

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 03/18/2025
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>42886</p> <p>Based on medical record review and interview, the facility failed to provide psychiatric evaluation for a resident (resident #1) who had a history of trauma from physical abuse. This is evident in 1 of 4 residents reviewed during a complaint survey.</p> <p>Findings includes:</p> <p>On 3/18/25 at 2:10pm, surveyor review of resident #1's medical records revealed that the resident reported an allegation of abuse from LPN # 4 on 1/17/25 at approximately 8:30am. Resident #1 reported that LPN #4 threw a cup filled with the resident's medication at the resident. Review of the facility investigation on 3/18/25 at 2:20pm revealed that the facility was unable to substantiate the abuse but recommended that the resident receive psychiatric assessment after the alleged abuse incident.</p> <p>Continued review of resident #1's medical record on 3/18/25 at 2:40pm revealed that the resident received a trauma informed care assessment that revealed that the resident had a history of physical abuse and required psychiatric assessment.</p> <p>Further review of resident #1's medical records on 3/18/25 at 2:50pm found no evidence that Resident #1 received the recommended psychiatric assessment during his/her stay.</p> <p>An interview with the Administrator on 3/18/25 at 3:15pm confirmed that the facility failed to provide Resident #1's recommended psychiatric assessment during his/her stay.</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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