

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	

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 - Minimal harm or potential for actual harm</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40902</p> <p>Based on record review, interview, and policy review, the facility failed to protect the resident's right to be free from physical abuse by a resident for one of three residents (Resident (R) 58) reviewed for abuse out of 29 sample residents. This had the potential to affect all the residents in the facility who were at risk of abuse.</p> <p>Findings include:</p> <p>Review of R57's Face Sheet, located in resident's electronic medical record (EMR) under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses which included dementia, Alzheimer's, major depressive disorder and restlessness and agitation.</p> <p>Review of R57's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/08/24 and located in the resident's EMR under the MDS tab, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of zero out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Review of R57's Care Plan, dated 10/31/21 and located in the resident's EMR under the Care Plan tab, revealed, The resident wandered into other resident rooms. Interventions in place were I need a sign on my door with my name and something that catches the eye to help me remember where my room is, monitor my location throughout the shift, provide structured activities and staff will redirect me from wandering into other residents' rooms or spaces.</p> <p>Review of R58's Face Sheet, located in resident's EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses which included dementia and major depressive disorder.</p> <p>Review of R58's quarterly MDS, with an ARD of 10/1805/24 and located in the resident's EMR under the MDS tab, revealed the facility assessed the resident to have a BIMS score of 12 out of 15, which indicated the resident was not cognitively impaired.</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: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a "Nurse's Notes" located in the EMR under the "Notes" tab dated 04/09/2023 at 4:43 PM revealed, resident observed on the floor outside her room. Other Resident observed nearby. Helped up with 2-person assistants. Able to stand alone with cane once assisted up. The resident states He came into my room, and I wanted him to leave then he pushed me. 1/10 pain located back of head. Stable, Verbal, Walking with cane. Residents redirected away from each other and to their separate rooms.</p> <p>Review of the Self-Report Form provided by the facility, dated 04/09/2023 revealed, Following a complete and thorough investigation, including resident and staff interviews, it was determined that R57 wandered into R58's room. She became startled and yelled at him to get out and then because of limited impulse control from his dementia, he shoved her causing her to fall onto her buttocks. R58 remains safe within the facility and without any symptoms of emotional distress from the event. R57 was evaluated by psychiatry on 4-12-23.</p> <p>During an interview on 01/15/25 at 2:47 PM, Licensed Practical Nurse (LPN)7 said when the incident occurred in April 2023, she was unable to remember the specifics, but she knew she was trying to redirect the R57 after he came into R58's room and pushed R58 down. LPN7 said R57 was a wanderer and wandered into other resident rooms and when he wandered into R58's room she became upset and confronted him.</p> <p>During an interview on 01/16/25 at 2:26 PM, LPN2 stated R57 and R58's rooms were next to each other. R57 was a wanderer and would get confused about the rooms. Staff had to redirect him. She said R58 did not like people in her face and would yell. When this occurred, she thinks when R58 yelled R57's response was to push her. Staff witnessed it. After that occurred staff put up a sign so R57 would know which door was his.</p> <p>During an interview on 01/17/25 at 5:41 PM, the DON said she was not the DON at the time this occurred. She was not aware of the incident or what occurred.</p> <p>Review of the facility's policy titled Abuse and Neglect-Clinical Protocol revised July 2017 revealed, our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. As part of the resident abuse prevention, the administration will protect our residents from abuse by anyone including other residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>42886</p> <p>Based on medical record review and interview, the facility failed to update residents (#406 & #407) care plan after a change in condition. This was evident for 2 of 30 residents reviewed during a complaint survey.</p> <p>Findings include:</p> <p>1.</p> <p>On 1/5/23, the State of Maryland's Office of Health Care Quality received a facility reported incident which reported that Resident #406 alleged that a male staff member touched the resident inappropriately.</p> <p>Review of Resident #406's medical record on 1/16/25 at 11:25 AM revealed a written statement by hospice volunteer #12 which reported that Resident #406 told hospice volunteer #12 that a male GNA touched the resident inappropriately. An additional review of the resident's medical record on 1/16/23 at 11:50 AM revealed no evidence that a change in care plan was made after the resident's allegation.</p> <p>On 1/16/25 at 1:30 PM, the survey team reviewed interviews with the Social Work Director and nursing staff regarding the facility's policies on making appropriate changes to a resident's care plan after a change in condition. The review determined that a resident's care plan should be reviewed after a change in condition and changes should be made as necessary to ensure that the resident is receiving appropriate care.</p> <p>On 1/17/25 at 10:00 AM, the surveyor interviewed the Director of Nursing (DON) and Administrator regarding facility care plan policy and when it would be appropriate to make changes to a resident's care plan. The DON and the Administrator confirmed that a resident's care plan should be reviewed after a change in condition and appropriate changes would be made at that time. The surveyor pointed out that Resident #406 alleged that he/she was touched inappropriately and a review of the resident's medical record revealed no evidence of a change in care plan after the resident's allegation. The DON and the Administrator reviewed the resident's medical record and confirmed that there was no evidence of any changes in the resident's care plan after the allegation.</p> <p>2.</p> <p>On 5/10/23, the State of Maryland's Office of Health Care Quality received a facility reported incident which reported that Resident #407 alleged that a staff member slapped the resident in the face.</p> <p>Review of Resident #407's medical record on 1/16/25 at 1:00 PM revealed Resident #407 told his/her spouse that a staff member slapped the resident's face on the evening of 5/9/23. An additional review of the resident's medical record on 1/16/23 at 1:10 PM revealed no evidence that a change in care plan was made after the allegation to ensure the resident's care was appropriate.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/16/25 at 1:30 PM, the survey team reviewed interviews with the Social Work Director and nursing staff regarding the facility's policies on making appropriate changes to a resident's care plan after a change in condition. The review determined that a resident's care plan should be reviewed after a change in condition and changes should be made as necessary to ensure that the resident is receiving appropriate care.</p> <p>On 1/17/25 at 10:00 AM, the surveyor interviewed the Director of Nursing (DON) and Administrator regarding facility care plan policy and when it would be appropriate to make changes to a resident's care plan. The DON and the Administrator confirmed that a resident's care plan should be reviewed after a change in condition and appropriate changes would be made at that time. The surveyor pointed out that Resident #407 alleged that he/she was slapped in the face by a staff member and a review of the resident's medical record revealed no evidence of a change in care plan was made after the resident's allegation. The DON and the Administrator reviewed the resident's medical record and confirmed that there was no evidence of any changes in the resident's care plan after the allegation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	
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 - 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>37296</p> <p>Based on medical record review, observation and interview, it was determined the facility staff failed to transfer Resident #417 using a sit to stand transfer device that resulted in the resident sustaining a fracture to their right arm. This was identified a G of past non-compliance for facility reported incident MD00210322 for F689. This was true for 1 out of the 29 residents reviewed during this survey.</p> <p>The findings include:</p> <p>1) Based on reviews of medical records, administrative records, and staff interviews, it was determined the facility staff failed to provide a resident with a safe environment, during a transfer from the bed to the wheelchair.</p> <p>Review of Resident #417's fall prevention care plan initiated on 8/11/2024 revealed Resident #417 was at high risk for falls.</p> <p>A review of Resident #417's Minimum Data Set (MDS) Assessment, with an Assessment Reference Date of 4/20/24 Quarterly, was conducted. The MDS (Minimum Data Set) is a complete assessment of the resident which provides the facility with the information necessary to develop a plan of care, provides the appropriate care and services to the resident and to modify the care plan based on the resident's status.</p> <p>MDS Section GG: Functional Abilities is coded to reflect that Resident #417 depends on staff for transfers (how the resident moved between surfaces including to or from the bed, chair and wheelchair and required the support of two or more individuals to transfer.</p> <p>Review of the facility reported incident MD00210322 on 8/23/24 at 9:59 AM, the date of the incident, revealed that the resident reported to the Director of Nursing that the Aide did not transfer her correctly. The resident explained that the GNA2 bear hugged her/him, and the arms were around the GNA2 neck when he/she lifted her.</p> <p>On 1/15/25 at 9:30AM, an interview with the resident revealed that the resident was getting ready to attend an activity and her Geriatric Nursing Assistant (GNA) was helping another resident. GNA 2 and GNA 3 came into the room to help her transfer from the side of the bed to the wheelchair. GNA 2 said they could lift the resident to the wheelchair, the resident and GNA 3 said that the resident was to be transferred via a sit to stand. A sit-to-stand device is meant to replace the manual stand-and-pivot transfer that's performed frequently by caregivers when transferring a weight-bearing resident/patient from a seated posture to a standing posture or different seated surface. The resident stated that's she felt the pain in her arm and heard the snap when she lifted her arms around the GNA's neck.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/25 at 11AM, GNA 3 revealed the resident was a sit-to-stand transfer and offered to get the resident the sit-to-stand device but, GNA 2 was in a hurry and lifted the resident. They said that they did hear the snap of the resident's arm. I immediately got the RN and then stayed with the resident to comfort them</p> <p>On 1/15/25 at 12 PM, an interview with the Director of Nursing revealed that resident had a sit-to-stand lift transfer initiated on 2/4/22 and it was continued to this day. GNA 2 did not follow the GNA transferring Kardex. The resident was sent to the emergency room for treatment of the right fractured arm. Education to staff on the protocol for safe lifting and movement of resident requiring a sit-to stand lift transfer was completed on 9/27/24.</p> <p>On 1/15/25 at 2:30PM, an interview with the Director of Nursing stated the delay in education was that the resident failed to inform staff at the time of the incident that the sit-to-stand device was not used in the transfer.</p> <p>On 1/16/25 at 8:55 AM, an interview with the Administrator revealed a Quality Assurance Performance Improvement (QAPI) action plan, completed 9/27/24, that identified what occurred i.e. full house education including agency staff and the suspension of GNA2. GNA2 was not allowed to return to the facility. There have been no new agency staff since this occurred. If new agency staff are to start work in the facility, they are educated on the transfer procedures for the residents. The plan of correction to address the facility's failure to be in compliance was completed by 9/27/24 and training is ongoing as needed for agency staff</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37296</p> <p>Based on record review and interviews, it was determined that the facility failed to develop and implement a process to determine if residents with a history of trauma received the appropriate trauma informed care. This was evident for 3 (#421, #406 and #407) of 3 residents reviewed for trauma informed care.</p> <p>The findings include:</p> <p>1) On 1/14/24 at 9:30 AM, a review of complaint MD00204534 dated 4/9/24 revealed that Resident #421 felt uncomfortable when she/he was bathed by the Geriatric Nursing Assistant.</p> <p>Further medical record review for Resident #421 revealed the resident was admitted to the facility on [DATE]. The review of the trauma informed care assessment completed on 12/31/23, 8/23/24, and 11/11/24, revealed that the resident did not experience any traumatic event such as accident, sexual assault or abuse.</p> <p>On 1/25/24 at 1:13 PM, an interview with the Director of Social Work revealed on 4/10/24, the resident claimed that she was sexually abused in the past. When the Director of Social Work asked the resident why she/he didn't reveal the sexual trauma? The resident stated she forgot. The Surveyor reviewed the trauma informed care assessment with the Director of Social Work dated 8/23/24 and 11/11/24, and that it did not indicate that trauma occurred. The Director Social Work stated that I should have updated the trauma informed care assessment when the information was revealed to me.</p> <p>42886</p> <p>2) On 1/5/23, the State of Maryland's Office of Health Care Quality received a facility reported incident which reported that Resident #406 alleged that a male staff member touched the resident inappropriately.</p> <p>Review of Resident #406's medical record on 1/16/25 at 11:25 AM revealed a written statement by hospice volunteer #12 which reported that Resident #406 told hospice volunteer #12 that a male GNA touched the resident inappropriately. An additional review of the resident's medical record on 1/16/23 at 11:50 AM revealed no evidence that a trauma informed assessment was performed to ensure the resident's care was appropriate.</p> <p>On 1/16/25 at 1:30 PM, the survey team reviewed interviews with the Social Work Director and nursing staff regarding the facility's policies on trauma informed care. The review determined that trauma informed care assessments are completed when a resident is admitted and at a change of condition to ensure that the resident is receiving appropriate care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	

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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/17/25 at 10:00 AM, the surveyor interviewed the Director of Nursing (DON) and Administrator regarding the trauma informed care policy. The DON and the Administrator confirmed resident trauma informed assessments should be done at admission and after a change in condition. The surveyor pointed out that Resident #406 alleged that he/she was touched inappropriately and a review of the resident's medical record revealed no evidence of a trauma informed care assessment after the resident's allegation. The DON and the Administrator reviewed the resident's medical record and confirmed that there was no evidence of a trauma informed care assessment.</p> <p>3) On 5/10/23, the State of Maryland's Office of Health Care Quality received a facility reported incident which reported that Resident #407 alleged that a staff member slapped the resident in the face.</p> <p>Review of Resident #407's medical record on 1/16/25 at 1:00 PM revealed a written statement by hospice volunteer #12 which reported that Resident #407 told his/her spouse that a staff member slapped the resident on the face on the evening of 5/9/23. An additional review of the resident's medical record on 1/16/23 at 1:10 PM revealed no evidence that a trauma informed assessment was performed to ensure the resident's care was appropriate.</p> <p>On 1/16/25 at 1:30 PM, the survey team reviewed interviews with the Social Work Director and nursing staff regarding the facility's policy on trauma informed care. The review determined that trauma informed care assessments are completed when a resident is admitted and at a change of condition to ensure that the resident is receiving appropriate care.</p> <p>On 1/17/25 at 10:00 AM, the surveyor interviewed the Director of Nursing (DON) and Administrator regarding the trauma informed care policy. The DON and the Administrator confirmed resident trauma informed assessments should be done at admission and after a change in condition. The surveyor pointed out that Resident #407 alleged that he/she was slapped by a staff member and a review of the resident's medical record revealed no evidence of a trauma informed care assessment after the resident's allegation. The DON and the Administrator reviewed the resident's medical record and confirmed that there was no evidence of a trauma informed care assessment.</p>