

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Fayette Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1217 West Fayette Street Baltimore, MD 21223	

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>Based on record reviews and interviews it was determined the facility staff failed to conduct a thorough investigation. This was evident for 1 (#2801571) of 5 facility reported incidents reviewed during the survey. The findings include: Facility reported incident #2801571 was reviewed on 4/9/26 at 12:00 PM. The report revealed that on 2/21/26, Resident #7 alleged that \$150.00 was stolen by Geriatric Nursing Assistant (GNA) #8. The facility investigation documentation included 7 Resident Interview forms with questions regarding abuse (verbal, physical or sexual). All the boxes were checked No indicating the residents were never abused or witnessed abuse of another resident. There was no evidence that any residents, including Resident #7's roommate, were interviewed regarding missing property/money, having property/money go missing, or concerns related to GNA #8. During an interview on 4/9/26 at 1:35 PM the Director of Nursing (DON) informed the surveyor that the abuse questionnaire forms were the only interviews that were conducted during the investigation. He indicated that Resident #7's roommate was not asked if s/he witnessed or had any knowledge related to Resident #7's missing money allegation. When asked why residents weren't asked questions specific to the allegation, he stated that's what we were told to use.</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: 215183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Fayette Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1217 West Fayette Street Baltimore, MD 21223	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on record review, observation and interviews it was determined that the facility staff failed to provide food that accommodated a resident's allergies, intolerances and preferences. This was evident for 1 (#10) of 14 residents reviewed during the survey. The findings include: Resident #10's record was reviewed on 4/10/26 at 12:26 PM. The resident's diagnoses included Type 2 Diabetes. A physician order was written 10/13/25 for Carbohydrate Controlled Diet (CCD), regular texture, thin liquids consistency, no salt packet. The resident's allergies which included shellfish derived product and caffeine, were included in multiple places throughout the medical record including the interdisciplinary plan of care and Geriatric Nursing Assistant (Kardex). During an interview on 4/10/26 at 12:42 PM Resident #10 indicated that s/he did not eat lunch because s/he did not like the meal that was provided. At approximately 1:20 PM Geriatric Nursing Assistant (GNA) #3 was observed at the doorway of Resident #10's room with the meal cart. She provided Resident #10's declined tray and ticket to the surveyor upon request. The ticket on the tray included Resident #10's name and CCD diet, and Allergies:*Shellfish Allergen*, Caffeine written in bold type. No salt packet, No Juice, No milk; were also noted. At that time GNA #3 asked Resident #10's roommate why s/he hadn't eaten his/her shrimp scampi. Upon hearing this, Resident #10 informed GNA #3 that s/he wanted shrimp scampi too. GNA #3 returned to the cart, removed another tray which contained shrimp scampi, and without reviewing the resident's ticket for his/her prescribed diet, dietary restrictions or allergies asked Resident #10 if s/he wanted the tray while walking toward Resident #10. The surveyor intervened, showed GNA #3 Resident #10's tray ticket pointing out his/her allergies. GNA #3 then informed Resident #10 that s/he was allergic to shellfish, Resident #10 stated it's crabs, not shrimp, I want shrimp scampi. GNA #3 proceeded to deliver the tray to Resident #10 despite a documented allergy to shellfish, and without referring the residents request to a nurse. GNA #3 then took a cup of apple juice from the top of the cart and began to take it to the resident but stopped after the surveyor called her attention to the Juice restriction on Resident #10's ticket. The Interim Director of Nursing (DON) was notified immediately of the above concern. In an interview on 4/10/26 at 2:07 PM the Dietary Manager indicated that shrimp scampi was the entree on the lunch menu, and if a resident had a seafood or shellfish allergy they would have been provided with a substitute entree which was country fried steak.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Fayette Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1217 West Fayette Street Baltimore, MD 21223	
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 - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and interviews it was determined that the facility staff failed to document administration of medication at the time of administration, in accordance with accepted professional standards and practices. This was evident for 1 (#10) of 14 residents reviewed during the survey. The nursing standard of practice for medication administration includes administering time critical medication (which includes insulin) within 30 minutes before or after the scheduled time; and real time charting of when the medication was administered. The findings include: Complaint #2796259 was reviewed on 4/13/26 at 11:26 AM for a concern regarding insulin administration. Resident #10's physicians orders and April 2026 Medication Administration Record (MAR) revealed the resident was prescribed Insulin Aspart 7 Units to be administered before meals at 6:00 AM, 11:00 AM, and 4:00 PM; Insulin Lispro to be administered before meals and bedtime at 6:00 AM, 11:00 AM, 4:00 PM and 8:00 PM with the dosage based on the resident's blood sugar readings; and Insulin Glargine 20 units to be administered at bedtime. A review of the time stamp which reflected when the medications were signed off as administered by the nurses, revealed insulin administration times from 1 hour 50 minutes to 6 hours 38 minutes after the scheduled time for 19 out of 80 insulin doses that were administered between 4:00 PM on 4/3/26 and 11:00 AM on 4/13/26. Additionally, the 4:00 PM and 8:00 PM Lispro insulin doses were signed off as administered at the same time on 4/3/26, 4/6/26 and 4/7/26. No documentation was found in the medical record to account for the deviation from the scheduled administration times. These findings were reviewed with the acting Director of Nursing (DON) on 4/13/26 at 12:15 PM. He was unable to provide any additional documentation or explanation. Interviews were conducted with 2 of the 4 nurses responsible for signing off the late insulin doses. In a telephone interview on 4/14/26 at 1:37 PM Registered Nurse (RN) #7 was asked about her process for administering and signing off insulin. She indicated that she administers the insulin on time but doesn't always sign it off as she gives it; and that she knows better than to do that. In an interview on 4/14/26 at 3:25 PM RN #6 indicated that sometimes he writes them down on paper and signs them off in the electronic MAR later. He indicated that he did not administer 2 doses of the same insulin together as reflected in the documentation, and the time stamps reflect when he signed the insulin off.</p>		