department of Aging on 2/13/24 at 5:59pm, and local law enforcement on 2/13/24 at 6:00pm.</p> <p>Continued review of the facility investigation on 4/8/24 at 11:50am revealed resident #1 self-contacted law enforcement on 2/12/24 at approximately 10:30pm. According to the witness statement from RN Night Supervisor #5, resident #1 told local enforcement that he/she was not being treated well in the facility and he/she was also having chest pains. Resident #1 requested to be transferred to the local hospital for treatment.</p> <p>On 4/8/24 at 12:30pm, surveyor review of local hospital records detailing resident #1's admission assessment on 2/13/24 at 9:22pm revealed the hospital assessed the resident and found mild soft tissue swelling in the left nose area after taking a maxillofacial CT scan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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>On 4/8/24 at 1:59pm, surveyor interview with Agency LPN#4 confirmed the written statement in the facility investigation. Agency LPN #4 also added that resident #1's nose was not bleeding prior to contact with Agency GNA#1 on 2/12/24 at approximately 5:15pm. After contact with Agency GNA #1, Agency LPN#4 and RN Night Supervisor #5 observed resident #1 was bleeding from his/her nose that required treatment to stop on 2/12/24 at approximately 5:45pm. Agency LPN #4 confirmed that he/she treated resident #1's nosebleed with ice. Agency LPN #4 also added that resident #1 was not violent or uncontrollable when he/she made contact with the resident after his/her contact with Agency GNA #1 on 2/12/24 at approximately 5:45pm. Resident #1 told Agency LPN #4 on 2/12/24 at approximately 5:45pm that Agency GNA #1 punched him/her in the nose.</p> <p>On 4/8/24 at 2:55pm, surveyor interview with Agency GNA #1 confirmed that Agency GNA #1 was in resident #1's room on 2/12/24 at approximately 5:30pm. Agency GNA #1 also confirmed the statements made by GNAs #2 and #3. Agency GNA #1 stated that he/she entered the Unit #3's dining room on 2/12/24 at approximately 6:15pm where two other GNAs (GNAs #2 and #3) were feeding residents. Agency GNA #1 stated that resident #1 approached him/her and stated . I know I punched you in the mouth, but you punched me first. Agency GNA #1 stated resident #1 was winking at him/her when the statement was made in the Unit 3 dining room. Agency GNA #1 then stated that he/she turned to GNAs #2 and #3 and stated, Did you see that he/she (resident #1) winked when he/she said that to me? Agency GNA #1 stated that GNAs #2 and #3 did not respond to her statement about resident #1.</p> <p>On 4/9/24 at 11:45am, surveyor interview with the Executive Director, DON, Regional Director of Operations, and Regional Clinical Services Manager revealed that Agency GNA #1's last day working at the facility was 2/12/24. The DON stated that Agency GNA #1 was placed on the Do Not Call list on 2/15/24 when he/she refused to return to the facility on [DATE] for re-training on abuse prohibition. The Regional Director of Operations and the Regional Clinical Services Manager admitted the facility failed to report the alleged abuse timely to the State of Maryland's Office of Health Care Quality (OHCQ), the Baltimore City Department of Aging and local law enforcement. The Regional Executive Director provided proof of abuse and prohibition education that was given to all nursing staff.</p> <p>Medical record review on 4/9/24 at 12:30pm revealed resident #1 had care plans which contained interventions for behavior that included resident swinging at staff and physically and verbally abusing staff since 1/22/24. Resident #1 also had a care plan for bleeding as a side effect of anticoagulation medication since 5/24/21.</p> <p>On 4/11/24 at 11:30am, the DON provided the surveyor with facility reports on all agency staff that worked in the facility from 2/12/24 to the present. The DON also provided proof that all agency staff received abuse prohibition training from their agency and refresher training from the facility prior to their first shift. Review of the information given by the DON revealed that the facility employed agency staff from 2 nursing agencies: Agency A and Agency B. Agency GNA #1 was employed by Agency B. The DON provided proof of a background check (dated 4/25/23), completion of abuse prohibition training by Agency B (dated 12/4/23) and completion of abuse prohibition training by the facility (dated 11/3/23). The information obtained from Agency B also contained confirmation that Agency GNA #1 worked in the facility on 2/12/24 at 3:00pm to 2/13/24 at 7:00am.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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>On 4/11/24 at 1:30pm, interview with the DON, Executive Director, Regional Director of Operations and Regional Clinical Services Manager revealed the RN Night Supervisor #5 failed to remove Agency GNA #1 from the building after resident #1 alleged Agency GNA #1 hit him/her in the nose. RN Night Supervisor #5 told Agency GNA #1 that resident #1 was no longer assigned to him/her. The interview also revealed the resident was transferred to the local hospital after his/her complaint to local law enforcement on 2/12/24 at approximately 10:00pm. The surveyor asked the facility administration team why the RN Night Supervisor #5 failed to remove Agency GNA #1 from the facility after resident #1 alleged that he/she was punched in the nose by Agency GNA #1. None of the facility administration team was able to explain why Agency GNA #1 was allowed to work the remainder of the shift on 2/12/24 (after 6:00pm) to 2/13/24 at 7:00am. The surveyor also asked the DON when he/she became aware of resident #1's allegation of abuse. The DON stated that he/she became aware of the abuse allegation when he/she reviewed local hospital records for resident #1's status on 2/13/24. The local hospital records documented that resident #1 alleged that he/she was punched in the nose on 2/12/24. The DON further stated that he/she started the abuse investigation on 2/13/24. The DON stated that he/she suspended Agency GNA #1 from all of his/her scheduled shifts until completion of the abuse investigation. The DON then contacted OHCQ on 2/13/24 at 5:24pm, the Baltimore City Department of Aging on 2/13/24 at 5:59pm and local law enforcement on 2/13/24 at 6:00pm.</p> <p>On 4/12/24 at 12:00pm, the surveyor expressed concern to the Executive Director, DON, Regional Director of Operations and Regional Clinical Services Manager surveyor that the facility failed to report the alleged abuse of a cognitively impaired resident (Agency GNA #1). The facility administrative staff understood.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>42507</p> <p>Based on review of facility reported incident investigations and interview, it was determined the facility staff failed to thoroughly investigate allegations of abuse. This was evident for 1 (Resident #2) of 5 residents reviewed for abuse during a complaint survey.</p> <p>The findings include:</p> <p>1) On 4/11/2024 at 9:30 AM, review of Facility Reported Incident (FRI), MD00202778, revealed that Resident #2's sister reported on 2/19/2024 that the resident told her a couple of weeks ago that Geriatric Nursing Assistant (GNA # 11) told him/her To shut up and was rough with care.</p> <p>Further review of the facility investigation report of the incident on 4/11/2024 at 11:00 AM, revealed that there were interviews /statements from staff and other residents. However, some of the interview statements on file did not indicate the titles nor identify the persons completing the forms and/or the date the statements were obtained. There was no interview statement of the resident, resident's roommate and/or statements from other residents. The investigation was not thorough.</p> <p>On 4/11/2024 at 12:50 PM, in an interview with the Director of Nursing (DON) in the presence of the Regional Clinical Services Manager (Staff #7), the surveyor asked if DON had documentation of residents' interviews. DON stated that she did not have. Surveyor informed them that the investigation was not thorough as interview statements were incomplete and did not identify the persons completing the interviews, no statements from the resident, resident's roommate, and/or other residents on file.</p> <p>2) On 4/11/2024 at 1:15 PM, review of Facility Reported Incident (FRI), MD00202775, revealed Resident #2 alleged that staff took their call bell from them and shut the door.</p> <p>Further review of the facility investigation report of the incident on 4/11/2024 at 1:50 PM, noted resident and staff interviews. However, only staff statements/interviews were on file. There was no interview statement of the resident, resident's roommate, and/or other residents on file. The investigation was not thorough.</p> <p>On 4/11/2024 at 2:05 PM, in an interview with the Director of Nursing (DON), they were informed that the investigation of the above allegation was not thorough: No evidence of Resident #2, resident's roommate and/or any other residents' interviews on file. DON provided no new/additional information to validate that the above allegation was thoroughly investigated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Future Care Canton Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 South Ellwood Avenue Baltimore, MD 21224	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30428</p> <p>Based on tour, observation, and interview, it was determined that the facility failed to secure and monitor chemicals in an active resident area. This was evident during a random tour on the 3rd floor of the facility.</p> <p>The findings include:</p> <p>During a tour on the 3rd floor of the facility at 12:44 PM on 4/11/24 revealed a maintenance cart with 4 cans of Ultra Power Foam for stripping and cleaning the floors. It was observed and noted at this time that multiple rooms were being deep cleaned. An additional can of the Ultra Power Foam was sitting on the railing next to room [ROOM NUMBER].</p> <p>This surveyor continued observations through 12:53 PM when the facility Assistant Director of Nursing arrived on the floor and made the same observations.</p> <p>The chemicals remained on the floor as 2 residents were observed rolling down the hall. Resident #6 stopped at all the items and stated 'wow there is a lot of stuff here.'</p> <p>Their medical records were reviewed on 4/12/24 at 10:20 AM. Resident #6 was documented with a brief interview of mental status (BIMS) 3 meaning severe cognitive impairment according to his/her 3/2024 MDS and Resident was documented with a BIMS of 15, according to the 2/2024 MDS, meaning that s/he is cognitively intact.</p> <p>Staff #13, identified as a floor tech, was interviewed at 1:05 PM on 4/11/24. He acknowledged that he was responsible for the chemicals that were left on the floor. This surveyors' observations and concerns were reviewed with him at that time. He took the cart, moved it to a corner and placed a 'wet floor' sign in front of it.</p> <p>These concerns were reviewed with the facility DON on 4/11/24 at approximately 1:30 PM</p>		