| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215204 | A. Building<br>B. Wing | 05/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Holly Hill Healthcare Center | 531 Stevenson Lane<br>Towson, MD 21286 |

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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>Based on a review of resident medical records and interviews with facility staff, it was determined that the facility failed to ensure that residents received the necessary monitoring to promote their well-being. This was evident of one (Resident #5) out of six residents reviewed during this complaint survey.The findings include:During a complaint investigation on 5/11/26 at 11:00 AM, it was revealed that Resident #5's family member noted the resident had a purple bruise under his/her eye on 2/12/26. However, the family member was not notified regarding the incident, and the facility provided two conflicting explanations for the cause of the bruise.A review of Resident #5's medical records on 5/11/26 at 1:59 PM revealed that on 2/13/26 at 7:43 AM, a nurse documented in a progress note that the resident bumped his/her head on the headboard during AM care, noting a raised knot but no bruising or discoloration. Additionally, a progress note by the facility Nurse Practitioner, service date 2/13/26 and signed on 2/15/26, stated: per GNA he/she was taking the patient to his/her room for AM care when he/she hit their face on foot board. On exam, right side face under lower eyelid swollen with large bruise.However, there was no subsequent documentation regarding the bruise's status, including its size, color changes, progression, or route cause.During an interview with the Director of Nursing (DON) on 5/12/26 at 11:21 AM, she stated that if a non-pressure skin issue is noted for a resident, it must be documented in the medical chart with the status of the bruise. The surveyor reviewed Resident #5's medical records with the DON, who validated that there was no appropriate assessment or ongoing documentation regarding Resident #5's bruise. |

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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