STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chapel Hill Nursing Center	4511 Robosson Road Randallstown, MD 21133

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations, record review, and staff interviews, it was determined that the facility failed to ensure the promotion of resident's dignity and residents' rights. It was evident for 2 (#14, #61) out of 4 residents reviewed for Resident Rights during this annual recertification survey.The findings include:1.On 3/23/2026 at 8:30 AM, during the initial observation of Resident #14, an observation was made that the urinary catheter bag was hanging from the bed without a bag cover.On 3/24/2026 at 12:35 PM, an observation was made by the surveyor, and it was noted that Resident #14 had a bag cover over the urinary catheter bag.On 3/26/2026 at 2:43 PM, the surveyor observed that while Resident #14 was lying in bed, once again the resident's urinary catheter bag was not covered. The cover for the bag was lying on the floor next to where the urinary catheter bag was hanging.The facility failed to maintain Resident #14's dignity by not covering the urinary catheter bag.2. On 3/26/26 at 11:30 AM, a review of the facility-reported incident revealed that the facility failed to ensure that resident rights were being upheld. The facility conducted a thorough investigation into the alleged neglect claim that the facility was not feeding Resident #61. However, the facility denied the resident's right to remain on the phone with his family while being fed.On 3/26/26 at 2 PM, the Nursing Home Administrator (NHA #1) and Director of Nursing (DON #2) were interviewed in reference to a complaint from the resident's family about the incident that had occurred. When asked what had happened, the DON #2 responded that the resident was on the phone with their sister (Resident Representative/ RP) and mother when it was their lunch time. A staff member had come to the resident's room to assist them with eating and noted that the resident was on the phone with their mother and sister. The DON #2 continued to reply that the staff member had made a statement to the resident that she would feed them once they had finished their conversation and were off the phone. Resident #61's sister (their RP) was on the phone and stated to the staff member that it was okay to feed them because they weren't really saying anything on the phone. The staff member continued to refuse to feed Resident #61 while they were on the phone, and replied that she would be back once they were off the phone. The family did not like the answer, so they called the police to report the facility for neglect for not feeding the resident. However, the police were told by the resident that they were not being abused or neglected and that they had received their lunch. The DON #2 was asked if the resident had the right to be fed while on the phone. The DON #2 replied yes, but we can't make staff do something that they do not feel comfortable doing. The nurse at that time did not feel comfortable about feeding the resident while the family was on the phone. The DON #2 was then asked if the resident's rights had been denied. The DON #2 stated no. The surveyor explained that the resident's rights had been denied and that it was against the resident's wishes that they had to get off the phone in order to be fed.

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: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4511 Robosson Road Randallstown, MD 21133	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, it was determined that the facility failed to maintain a safe, clean, comfortable, and homelike environment in good repair. This was evident for 2 of 2 Nursing units and 1 out of 1 dining area reviewed during the annual recertification survey and investigation of complaints; #2713655, #320969, and #320969.The findings include: 1. During the surveyor's initial tour of the facility on 3/23/26 at 7:43AM the surveyor observed that the supply of linens present on the nursing unit 1 hallway was low in quantity. On 3/23/26 at 2:06PM the surveyor conducted a review of Complaint #320969 which included a concern for delays in Resident incontinence care. On 3/23/26 at 3:29PM the surveyor reviewed Complaint # 2713655 which included a concern that bed linens were not changed regularly, and Residents of the facility were left without clean bedding. At this time, the surveyor conducted an interview of the complainant who reported a concern that the facility did not have enough supply of clean linen available to the Residents. On 3/24/26 at 1:02PM the surveyor conducted an interview of Staff #16 who reported to the surveyor that staff utilized towels, sheets, and washcloths to wipe Residents for incontinence care and stated: That is the problem, we don't have no wipes, we are throwing away a lot of towels and washcloths because of it. Staff #16 additionally stated to the surveyor: Yes, there is a shortage of linen. Staff #16 reported having told Director of Housekeeping (DH) #19 about the issue, however, the linen shortage was not being addressed by them and the facility did not have enough linen to bring to the nursing units at 7:30AM. On 3/24/26 at 1:14PM the surveyor conducted an interview with GNA #17 who stated to the surveyor: Linen might be coming up late. On 3/24/26 at 1:14PM the surveyor conducted an interview of GNA #18 who reported to the surveyor that the linens come up late to the nursing units and Residents like to get up before breakfast, however, if linen is late they have to wait. GNA #18 confirmed that there were delays in care provided due to the issues with linen supply. On 3/24/26 at 3:31PM surveyors conducted observations of the clean supply room at which time there was no disposable wipes or cloths for incontinence care found to be present. On 3/25/2026 at 9:48AM Resident #28 reported to the surveyor that facility staff does not use wipes, they had to purchase their own, and that if the washcloth or towel has too much excrement on it, staff just throws them away. On 3/27/26 at 7:52AM the surveyor conducted a tour of all nursing unit linen carts and linen closets at which time only 6 clean washcloths were observed to be present, and limited supplies of other items such as towels, gowns, and bed linens was observed to be present. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chapel Hill Nursing Center	4511 Robosson Road Randallstown, MD 21133

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/27/26 at 7:56AM the surveyor requested and conducted a dual observation of concerns with the facility's Director of Nursing (DON) at which time the surveyor shared the concerns. The DON observed and acknowledged and confirmed understanding of this surveyor's concerns. The DON stated to the surveyor: Maybe laundry has not brought it up yet. On 3/27/26 at 8:02AM the surveyor conducted an observation of the clean laundry room at which time only three washcloths were observed to be present, in addition to other linens. On 3/27/26 at 8:02AM the surveyor conducted an interview with Laundry Assistant (LA) #20 at which time the DON was present. LA #20 reported to this surveyor and to the DON that this morning they had only had 3 wash cloths for each nursing unit and that they were short on the linen supply. LA #20 confirmed with the surveyor and DON that they only had 3 washcloths total at present to send to the nursing floor, and had repeatedly informed DH #19 of the issue one month ago, one week ago, and also this morning. LA #20 confirmed at this time, that there was not other additional laundry present in the process of being washed or dried. The DON was observed leaving the laundry room as LA #20 was continuing to express their concerns relating to the shortage of linen. On 3/27/26 at 8:10AM surveyors conducted an interview of the DON at which time they stated to the surveyors that wipe squares should be used, not linen for hygiene relating to incontinence care of Residents. At this time, surveyors offered for DH #19 and the DON to show surveyors all available linens including the emergency supply and par levels, and any stock of available disposable wipes or similar wipe type products. No supply of wipes relating to incontinence care were present during tour of the facility's clean medical supply room and no additional washcloths were observed to be present in the emergency back up supply of linen located in DH #19's office. DH #19 confirmed with surveyors that there was no back up supply of wash cloths. On 3/27/26 at 9:41AM the surveyor observed Administrator in Training (AIT) #10 wheeling a dolly with boxes of pre-moistened wash cloths and personal cleansing cloths. The surveyor conducted an interview of AIT #10 who reported to the surveyor that they had been asked by the Administrator to bring supplies in. On 3/27/26 at 9:41AM the surveyor observed DH #19 holding a stack of washcloths. The surveyor conducted an interview of DH #19 and inquired as to if more washcloths had been obtained, at which time they reported that wash cloths were brought in from another facility now, and they wanted to go put enough washcloths on the units. On 3/27/26 at 1:01PM the surveyor shared concerns and conducted an interview with DH #19 who confirmed with the survey team that the linen levels were short and reported that they had spoken with their Regional supervisor and that they needed to have more emergency linen supply available, and conduct weekly instead of monthly room rounding for linen sweeps for the supply, and order more linens needed so they can pull from supply and still have more emergency supply on hand. Concerns were again shared with the facility's Administrator, Director of Nursing, Administrator in Training #10, and Regional Administrator #21 during the facility's exit conference on 3/30/26. 2. During the surveyor's initial tour of the facility on 3/23/26 at 7:52AM the surveyor observed a recliner chair situated directly in front of the handwashing sink located in the main dining area of the facility (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4511 Robosson Road Randallstown, MD 21133	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on unit 1. On 3/23/26 at 9:12AM the surveyor shared the concern with the facility's Administrator who acknowledged the concern. On 3/23/26 at 10:00AM the surveyor again observed the recliner chair situated directly in front of the handwashing sink located in the main dining area of the facility on unit 1 continued to be present. Additionally, the surveyor observed two recliner chairs stored in front of the main dining room's nutrition area kitchenette on unit 1. On 3/23/26 at 10:07AM the facility Administrator reported to the surveyor that they had moved the reclining chairs and acknowledged and confirmed understanding of the concerns. Concerns were again shared with the facility's Administrator, Director of Nursing, Administrator in Training #10, and Regional Administrator #21 during the facility's exit conference on 3/30/26. 3a.) On 3/23/26 at 2:06PM the surveyor conducted a review of Complaint #320969 involving a shared Resident bathroom. On 3/27/26 at 9:47AM the surveyor conducted an observation of the shared bathroom between Rooms # 31 and #33 on nursing unit 1 which revealed: -Unfinished areas of spackling present on the bathroom wall below the paper hand towel dispenser -Grey areas of wear on the bottom of the bathroom mirror -Broken areas of metal baseboard -Dark brown and rust colored areas of wear present on the metal baseboard -Areas of flooring felt and observed to be lifting and sticky upon walking on it. On 3/30/26 at 10:58AM the surveyor shared concerns with Director of Maintenance #22 who acknowledged and confirmed understanding of the concerns. Concerns were again shared with the facility's Administrator, Director of Nursing, Administrator in Training #10, and Regional Administrator #21 during the facility's exit conference on 3/30/26. 3b. On 03/23/26 at 8:17 AM, during the screening process, the resident bathroom in room [ROOM NUMBER] was observed with a white, spackle-like substance on the wall near the bathroom door that needs to be resurfaced and painted. On 03/23/26 at 8:29 AM, during the screening process, the resident bathroom in room [ROOM NUMBER] was observed with a white, spackle-like substance on the wall near the bathroom door and toilet paper holder that needs to be resurfaced and painted, chipped paint around the bathroom sink, and a section of uneven, white boards nailed to the bathroom wall underneath the sink that appears to be partially covering a hole in the wall. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4511 Robosson Road Randallstown, MD 21133	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/24/26 at 11:23 AM, during observation rounds, the resident bathroom in room [ROOM NUMBER] was observed with a white, spackle-like substance on the wall near the bathroom door that needs to be resurfaced and painted. On 03/24/26 at 11:32 AM, during observation rounds, the resident bathroom in room [ROOM NUMBER] was observed with a white, spackle-like substance on the wall near the bathroom door and toilet paper holder that needs to be resurfaced and painted, chipped paint around the bathroom sink, and a section of uneven, white boards nailed to the bathroom wall underneath the sink that appears to be partially covering a hole in the wall. On 03/27/26 at 1:04 PM, during observation rounds, the resident bathroom in room [ROOM NUMBER] was observed with a white, spackle-like substance on the wall near the bathroom door that needs to be resurfaced and painted. On 03/27/26 at 1:11 PM, during observation rounds, the resident bathroom in room [ROOM NUMBER] was observed with a white, spackle-like substance on the wall near the bathroom door and toilet paper holder that needs to be resurfaced and painted, chipped paint around the bathroom sink, and a section of uneven, white boards nailed to the bathroom wall underneath the sink that appears to be partially covering a hole in the wall. On 03/30/26 at 4:13 PM, during observation rounds, the resident bathroom in room [ROOM NUMBER] was observed with a white, spackle-like substance on the wall near the bathroom door that needs to be resurfaced and painted. On 03/30/26 at 4:17 PM, during observation rounds, the resident bathroom in room [ROOM NUMBER] was observed with a white, spackle-like substance on the wall near the bathroom door and toilet paper holder that needs to be resurfaced and painted, chipped paint around the bathroom sink, and a section of uneven, white boards nailed to the bathroom wall underneath the sink that appears to be partially covering a hole in the wall. On 03/30/26 at 4:21 PM, the Director of Nursing staff #2 was made aware of the surveyor's observations of a white, spackle-like substance on the wall near the bathroom door that needs to be resurfaced and painted in the residents' bathroom in room [ROOM NUMBER], and a white, spackle-like substance on the wall near the bathroom door and toilet paper holder that needs to be resurfaced and painted, chipped paint around the bathroom sink, and a section of uneven, white boards nailed to the bathroom wall underneath the sink that appears to be partially covering a hole in the wall in the residents' bathroom in room [ROOM NUMBER]. Staff #2 indicated that he will check into the surveyor's concerns. On 03/30/26 at 4:26 PM, the surveyor interviewed the Maintenance Director staff #22. The surveyor made staff #22 aware of the above maintenance issues. Staff #22 indicated that resident bathrooms are in the process of being renovated. Staff #22 also indicated that some renovations have been completed; however, there are still some resident bathrooms that need renovations and that maintenance will have those renovations completed soon. 4. During the surveyor's initial tour of the facility on 3/23/26 at 7:43AM handrails were observed on Unit 1 of the facility to be in worn condition with chips, splintering, holes, and with areas present where (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4511 Robosson Road Randallstown, MD 21133	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the wood's surface finish had worn off. On 3/23/26 at 10:01AM the surveyor conducted observations of the facility's handrails which revealed damage was present to hallway handrails on both Unit 1 and Unit 2. On 3/30/26 at 10:58AM the surveyor shared concerns with Director of Maintenance #22 who acknowledged and confirmed understanding of the concerns. On 3/30/26 at 2:55PM the surveyor conducted rounding of the nursing units and observations of all handrails of the facility, and after surveyor intervention, wood filling material was observed to be present on various areas of wooden handrails. Concerns were again shared with the facility's Administrator, Director of Nursing, Administrator in Training #10, and Regional Administrator #21 during the facility's exit conference on 3/30/26. 5. On 3/23/2026 at 8:17AM, during an observation of the shared bathroom for residents staying in room [ROOM NUMBER] and room [ROOM NUMBER], the Surveyor observed the following environmental concerns: -Baseboard heater, surrounding the sink and the toilet area, with cream colored eroded and chipped paint, exposed cracks and dark brown metal, and covered with areas of orange/brown rust-like material. -Bathroom smelled of a musty odor -Spotty black substance noted between the shower base pan and shower wall at the front of the shower stall. -Threshold wood transition moulding missing between room [ROOM NUMBER] and the bathroom entrance exposing cracks between transition of flooring, missing tile, and a nail. On 3/23/2026 at 8:21AM, during an observation of the shared bathroom for residents staying in room [ROOM NUMBER] and room [ROOM NUMBER], the Surveyor observed the following environmental concerns: -Baseboard heater, surrounding the sink and the toilet area, with cream colored eroded and chipped paint, exposed dark brown metal and cracks, and covered with areas of orange/brown rust-like material. -Green colored wall with a large patch of a white compound above the back shower wall; a large patch of a white compound on the wall near the top of the doorway and a hole in the wall above that, exposing a black substance underneath; and a hole in the wall near the window. During an interview with the Director of Maintenance (DOM) #22 on 3/26/2026 at 1:34PM, the Surveyor expressed the environmental concerns and reviewed pictures of the shared bathrooms for rooms [ROOM NUMBERS], and rooms [ROOM NUMBERS]. DOM #22 acknowledged the Surveyor's concerns and was aware of the conditions of those bathrooms and the maintenance department is (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4511 Robosson Road Randallstown, MD 21133	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	currently working on repairs and have ordered materials to resurface the baseboard heater. 6. On 3/23/2026 at 2:30PM, the Surveyor conducted an observation of shower rooms on Unit 1 and Unit 2. During an observation of the shower room on Unit 2, in the administrative hallway, the Surveyor observed the following environmental concerns: -A foul smell of feces and dried, brown stains covering the back of the toilet seat and brown stains in the toilet bowl. -Baseboard heater along the wall with white colored eroded and chipped paint, exposed dark brown metal and covered with areas of orange/brown rust-like material. -Chipped paint area along the handrail on the wall, exposing another layer of cream paint underneath. On 3/23/2026 at 2:37PM, the Surveyor informed the former Nursing Home Administrator, Staff #21, of the findings. Staff #21 acknowledged the condition of the shower room and stated he would inform environmental services and the maintenance department immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4511 Robosson Road Randallstown, MD 21133	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, it was determined that the facility failed to develop and implement comprehensive care plans. This was evident for 2 (#50, #2) of 6 residents reviewed for care planning during an annual recertification survey and investigation of Complaint #2784382.The findings include: 1. On 3/23/26 at 2:39PM the surveyor conducted a review of Complaint #2784382 and conducted an interview of the complainant relating to an injury sustained by Resident #50. On 3/26/26 at 11:46AM the surveyor conducted an interview of the facility's Director of Nursing (DON) at which time the surveyor inquired as to how Resident #50's injury occurred at which time the DON responded: (Resident #50) ran into his/her bed with his/her wheelchair and got a skin tear or laceration on his/her leg, there was no issues with the bed, it was him/her running into the bed, s/he had a motorized wheelchair assessed by therapy at that time. On 3/26/26 at 12:01PM the surveyor reviewed Resident #50's medical record with the DON which revealed an Emergency Department Physician note which included documentation of the Resident's report that they were in their motorized wheelchair when the injury occurred. On 3/26/26 at 1:31PM the surveyor conducted a review of Resident #50's care plan which revealed no documentation was present regarding the Resident's use of a motorized wheel chair. On 3/26/26 at 2:06PM the surveyor conducted an interview of the facility Administrator who reported to surveyors that safety assessment had been conducted by the Resident's therapist for their use of the motorized wheel chair. On 3/26/26 at 2:07PM the surveyor conducted an interview of the facility's DON who reported to surveyors that they update Resident care plans based on information received from utilization review meetings, obtaining of information from the Director of Rehabilitation, the Resident's discharge summary, and their assessment. On 3/26/26 at 2:14PM the surveyor conducted an interview of Resident #50's Occupational Therapist #24 who confirmed the Resident's use and safety assessment for their motorized wheelchair. On 3/30/26 at 3:25PM the surveyor reviewed the Resident's medical record which revealed they were initially admitted to the facility on [DATE] and were discharged from the facility on 2/17/26. The surveyor additionally reviewed a power mobility indoor driving assessment documented as performed with Resident #50 dated 4/29/25 provided by the facility's Administrator. Concerns were again shared with the facility's Administrator, Director of Nursing, Administrator in Training #10, and Regional Administrator #21 during the facility's exit conference on 3/30/26. 2. On 03/23/26 at 2:43 PM, facility's records were reviewed. The facility record review revealed that it (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER: Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 4511 Robosson Road, Randallstown, MD 21133	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	is documented in the facility's matrix that resident #2 has PTSD/Trauma. On 03/24/26 at 11:03 AM, the resident's medical record was reviewed. The resident record review revealed that Resident #2's care plan focus indicates that resident #2 has a history of trauma related to childhood sexual abuse; however, the care plan's interventions only lists trauma as the intervention for the aforementioned care plan's focus. There are no interventions listed for that care plan focus. On 03/24/26 at 11:14 AM, The resident's medical record was reviewed. The resident's medical record review revealed that it is documented in resident #2's Quarterly MDS, dated [DATE], that resident #2 has a medical diagnosis of post-traumatic stress disorder. On 03/26/26 at 12:11 PM, the Nursing Home Administrator staff #1 was interviewed. During the interview, the surveyor made staff #1 aware that Resident #2 has a medical diagnosis of post-traumatic stress disorder; however, the surveyor could not locate interventions for the diagnosis in the resident's care plan other than trauma. Staff #1 indicated that he will check into the surveyor's concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4511 Robosson Road Randallstown, MD 21133	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview with staff, it was determined that the facility failed to ensure a person-centered care plan was updated and revised. This was evident: for 2 (#50, #63) out of 3 residents reviewed for care plan revisions during the annual recertification survey and investigation of complaint #320972.A care plan is used to summarize a person's health conditions, specific care needs, and current treatments and outlines what needs to be done to plan, assess, and manage care. Care plans are developed, reviewed, and/or revised by the IDT after the completion of a comprehensive MDS assessment (Admission, Annual, Quarterly, Significant Change) to help to evaluate the effectiveness of the resident's care while in the facility. Maryland Medical Orders for Life-Sustaining Treatment (MOLST) is a form which includes medical orders for emergency medical services or other medical personnel regarding CPR (cardiopulmonary resuscitation) and other life-sustaining treatment options. Do Not Resuscitate (DNR) is an order placed in a person's medical record by a doctor informs the medical staff that CPR should not be attempted. The findings include: 1. On [DATE] at 12:21PM, a review of Resident #50's electronic medical record revealed a social services note, dated [DATE], which stated that the resident's MOLST was reviewed and updated from Full Code to DNR-B. Further review revealed a care plan with a focus, [Resident's] FULL CODE MOLST will remain in place through review date, created on [DATE]. On [DATE] at 12:30PM, a review of Resident #50's paper chart revealed a MOLST completed on [DATE] with orders for No CPR, Option B, Palliative and Supportive Care. On [DATE] at 12:41PM, during an interview and review of resident records with the Nursing Home Administrator (NHA), the Surveyor expressed the concern that Resident #50's MOLST was updated on [DATE] from Full Code to DNR-B; however, the care plan was not revised to reflect the updated code status. After a review of Resident #50's current MOLST dated [DATE] and current care plan for code status, the NHA confirmed the Surveyor's findings. 2. On [DATE] at 2:18PM the surveyor conducted a review of Complaint #320972 and conducted a phone interview of the complainant who reported concern regarding Resident #63 having a fall while residing at the facility. On [DATE] at 10:16AM the surveyor conducted a review of Resident #63's medical record which revealed a progress note written by Licensed Practical Nurse #23 dated [DATE] which documented Resident #63's fall, assessment of several injuries sustained, and transfer to the emergency room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Chapel Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4511 Robosson Road Randallstown, MD 21133	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 10:31AM the surveyor reviewed Resident #63's care plan and noted that no revisions relating to the Resident's fall were made to the fall interventions in place prior to the fall. The surveyor observed that the care plan was not documented as reviewed and revised until [DATE]. On [DATE] at 11:10AM the surveyor conducted an interview of Director of Rehabilitation #13 who reported to the survey team that the therapy department makes necessary recommendations and sees Residents after falls occur, but does not revise the care plan, and stated: I would have to check if nursing is responsible for care plan revisions. On [DATE] at 1:31PM the surveyor shared the concern and conducted an interview of the Director of Nursing (DON) who reviewed Resident #63's care plan with the surveyor and confirmed that no revisions had been made to the Resident's care plan in response to the fall and reported to the surveyor that revision to the care plan is the first thing they do as soon as they find out about a Resident fall. The surveyor inquired to both the DON and Regional Administrator (RA) #21 as to if a fall investigation had been performed and documented, at which time RA #21 indicated they had no recollection or documentation to provide and the DON indicated that they were not yet in the DON role at the time of the fall and indicated they did not have any documentation to provide. Concerns were again shared with the facility's Administrator, Director of Nursing, Administrator in Training #10, and Regional Administrator #21 during the facility's exit conference on [DATE].