

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 03/26/2026
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on a review of a complaint, staff interviews, and record reviews, it was determined that the facility failed to ensure the provision and use of a motorized wheelchair to promote and maintain the resident's independence and freedom of movement. This was evident for 1 (Resident #65) out of 1 resident reviewed during the recertification and complaint survey process. The findings include: A motorized wheelchair (power wheelchair) is a battery-operated mobility device used to assist residents with limited strength, endurance, or mobility. It is typically operated by the resident using a hand control and is intended to promote independence, safe mobility, and the resident's ability to move about the facility. On 03/26/2026 at 7:45 AM record review during the complaint investigation was conducted, Resident #65 reported that the motorized wheelchair has been nonfunctional since 2025. The resident stated that a vendor completed measurements for repair or replacement; however, no follow-up has been received regarding the status of the equipment. The resident further reported that the lack of a functioning motorized wheelchair has limited mobility within the facility and has impacted independence. On 03/26/2026 at 8:30 AM interview conducted with the Physical Therapy Director (PTD). She explained that the process involves taking the resident's measurements, obtaining a vendor estimate, and submitting it to the Business Office Manager (BOM) for processing, and stated she was unsure of the timeframe. The PTD confirmed that the initial motorized wheelchair assessment was completed on 08/18/2025 by Freedom Mobility (vendor), and the estimate was forwarded to the Administrator due to the absence of a Business Office Manager. On 03/26/2026 at 9:09 AM, an interview was conducted with the Business Office Manager (BOM), who stated she has been in her position since December 2025. The BOM stated she became aware of the resident's wheelchair issue on 01/16/2026. She further reported that she contacted Freedom Mobility on 01/16/2026 and was informed that authorization/approval had been received from Telligen on 10/10/2025. On 03/26/2026 at 9:34 AM during an interview with the Administrator she confirmed that the facility did not have a Business Office Manager (BOM) from July 2025 through December 2025. She stated that during this period, she assumed responsibility for Business Office functions, which resulted in a breakdown in follow-up and tracking of the authorization process. The Administrator acknowledged that the facility failed to follow up on the approved request, resulting in a delay in providing the resident with the necessary equipment to support mobility, as well as a failure to update the resident regarding the status. The Administrator further stated, I am going to talk to Resident #65 right now.</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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(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>Based on interviews and record review it was determined that the facility failed to ensure a Resident was free from abuse. This was found to be evident for 1 (Resident #6) out of 4 Residents reviewed for abuse during the recertification and complaint survey. The findings include: During an interview conducted on 03/22/26 at 9:35 AM, Resident #6 reported that Agency Geriatric Nursing Assistant (GNA) #16 provided rough care. The Resident reported that the GNA roughly pulled the Resident by the neck and arm and was very rude while repositioning the Resident in bed. During a review of Facility Reported Incident (FRI) #2736958 investigation conducted on 03/24/26 at 7:00 AM it was discovered that the Nursing Home Administrator (NHA) determined that Agency GNA #16 abused Resident #6. The NHA suspended the GNA at the onset of the investigation. At the conclusion of the investigation the NHA notified the staffing agency of the abuse and placed the GNA on the do not return list. During an interview conducted on 03/24/26 at approximately 9:30 AM the NHA reported that during the investigation 2 other residents reported that Agency GNA #16 was rude and provided rough care. As a result, the NHA reported that she verified the abuse and terminated the Agency GNA and placed her on the do not return list.</p>		