STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview it was determined the facility failed to ensure professional standards for food service safety was followed. This was evident for 1 of 1 facility kitchen, and 2 of 2 units observed during the facility's recertification survey. The findings include:During the surveyor's initial tour of the facility on 3/23/26 at 7:43 AM the surveyor observed an open cart sitting in the Unit 1 nursing hallway which contained a glass ice water dispenser with a rope handle sitting on the top tier of the cart. The second tier of the cart was observed to have a dirty food tray with dirty dishes and wilted lettuce with orange liquid present on it protruding out of the cart sitting directly next to an open sleeve of unused cup lids. On the bottom tier of the cart, another dirty food tray was observed with an open container with yellow food matter and a plastic cup holding cream colored liquid.On 3/23 at 7:43 AM the surveyor observed a tray of snacks sitting on top of a nursing treatment cart located in the Unit 1 hallway with snacks on it. The snacks were felt by the surveyor to be warm to the touch. The surveyor observed an unclean fork, crusty food debris, and an empty opened snack package on the snack tray with the snacks. Upon further inspection of the snacks located on that tray, two out of 9 snacks had a label present, a sandwich had a label which read: Diabetic 3/22/26 7pm, and a shake had a label which read: Resident #, 7pm unit 1, 3/22/26.On 3/23/26 at 7:46 AM the surveyor observed an ice water pitcher with a sticky substance and dark areas of matter present on the exterior surface which was sitting on a medication cart in the Unit 1 hallway labeled with a date of 3/23/26 which contained ice and clear liquid.On 3/23/26 at 7:52AM the surveyor observed a trash can in the Unit 1 main dining area with brown matter present on the exterior surface. A tray of snacks located in the refrigerator of the Unit 1 main dining area was observed by the surveyor to be labeled with the following: Diabetic 7pm 3/19/26.On 3/23/26 beginning at 7:58AM the surveyor conducted an initial tour of the facility's kitchen.On 3/23/26 at 7:59 AM the surveyor observed a two compartment sink with a counter area which held dirty items including knives in a plastic pitcher in which the pitcher had a brown appearance, and a plastic container filled 1/4 of the way with red liquid with clean dessert style bowls stored underneath and next to the area. A plastic crate was observed situated on a metal cart holding several clean plastic mugs directly next to a plastic pitcher which contained light brown liquid in the bottom.On 3/23/26 at 8:00 AM the surveyor observed the exterior surface of the food service line steam table with an unclean appearance with cloudy areas on the glass material, light brown drip stains on the front surface, papers attached with tape to the glass material on the front, stickers and with areas of sticky residue present on the top surface which held open plated food.On 3/23/26 at 8:00AM the surveyor observed a warming plate base in the warmer with food debris present on the surface.On 3/23/26 at 8:00 AM the surveyor observed the storage rack for clean items located next to the food serving line. The rack was observed by the surveyor to be holding various plates, utensils, cookware, and an unlabeled lidded plastic container holding white powder which had a dirty exterior surface with dark green food matter and white powder present sitting next to an open bag of unlabeled bread and next to a stack of plates located above a mixing bowl, and open container of utensils.On 3/23/26 at 8:01AM the surveyor observed food cooking equipment with a layer of food debris and clear liquid present on it, which was located on the storage rack for clean (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	items. On 3/23/26 at 8:02 AM the surveyor observed the kitchen's ice cooler machine which was located immediately next to the dirty dishwashing line which had spray ware washing equipment, and also located next to several open trash cans observed to have trash present within them. The exterior surface of the ice machine was observed to be unclean in appearance with areas of light colored matter and drip marks down the side of the machine. A visibly dirty trash can lid was observed by the surveyor on the floor located between the wall and the ice cooler machine. A broom was observed resting against the side of the ice machine. On the floor located next to the ice machine an area of pooling water was observed next to dirty plumbing pipes which descended down into the kitchen floor. On 3/23/26 at 8:04 AM the surveyor observed a metal cart holding a bag of bread slices with visible droplets of moisture within it sitting directly next to the stove which was observed to be on.On 3/23/26 at 8:05 AM the surveyor observed a cart next to the food serving line which had visible chunks of food matter present on it. A visibly dirty and broken spatula was observed sitting on top of the cart. A green scoop plate was observed with food matter present on it sitting on top of a stack of plates on the rack utilized for clean wares. The electrical area of the steam table was observed to have food matter present on it. The lower storage area of the food steam table was observed to be unclean in appearance with food matter and debris present. Food service saran wrap was observed uncovered located on the lower level of the food prep area with food crumbs and debris present.On 3/23/26 at 8:07AM onions were observed by the surveyor to be held in a plastic container with areas of brown and black debris present along the rim of one side of the container with gnats present. Concerns were shared by the surveyor with [NAME] #4.On 3/23/26 at 8:07 AM the surveyor observed a container of noodle soup located on the food prep table with a label that read: 3/18/26. Damaged disposable food service gloves were observed by the surveyor sitting on the food prep table's surface.On 3/23/26 at 8:08AM the surveyor noted that the hand soap dispenser was detached and laying on the windowsill underneath a broken blind. The metal surrounding the handwashing sink handle was observed to be in unclean and damaged condition with open and cracked areas present.On 3/23/26 at 8:09AM the surveyor observed a rolling metal cart located in the kitchen which had an area of duct tape wrapped on it with areas of fraying and unclean brown material.On 3/23/26 at 8:11AM the surveyor observed the exterior surface of the paper hand towel dispenser to be unclean with orange food debris present on the surface.On 3/23/26 at 8:12AM the surveyor observed and noted that the ceiling vent above the food serving line was surrounded by dark brown matter. Further observation of the wall vent located near the food cart area revealed dark brown matter was present on the vent and extended onto the ceiling in several directions.On 3/23/26 at 8:12AM the surveyor observed the holding rack utilized for clean/drying storage of lid covers. Lid covers were observed stored on the rack which had food debris and pieces of trash present within it.On 3/23/26 at 8:13AM the surveyor observed the food mixer which was being utilized for storage of hairnets and various other items.On 3/23/26 at 8:29AM the surveyor observed on compartment of the three-compartment sink which was labeled sanitize with a rag stuffed within the drain to keep water within the sink. The chemical used for this sink was observed with the line curled up and sticking up above the level of the chemical. During the observation, an interview of Dietary Aide #6 was conducted by the surveyor. Dietary Aide #6 informed the surveyor that the rag was present because the drain was unable to hold the water within the sink without it.On 3/23/26 at 8:32AM the surveyor observed a pool of pink liquid running across the floor extending from underneath the two-compartment sink, stretching several feet in length across the flooring in the food preparation area and under the food prep table. The surveyor observed pink liquid present in one of two of the compartments of the sink.On 3/23/26 at 8:33AM the surveyor observed pink liquid surrounding the plumbing where it met the flooring and observed function of the two-compartment sink with the water on, at which time the area where the plumbing pipe met the flooring was observed backflowing onto the kitchen floor. Visible separation was observed to be present between the plumbing piping extending from the sink which was draining water visibly into a pipe observed to be catching the flow beneath it. Plumbing pipes were observed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	to be in visibly dirty condition with dark matter observed within the open area of piping.On 3/23/26 at 8:39AM the previously observed visibly dirty food cooking equipment was observed in the trash can. On 3/23/26 at 8:40AM the surveyor conducted a dual observation of concerns with Food Protection Manager (FPM) #5 who observed, acknowledged, and confirmed understanding of the surveyor's concerns. On 3/23/26 at 8:56AM the surveyor requested to review 3/23/26 breakfast food temperature logs at which time the surveyor was provided with a food temperature log dated: Week of 3-17-3/23. Review of the log revealed the log began on Sunday and ended on Saturday and the entire log of 7 days was completely filled out for all three meals. Another log sheet was provided dated: 3-23-29 in which four days of dinner temperatures were recorded. No further documentation of breakfast food temperatures for the meal served to Residents on 3/23/26 was observed to be present.On 3/23/26 at 9:02AM the surveyor conducted an interview of the FPM #5 who reported to the surveyor regarding the overflow of liquid wastewater from the plumbing pipe: This has been ongoing, maintenance knows, we try to keep the water off the floor. Regarding the metal cart with duct tape, FPM #5 reported the cart was used for transport back and forth.On 3/23/26 at 9:03AM the surveyor observed dry food storage with FPM #5 at which time a bin of thickener powder was observed with powder present in the bottom of the bin, a plastic bag within the bin, and a handled scoop with the handle lying directly within the powder. A nickel sized ball of paper was observed laying within the powder and a brown discolored area was observed within the powder.On 3/23/26 at 9:04AM the surveyor observed a bin of flour holding a bag of flour within it, and upon further inspection of the bag, a handled scoop was observed contained within the flour in the bag. Regarding the scoop handles located within food, FPM #5 inquired to the surveyor as to if they were not supposed to keep the handles in the flour and thickener.On 3/23/26 at 9:06AM the surveyor observed with FPM #5, various sealed chemical containers of rinse additive and other chemicals sitting directly in front of dry food supply of various cereals and other food items. A plastic jug filled 3/4 of the way with clear liquid was observed sitting on top of boxes of chemicals. Concerns were shared by the surveyor with FPM #5.On 3/23/26 at 9:12AM the surveyor shared concerns with the facility Administrator and Director of Nursing. On 3/27/26 at 9:47AM the surveyor observed the Unit 1 medication cart which held a pitcher of clear liquid and ice which was labeled 3/27/26. The exterior surface of the pitcher was observed to be unclean with a sticky residue and areas of brown and black matter present. The surveyor shared and observed the concern with Nurse #27.On 3/27/26 at 9:50 AM after surveyor intervention, the Administrator was observed removing the pitcher from the cart and reported to the surveyor that it was being removed in order to get cleaned.On 3/27/26 at 11:20AM the surveyor observed the Unit 2 dining area with several dirty food trays with dishes and dirty cups present on the countertop sitting next to the cold water dispenser cart.On 3/27/26 at 11:30AM the surveyor shared the dirty food tray concern with the facility's Administrator who acknowledged the concern.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 11:27AM concerns were again shared with FPM #5 at which time an interview was conducted by the surveyor. FPM #5 reported to the surveyor during the interview: They are fixing the sinks; they stopped the water coming onto the floor after you pointed it out. FPM #5 reported an issue with a rubber ring located within the sink which was repaired by maintenance the day after the surveyor shared the concern. FPM #5 reported that the metal cart had been replaced.On 3/30/26 at 11:44AM the surveyor observed the exterior thermometer on Freezer #3 displaying 114. The internal thermometer was not able to be easily located within the freezer and kitchen staff continued to search for it until it was found at 11:47AM.On 3/30/26 at 11:49AM the surveyor observed the rack utilized for storage of clean dishes at which time a plate was observed to be unclean with food matter present on the surface sitting on top of an unclean plastic lidded container observed to have food matter present within it.On 3/30/26 at 11:56AM the surveyor observed [NAME] #7 plating food with their artificial nail observed protruding out of a broken thumb area of their glove at which time the surveyor shared the concern (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	with FPM #5 who after surveyor intervention, instructed [NAME] #7 to remove their gloves, wash their hands, and apply clean gloves.On 3/30/26 at 11:57AM the food test tray previously requested by the surveyor was unable to be made due to their being no available quantity of main foods served left. A test tray was prepared with the alternative items. [NAME] #7 stated that the alternative items were the foods served to Residents who did not eat spaghetti sauce.On 3/30/26 at 12:01PM the surveyor observed unserved resident meal trays on an open cart parked outside of the Unit 1 main dining area with a plate of food in which the cover left half of the meal food exposed and uncovered. Carrots were observed by surveyors on the plate open to air in the hallway designated for Resident #33. Beverages were observed to be open and uncovered on 4 out of 5 meal trays present on the open cart.On 3/30/26 at 12:02PM the surveyor shared the observation and concerns with FPM #5 who acknowledged and confirmed understanding of the concern.On 3/30/26 at 12:03PM the surveyor observed another open cart with unserved resident food trays present sitting in the Unit 1 Resident hallway. Open, uncovered beverages were observed on four out of six trays with two food trays containing uncovered beverages located on the lowest tier of the cart approximately four inches from the floor's surface. The surveyor shared the concern with FPM #5 and GNA #37 who acknowledged the concerns.On 3/30/26 at 12:07PM FPM #5 was observed removing the uncovered Resident meal from the cart.On 3/30/26 at 12:12PM the surveyor observed GNA #37 wheel the cart with uncovered drinks down the hallway. This surveyor shared the concern again, and after surveyor intervention, the drinks and cups were replaced.On 3/30/26 at 12:13PM FPM #5 informed the surveyor that a new tray will be made from scratch for the Resident whose food was left exposed in the hallway. FPM #5 reported that because there was no more lasagna, the Resident would receive something different.On 3/30/26 at approximately 12:19PM the surveyor observed Geriatric Nursing Assistant #40 place a dirty breakfast tray containing opened used items on it onto the clean food cart next to the surveyor's clean food lunch test tray. One Resident lunch meal waiting to be served was observed on the second tier of the cart. On 3/30/26 at 12:20PM the surveyor shared the concern with FPM #5 who informed GNA #18 and GNA #40 that dirty breakfast trays should not go on clean food carts.On 3/30/26 at 12:31PM the surveyor conducted temperature testing of the test tray with FPM #5 at which time the following temperatures of food was observed: 1.) Chicken breast: 115F, 2.) Mashed potatoes: 129F, and 3.) Carrots: 118F.On 3/30/26 at 12:45PM the surveyor observed the dry food storage area at which time a scooped handle was observed laying in the thickener powder, a scoop bowl and handled ladle was observed laying in the rice container, and a handled scooper was observed laying within the flour.On 3/30/26 at 1:41PM the surveyor observed a Kitchen Dietary Aide obtain and bring an Arizona sweet tea container from under the dishwashing area which was filled with a blue liquid the consistency of dish soap over to the wash compartment of the three-compartment sink.On 3/30/26 at 1:44PM the surveyor shared concerns with FPM #5 who acknowledged and confirmed understanding of the concerns. All 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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	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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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	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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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	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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **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 maintain discharge documentation, ensure the local Ombudsman was notified of the facility's discharges and transfers, and provide the resident/representative with written notification of transfers to the hospital and written notification of the facility's completed bed hold policy upon transfer to the hospital. This was evident for 4 (#42, #8, #50, #52) of 5 residents reviewed for transfers and discharges during the annual recertification survey.The findings include: 1. On 03/25/26 at 6:52 AM, Resident #11's medical record was reviewed. During the medical record review, the surveyor could not locate documentation indicating that the local Ombudsman's office was notified about Resident #42 being transferred to the hospital on [DATE]. On 03/25/26 at 9:37 AM, the Nursing Home Administrator Staff #1 was interviewed. During the interview, the surveyor asked Staff #1 whether the facility notifies the local Ombudsman's office about residents being transferred/discharged to the hospital. Staff #1 stated that the Social Services Director Staff #11 provides notification to the local Ombudsman's office about residents being transferred/discharged to the hospital. The surveyor asked Staff #1 how does staff #11 notify the local Ombudsman's office about residents being transferred/discharged to the hospital. Staff #1 indicated that staff #11 notifies the local ombudsman's office about residents being transferred/discharged to the hospital via email either weekly or monthly. On 03/25/26 at 10:13 AM, Staff #11 was interviewed. During the interview, the surveyor asked Staff #11 if she notifies the local Ombudsman's office about residents being transferred/discharged to the hospital. Staff #11 indicated that she did not know that she had to notify the local ombudsman's office about residents being transferred/discharged to the hospital. On 03/25/26 at 10:30 AM, Staff #1 was interviewed. During the interview, Staff #1 indicated that Staff #11 did not start notifying the local Ombudsman's office about residents being transferred/discharged to the hospital until Staff #1 started working at the facility around the end of February 2026. 2. On 3/24/2026 at 1:15PM, a review of Resident #52's electronic medical record revealed a social services note, dated 1/9/2026, which stated that [he/she] has chosen to proceed with discharge against medical advice [AMA]. On 3/24/2026 at 3:02 PM, during an interview with the Social Service Director (SSD) #11, in the presence of the Nursing Home Administrator (NHA, #1), the Surveyor was informed that Resident #52 left the facility AMA and the signed AMA document was placed in the resident's chart. The Surveyor requested a copy of the document. A review of Resident #52's electronic medical record on 3/25/2026 at 12:55PM failed to reveal documentation of a signed Resident-Initiated Release of Responsibility for Discharge Against Medical (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Advice form. The Surveyor again requested a copy of the document this time from the Nursing Home Administrator in Training (AIT) #10. During an interview with the NHA on 3/26/2026 at 8:50AM, the Surveyor expressed the concern that the signed Resident-Initiated Release of Responsibility for Discharge Against Medical Advice form for Resident #52 had been requested on multiple occasions and had not been provided. The NHA stated that the facility was still looking for the document. The facility failed to provide AMA documentation for Resident #52 as of the exit conference on 3/30/2026 at 5:45 PM. 3. On 3/25/2025 at 8:00AM, a review of Resident #50's electronic medical record revealed that the resident was transferred to the hospital on 4/7/2025, 5/31/2025, 6/24/2025, 8/5/2025, 9/8/2025, 9/26/2025, 10/20/2025, and 2/17/2026. Further review failed to reveal documentation that the resident was provided with written notification of the transfers to the hospital and the facility's bed hold policy upon transfer to the hospital on 4/7/2025, 5/31/2025, 6/24/2025, 9/8/2025, 9/26/2025, 10/20/2025, and 2/17/2026. On 3/25/2026 at 8:20AM, a review of Resident #8's electronic medical record revealed that the resident was transferred to the hospital on 3/6/2026 and 3/21/2026. Further review failed to reveal documentation that the resident was provided with written notification of the transfers to the hospital and the facility's bed hold policy upon transfer to the hospital on those dates. On 3/25/2026 at 8:37 AM, during an interview with the NHA, the Surveyor requested documentation to verify the facility provided Resident #50/representative and Resident #8/representative with written notification of their transfers to the hospital and written notification of the facility's completed bed hold policy upon transfer to the hospital. On 3/25/2025 at 10:08AM, during an interview with the Director of Admissions #32, the Surveyor was informed that she does not send written notification of transfer and bed hold to the resident representative when a resident is transferred to the hospital. On 3/25/2025 at 10:13AM, during an interview conducted with SSD #11, the Surveyor was informed that she does not send written notification of transfer and bed hold to the resident representative when a resident is transferred to the hospital. On 3/25/2026 at 3:00PM, a review of Resident #50's transfer and bed hold documents provided failed to confirm the resident/representative was provided with written notification of his/her transfers to the hospital on 4/7/2025, 5/31/2025, 6/24/2025, 9/8/2025, 9/26/2025, 10/20/2025, and 2/17/2026, and written notification of the facility's bed hold policy upon transfer to the hospital on 4/7/2025, 5/31/2025, 6/24/2025, and 10/20/2025. Additional review of the Request for Temporary Leave Bed-Holds indicated that the form should be signed and returned to the facility to properly effectuate a bed-hold request and included the statement: By my signature below, I hereby state that I have read, understand, and agree to the Facility's Policy and State Requirements for a temporary leave bed-hold. The form failed to include the resident's actual signature on the following dates: 4/7/2025, 5/31/2025, 6/24/2025, and 10/20/2025. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/25/2026 at 3:30PM, a review of Resident #8's transfer and bed hold documents provided failed to confirm the resident/representative was provided with written notification of his/her transfers to the hospital on 3/6/2026 and 3/21/2026. Additional review of the Request for Temporary Leave Bed-Holds indicated that the form should be signed and returned to the facility to properly effectuate a bed-hold request and included the statement: By my signature below, I hereby state that I have read, understand, and agree to the Facility's Policy and State Requirements for a temporary leave bed-hold. The form failed to include the resident's actual signature on 3/6/2026. During an interview with the NHA on 3/26/2026 at 8:50AM, the Surveyor expressed the concern that the facility was inconsistent with providing residents with written notification of the transfers to the hospital and the facility's bed hold policy upon transfer to the hospital. The Surveyor asked if residents representatives are provided with written notification of the transfers to the hospital and the facility's bed hold policy upon transfer to the hospital and the NHA responded that they are not provided with written notification. 4. On 3/24/2026 at 1:15PM, a review of Resident #52's electronic medical record revealed that the resident discharged against medical advice [AMA] on 1/9/2026. On 3/25/2025 at 8:00AM, a review of Resident #50's electronic medical record revealed that the resident was transferred to the hospital on 4/7/2025, 5/31/2025, 6/24/2025, 8/5/2025, 9/8/2025, 9/26/2025, 10/20/2025, and 2/17/2026. On 3/25/2026 at 8:20AM, a review of Resident #8's electronic medical record revealed that the resident was transferred to the hospital on 3/6/2026 and 3/21/2026. Investigation of these Resident's (#52, #50, #8) discharge and transfers revealed that no notification was made to the Ombudsman's office: On 3/25/2026 at 8:37AM, a Surveyor's interview with the NHA revealed that SSD #11 notifies the local Ombudsman of the facility's transfers and discharges via email either weekly or monthly. The Surveyor requested that the NHA provide documentation to verify that the facility notifies the local Ombudsman of the discharges and transfers, specifically for the months of April 2025, May 2025, June 2025, August 2025, September 2025, October 2025, January 2026, and February 2026. On 3/25/2025 at 10:13AM, during an interview conducted with SSD #11, the Surveyor was informed that she was unaware that she was responsible for notifying the local Ombudsman of the facility's transfers and discharges until recently. During an interview conducted with the NHA on 3/25/2026 at 10:30 AM, the Surveyors were informed that SSD #11 began to notify the local Ombudsman of the facility's transfers and discharges via weekly or monthly emails when he started employment at the facility at the end of February 2026. No other department was sending the local Ombudsman transfer and discharge notification at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Put firmly secured handrails on each side of hallways. Based on observation and interview it was determined the facility failed to ensure handrails were firmly affixed. This was evident for 2 out of 2 nursing units during the facility's recertification survey. The findings include: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 the wood's surface finish had worn off.On 3/30/26 at 2:55PM the surveyor conducted rounding of the nursing units and observations of all handrails of the facility. Three handrails were observed and felt by this surveyor to be loose and movable, with one being located on the Main Unit 1 hallway, one being located in the hallway connecting Units 1 and 2, and one located in the Unit 2 hallway. The surveyor shared concerns and conducted rounding with Director of Maintenance #22 who observed and acknowledged the surveyor's 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. Based on record review and staff interviews, it was determined that the facility failed to ensure that the resident's representative's rights were being upheld. This was evident for 1 (#61's representative) out of 1 resident representative reviewed during this annual recertification survey.The findings include: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 and the resident representative's right to remain on the phone with the resident 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 responded that the Resident #61 was on the phone with his sister (Resident #61 Representative) and mother when it was 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 Resident #61 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 Resident #61 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 and the resident representative'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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on observations, record review, and resident and staff interviews, it was determined that the facility failed to ensure that the recommendations and suggestions of residents were addressed and reported back to the residents. This was evident for 6 out of 6 concerns sent to the facility from the resident council. The findings include: On 3/25/2026 at 2:04 PM, the surveyor observed a resident council meeting in the main dining hall area. The meeting was initially scheduled for 2 PM; however, the Activities Aide who facilitates the meeting needed to change the time from 2 PM to 4 PM. Residents had been notified by word of mouth from facility staff that it was going to be at 4 PM. The surveyor spoke with the Resident Council President (Resident #9), who stated that they prefer their meeting earlier in the day, like around 11 AM, before lunch. Resident #9 did not know the reason that the meeting had been changed to 4. After the surveyor was finishing up speaking with the Resident #9, the Activities Aide (AA, Staff # 28) came into the room and stated they had changed the meeting time back to 2 PM, and residents were being told of the change for those who wanted to attend.-As the meeting began, the AA (Staff #28) started with an introduction of the President (Resident #9) and then began to conduct the meeting, dividing the concerns into departmental sections. The administrative department was addressed with an introduction to the new Administrator (NHA, Staff #1), who had started at the facility the month prior. Many of the residents did not know who the NHA was and made a statement about the fact that he had not introduced himself to them individually. The NHA commented briefly and stated that he would be getting around to speaking with each individual real soon.-The next department was nursing. Residents stated that staff were always on their phones and even wore their earbuds while doing resident care. Some residents thought that this was a violation of their HIPAA rights. And that some nights are full of noise from the staff talking loudly or listening to music loudly while the residents are trying to sleep. Residents commented that the Housekeeping Department fails to clean the resident room floors unless requested.-The residents would also like for the Maintenance department to be available on the weekends for when something needs fixing, and they don't have to wait until Monday. -Finally, there were concerns about communication within the facility. The residents stated that they would like better communication from the facility on what is being done about their previous concerns.On 3/26/2026 at 12:31 PM, the surveyor interviewed with the Nursing Home Administrator (Staff #1) and the social worker (SW, Staff #11), and asked what the process of resident grievances was after receiving the minutes from the activities aide. SW #11 explained that when she receives the minutes, she writes up any grievances to be addressed. She would speak with the resident involved and reconcile the issues, if possible. And then it is documented on the grievance. When asked how recommendations are addressed, she was unsure. The NHA #1 stated that the responses should be readdressed at the next meeting. The surveyor requested copies of the resident council meeting minutes for the past 2 months.On 3/26/26 at 2 PM, the surveyor met with the NHA #1 and the Activities Aide (AA, Staff #28), who facilitates the resident council meeting. When asked what do you do with the meeting minutes once you type them up? The AA #28 stated that she gives them to SW #11. When asked if the prior month's minutes were discussed at each resident council meeting or how they were resolved, the AA #28 stated no, we don't do that. The NHA was asked how they will be addressing the nighttime interruptions from staff. The NHA was unsure at this time. The surveyor then asked if the residents could have condiments placed in the kitchenette or somewhere that staff could get to them quickly. The NHA #1 stated that this is something that they could look into for the residents and staff.On 3/27/26 at 10 AM, review of the Resident Council meeting minutes for January 28, 2026, revealed that the residents would like 1) a suggestion box placed in an accessible area, 2) nighttime interruptions were affecting their sleep and that something needed to be done about it, and a 3) request for condiments to be more readily available during meals are examples of some of their concerns. Review of February 26th, 2026, resident council meeting minutes revealed that the residents would like 4) to speak with the dietary (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	manager, 5) about the food being served cold, and they would like 6) snacks throughout the day. The meeting minutes did not include revisiting any past concerns or how they were addressed.On 3/27/26 at 1:30 PM, the surveyor revisited the president of the resident council for another interview. When asked if the AA# 28 goes over the minutes from the previous meeting, the president, Resident #9, stated no. When asked, does the facility notify them of the responses or changes made from the resident council meeting minutes, Resident #9 stated, No. They never receive any responses back ever.On 3/27/26 at 1:45 PM, the surveyor interviewed an activities aide (AA #29) working in the main dining area with the residents and asked whether she knew where the suggestion box was for the resident to place their recommendations. The AA# 29 said yes and walked over to the small kitchenette, opened the top left cabinet door, and pulled down a small rectangular box. No writing was on the box to identify it as the suggestion box. When she opened the box, there were several pieces of paper inside with writing on them. When asked how the residents know where the suggestion box is, if it's not visible to them. AA# 29 stated that she was still learning about the facility and that she had recently started working there.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record reviews and staff interviews, it was determined that the facility failed to indicate the facility's per diem rate for services no longer covered under Medicare/Medicaid as well as the reason why Medicare/Medicare is no longer covering those services on the Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (CMS-10055) form. This was evident for 3 (#3, #5, #64) of 3 residents reviewed during the annual recertification survey for beneficiary notification.The Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (CMS-10055) form is a required document used by Medicare-certified skilled nursing facilities to notify Medicare beneficiaries that their Part A services may not be covered because they are not considered medically reasonable/necessary or are deemed custodial. The notice provides an estimate of costs for the services and the reasons why Medicare is not expected to pay.The findings include:On 03/27/26 at 1:18 PM, the surveyor reviewed the CMS-10055 forms provided by the facility for Residents #3, #5, and #64. Review of the CMS-10055 forms for these residents revealed that the facility did not indicate, on the CMS-10055 form, the facility's per diem rate for services no longer covered under Medicare/Medicaid as well as the reason why Medicare/Medicare is no longer covering those services.On 03/27/26 at 1:48 PM, the Social Services Director (Staff #11) was interviewed. During the interview, the surveyor informed Staff #11 that the CMS-10055 forms for residents #3, #5, and #64 did not indicate the facility's per diem rate for services no longer covered under Medicare/Medicaid as well as the reason why Medicare/Medicare is no longer covering those services. Staff #11 mentioned that she was told it was optional to list that information on the CMS-10025. The surveyor asked Staff #11 how the residents are informed about the facility's per diem rate for services no longer covered under Medicare/Medicaid. Staff #11 mentioned that the Business Office Manager Staff #25 verbally informs the residents about the facility's per diem rate for services no longer covered under Medicare/Medicaid. On 03/30/26 at 8:55 AM, the surveyor informed the Nursing Home Administrator Staff #1 that the CMS-10055 forms for residents #3, #5, and #64 did not indicate the facility's per diem rate for services no longer covered under Medicare/Medicaid as well as the reason why Medicare/Medicare is no longer covering those services. Staff #1 indicated that he would check into the surveyor's concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and staff interviews, it was determined that the facility failed to ensure the assessments were accurately completed. This was determined for 1 (#14) out of 6 residents reviewed for Minimum Data Set (MDS) assessments during this annual recertification survey.The findings include:The Minimum Data Set (MDS) 3.0 is a standardized, federally mandated clinical assessment tool used in Medicare/Medicaid-certified nursing homes to evaluate residents' functional capabilities, health needs, and preferences. It drives care planning, monitors quality, and determines reimbursement rates. Assessments are required at admission, quarterly, annually, and upon significant changes.On 3/27/2026 at 3:11 PM, during record review, it was revealed that Resident #14 had an error on the MDS assessment. Resident #14 has an ostomy, but it wasn't checked on the assessment that the resident had one. The Nursing Home Administrator (NHA #1) was asked for a copy of the MDS - Section H for Resident #14. On 3/27/2026 at 3:30 PM, the surveyor asked the NHA #1 for an interview with the MDS Coordinator. The MDS Coordinator (MDS #30) came to the conference room and was asked if she was familiar with Resident #14. MDS #30 responded that she was familiar with the resident. MDS #30 was asked how often she makes changes to the MDS assessment for a resident. MDS #30 responded that it is completed within 72 hours of admission, quarterly, annually, and within 14 days of a significant change. MDS #30 was shown the current MDS-Section H 100, where it showed that the resident had an indwelling catheter only. And in section H 400, it indicated that the resident was not rated for bowel continence because they have an ostomy. MDS #30 was not sure what happened or why it didn't carry over from the previous MDS assessment. MDS #30 made the necessary corrections and returned with a copy of the printed correction.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and interviews with a resident and staff, it was determined that the facility failed to ensure a resident attended a scheduled medical appointment and the missed appointment was rescheduled timely. This was evident for 1(Resident #45) out of 2 residents investigated for communication/sensory during the annual recertification survey.The findings include:On 3/23/2026 at 12:24PM, during an interview with Resident #45, the Surveyor was informed that the resident missed a scheduled follow-up eye appointment on 2/27/2026 because the facility did not schedule transportation. The resident stated that the Appointment Scheduler (AS) #31stated that she would ensure that his/her appointment is rescheduled immediately, but he/she had not received any information regarding the rescheduled appointment.On 3/24/2026 at 1:00PM, a review of Resident #45 electronic medical record failed to reveal an order for a follow-up eye appointment.On 3/24/2026 at 1:54PM, during an interview with AS #31, the Surveyor was informed that she was unaware of Resident #45's follow-up eye appointment on 2/27/2026. Nursing staff usually informs AS #31 of a resident's appointment. AS #31 stated she was in the process of rescheduling the Resident #45's appointment.On 3/25/2026 at 8:34AM, the Surveyor requested the Nursing Home Administrator to provide documentation of Resident #45's rescheduled appointment.On 3/25/2026 at 10:15AM, the Surveyor conducted an interview with Resident #45. During the interview, the resident reported that he/she has not received any information regarding his/her follow-up eye appointment. The resident stated that the appointment on 2/27/2026 was important because he/she was receiving eye injections for a medical condition and currently his/her eyes feel uncomfortable while watching television. The resident stated that during his/her admission to the facility on 1/23/2026, he/she informed the admitting nursing staff of his/her appointment on 2/27/2026. At this time, the resident has not been updated on the status of his/her appointment.During an interview with the Director of Nursing (DON) on 3/25/2026 at 10:35AM, the Surveyor expressed the concern that Resident #45 missed a scheduled follow-up appointment on 2/27/2026 and AS #31 informed the resident that she would reschedule the appointment; however, the resident has not been provided with information on the status of the follow-up eye appointment. The appointment should have been rescheduled immediately after the missed appointment due to the reason for the appointment. The DON stated that he would call [eye company] himself to reschedule Resident #45's follow-up appointment.On 3/25/2026 at 2:00PM, the Surveyor reviewed a Physician's order, dated 3/25/2026 at 10:57AM, for Resident #45's eye appointment on 4/22/2026 at 1:30PM, confirmed by the DON.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on review of employee personnel files and interviews with staff, it was determined that the facility failed to ensure required Geriatric Nursing Assistant (GNA) performance reviews were completed every 12 months. This was evident for 2 (GNA #15 and GNA #37) out of 5 employees reviewed for sufficient staffing during the annual recertification survey.The findings include:On 3/30/2026 at 12:15PM, a review of GNA #15's personnel file failed to reveal that the facility conducted a yearly performance review at least every 12 months.On 3/30/2026 at 12:30PM, a review of GNA #37's personnel file failed to reveal that the facility conducted a yearly performance review at least every 12 months.During an interview with the Director of Nursing (DON) on 3/30/2026 at 2:20PM, the Surveyor the Surveyor expressed the concern that the facility failed to complete yearly performance reviews for GNA #15 and GNA#37. During a review of GNA #15's and GNA #37's personnel files, the DON confirmed that no yearly performance review was conducted at least every 12 months. The DON did not conduct any performance reviews.During an interview with the Director of Human Resources (DHR) #39 on 3/30/2026 at 2:40PM, the Surveyor was informed that GNA #15 and GNA #37 employee personnel files are complete; therefore, yearly performance reviews should be in the files if they were conducted. DHR #39 does not conduct performance reviews for staff.On 3/30/2026 at 2:45PM, the Surveyor expressed their concerns to the Nursing Home Administrator (NHA) in the presence of the former NHA #21 . The former NHA #21 and the NHA did not conduct performance reviews.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview it was determined the facility failed to ensure:1. Medications were securely stored, this was evident in 1 out of 2 medication carts observed on the Unit 1 hallway during the facilities recertification survey.2. Nutritional supplements were not expired. This was evident in 2 of 2 storage areas for Nepro nutritional supplements observed during the facility's recertification survey. The findings include:1. During the surveyor's initial tour of the facility on [DATE] at 7:43AM the surveyor observed an unattended and unlocked medication cart on the Unit 1 hallway in which all drawers were found to be accessible containing various Resident medication pill packs, bottled medications and medical supplies.On [DATE] at 7:47AM the surveyor requested and conducted a dual observation of the concern with Nurse #26 who after surveyor intervention, was observed locking the medication cart. The surveyor conducted an interview at this time with Nurse #26 and inquired as to what staff was assigned to the medication cart at which time they reported to the surveyor that it was assigned to a nurse who had not yet showed up for their shift. When the surveyor inquired as to what staff was currently assigned to the medication cart at this time, they indicated that it was theirs. On [DATE] at 9:12AM the surveyor shared the concern with the facility's Administrator and Director of Nursing who acknowledged and confirmed understanding of the concern. 2.During the surveyor's initial tour of the facility on [DATE] at 10:03AM the Unit 1 nursing supply closet was observed with a box of Nepro nutritional supplements dated with expiration of [DATE]. On [DATE] at 10:07AM the surveyor shared the concern with the facility's Administrator who stated We'll trash that. Subsequently, the Director of Nursing was observed by the surveyor removing the box of expired nutritional supplements from the Unit 1 nursing supply closet.During a dual surveyor tour of the facility's clean supply room on [DATE] at 3:26PM surveyors observed a box of Nepro nutritional supplements dated with expiration of [DATE]. 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].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview and record review it was determined the facility failed to ensure the menu was followed. This was evident for 1 out of 1 lunch meal tray pass observation conducted by the surveyor during the facility's recertification survey. The findings include: On 3/30/26 at 12:13PM Food Protection Manager (FPM, Staff #5) informed the surveyor that a new tray will be made from scratch for Resident #33 whose food was left exposed in the hallway. FPM #5 reported that because there was no more lasagna, Resident #33 would receive something different.On 3/30/26 at 12:14PM the surveyor conducted an interview of FPM #5 and inquired as to why the menu of lasagna being served for the lunch meal did not follow the facility's posted menu reviewed by the surveyor. During the interview FPM #5 reported that the prime rib posted on the menu was not served because it was not available for order when they went to order the food on Thursday. FPM #5 confirmed that Residents were not notified of the menu substitutions prior to the meal being served.On 3/30/26 at 12:43PM the surveyor conducted an interview of Resident #33 who indicated to the surveyor that they had received a replacement meal tray and reported that they had been served a sandwich and carrots for the meal. Review of the facility's menu by the surveyor revealed that the posted menu was not followed for the lunch time meal.On 3/30/26 at 1:44PM the surveyor shared concerns with FPM #5 who acknowledged and confirmed understanding of the concerns. All 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.

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 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ staff that are licensed, certified, or registered in accordance with state laws. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of an employee file, online sources, and interview with staff, it was determined that the facility failed to ensure Geriatric Nursing Assistant (GNA) staff had an active, current certification. This was evident for 1 (GNA #15) out of 5 GNAs reviewed for staff qualifications during the annual recertification survey.The findings include: On [DATE] at 11:30AM, a review of staffing sheets from [DATE] through [DATE] revealed that GNA #15 worked on a resident care assignment on the following days:[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM [DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AM[DATE]: 3:00PM-11:00PM[DATE]: 3:00PM-11:00PM[DATE]: 3:00PM-11:00PM and 11:00PM-7:00AMGNA #15 was scheduled to work 3:00PM-11:00PM and 11:00PM-7:00AM on [DATE]. On [DATE] at 1:15PM, during a review of GNA #15's employee file, the Surveyor discovered a copy of the Maryland Board of Nursing (MBON) Licensee Details sheet which stated GNA #15's license expiration date was on [DATE]. On [DATE] at 1:30PM, the Surveyor requested a copy of GNA #15's current GNA license. On [DATE] at 2:00PM, a review of the Look UP A License feature on MBON website showed the certification status for GNA #15 as non-renewed and the expiration date was [DATE]. On [DATE] at 2:20PM, during a review of GNA #15's employee file with the Director of Nursing and the MBON's website Look Up A License feature, the Surveyor confirmed that GNA #15's license expired on [DATE]. On [DATE] at 2:28PM, during an interview with the NHA in the presence of former NHA #21, the Surveyor expressed the concern that GNA #15's license had been expired since [DATE] and a review of staffing sheets from [DATE] through [DATE] revealed that he has been recently providing resident care. The NHA acknowledged the Surveyor's concern and informed the Surveyor that GNA #15 will be taken off the schedule until his license becomes active.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interviews with staff, it was determined that the facility failed to maintain medical records in accordance with accepted professional standards and practices. This was evident for 1 (Resident #18) out of 2 residents reviewed for communication/sensory during the annual recertification survey.The findings include:On 3/26/2026 at 2:15PM, a review of Resident #18's electronic medical record failed to reveal a personal inventory sheet.On 3/26/2026 at 2:20PM, a review of Resident #18's paper chart failed to reveal a personal inventory sheet.On 3/26/2026 at 2:23PM, during an interview with Registered Nurse #34, the Surveyor was informed that if a resident has personal belongings, they should be logged on a personal inventory sheet located in the resident's paper chart.A review of the facility's Personal Property policy on 3/27/2026 at 2:50PM, #10, revealed that The resident's personal belongings and clothing are inventoried and documented upon admission and updated as necessary. A copy of the personal inventory sheet should be maintained in the residents' medical records.During an interview with the Director of Nursing (DON) on 3/27/2026 at 3:00PM, the Surveyor expressed the concern that the facility failed to complete and maintain a comprehensive personal inventory sheet for Resident #18. The DON acknowledged the Surveyor concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and interview with staff, it was determined that the facility failed to ensure clean linen was handled, transported, and stored in a safe and sanitary manner. This was evident for 2 of 2 clean linen transports, and 1 of 1 main supply room observed during the annual recertification survey.The findings include: 1. On 3/25/2026 at approximately 9:30 AM, the Surveyor observed Laundry Staff #33 carrying clean, uncovered resident garments on hangers while walking up the facility steps. The garments draped over the laundry staff member's arm. On 3/27/2026 at approximately 8:30AM, the Surveyor observed Laundry Staff #20 transporting an uncovered, yellow clean linen cart with folded facility linen on Unit 1 and then down the freight elevator. On 3/27/2026 at 12:55PM, during an interview conducted with Environmental Services/ Laundry Manager #19, the Surveyor expressed the concern that a laundry staff member was observed carrying clean, uncovered Resident garments on hangers and in their arms as they walked up the facility steps and another laundry staff member was observed transporting an uncovered, yellow clean linen cart with folded facility linen on Unit 1 and then down the freight elevator. The Surveyor was informed that clean linen and resident personal linen and laundry should be fully covered while being transported through the facility. 2. On 3/24/26 at 3:31PM surveyors conducted observations of the supply room utilized for storage of clean supplies at which time several cracks in the ceiling were noted to be several feet long in length with damaged open areas present with dust, debris, and light brown discoloration present. Pieces of white crumbled debris was observed present on the flooring and white colored dust was observed on stored supplies. On 3/30/26 at 10:58AM the surveyor shared concerns with Director of Maintenance #22 and requested and conducted a dual observation of the concerns with them at which time they observed, 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. 3. During surveyor observation of the facility laundry areas on 3/24/26 at 1:00PM the surveyor observed a rolling cloth type laundry container with areas of soiling and discoloration present on it holding two Resident's personal laundry, each in mesh bags. The surveyor noted that the mesh bags had open spaces within the material. On 3/27/26 at 1:01PM the surveyor shared concerns and conducted an interview of Director of Housekeeping #19 who confirmed with the survey team that mesh bags were used for Resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	personal laundry and acknowledged and confirmed understanding of the surveyor's 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observation and interview it was determined the facility failed to ensure maintenance of essential kitchen equipment. This was evident during the surveyors review of the kitchen task during the facility's recertification survey. The findings include: On 3/23/26 at 7:58AM the surveyor conducted an initial tour of the facility's kitchen.On 3/23/26 at 7:59AM the surveyor observed the digital exterior thermometer on Freezer #3 to be reading: 110. On 3/23/26 at 8:00AM the surveyor observed the warming plate base in the warmer was observed to have food debris present on the surface.On 3/23/26 at 8:01AM the surveyor observed food cooking equipment located on the clean cooking utensil rack with a layer of food debris and clear liquid present on it. On 3/23/26 at 8:02AM the surveyor observed a rectangular bucket of cloudy liquid sitting beneath the dishwasher's filter container and drain. The drain stopper used for containing water used for washing of dishes was observed to be disconnected from the machine. On 3/23/26 at 8:04AM the surveyor observed the three compartment sink located next to the dishwashing area at which time the chemical line for the wash compartment of the sink was draped over the middle rinse compartment of the sink which was observed dripping into the rinse compartment from a cracked area in the line which had a small pad affixed near it, held to the line with a metal piece. On 3/23/26 at 8:18AM the surveyor opened the reach in refrigerator located nearest to the food serving line at which time the refrigerator was observed to not be in working order with no refrigeration occurring and refrigerator parts was observed sitting within the unit. On 3/23/26 at 8:19AM the surveyor conducted an interview of [NAME] #4 who stated regarding the dishwasher: They have to repair this part. When the surveyor inquired as to how long the dishwasher had been leaking they stated: A week, maintenance knows they are supposed to be doing something about it, they are waiting for the part. On 3/23/26 at 8:43AM the surveyor inquired to FPM #5 as to what type of dish machine was present, if it was a low or high temperature machine at which time FPM #5 stated: I'm not sure. FPM #5 confirmed that no monitoring logs were kept of any temperatures relating to the dish machine. On 3/23/26 at 8:45AM the surveyor conducted an interview of [NAME] #4 who reported that the machine was hot water and chemical. [NAME] #4 confirmed with the surveyor that no temperature logs were maintained. On 3/23/26 at 8:47AM the surveyor observed a temperature dial located on the machine which had an unclean film present on it which was not readable. On 3/23/26 at 8:55AM the surveyor conducted an interview of FPM #5 and inquired as to how long the reach in refrigerator had been out of operation at which time they reported that the facility had the wrong part for it.On 3/23/26 at 9:12AM the surveyor shared concerns with the facility Administrator and Director of Nursing. On 3/23/26 at 1:54PM the surveyor requested the last six months of documentation for dishwashing maintenance and repairs and any TELS/Maintenance requests from the facility's Administrator. On 3/24/26 at 10:34AM the surveyor conducted a review of documentation provided by the Administrator and noted that one kitchen service report was provided regarding the dishwasher dated 2/25/26 which documented the following information: Electrical connections: Needs review (see notes) however, the notes were not observed to be provided. On 3/30/26 at 2:47PM the surveyor shared concerns and conducted an interview with the facility's Director of Maintenance who reported regarding the dishwasher, that If food service staff don't empty out the bucket, which has a screen in it and clean it out, it will overflow with the water. Concerns were 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations and interviews with residents and staff, it was determined that the facility failed to ensure effective pest control to ensure the environment was free from gnats. This was evident in 1 of 2 units, and 1 of 1 kitchen reviewed for effective pest control during the annual recertification survey.The findings include: 1. On 3/23/2026 at 8:17AM, during an initial tour of Unit 2, the Surveyor observed the shared bathroom of Resident #19 and Resident #45. The bathroom had a musty odor and there were flying gnats observed in the shower area. On 3/24/2026 at 8:30AM during a tour of Unit 2, the Surveyor observed flying gnats at the nurses' station and in the hallway. On 3/25/2026 at 9:30AM, during an interview conducted with Resident #28, the Surveyor observed flying gnats in the room. The resident mentioned the facility had an issue with gnats. On 3/26/2026 at 1:34PM, during an interview conducted with the Director of Maintenance (DOM) #22, the Surveyor was informed that the facility utilizes [Pest Control Company] and an employee was in the building on 3/23/2026 for treatments. [Pest Control Company] comes monthly and as needed. Staff verbally informs DOM #22 of pest sightings and will also log them in the maintenance log at the nurses' station. The Surveyor expressed the concern of gnats in the building, particularly in the shared bathroom of Resident #19 and Resident #45, Resident #28's room, and at the nurses' station and hallways of Unit 2. 2. On 3/23/26 beginning at 7:58AM the surveyor conducted an initial tour of the facility's kitchen. On 3/23/26 at 8:07AM the surveyor observed gnats flying around and in the open plastic onion container. Concerns were shared by the surveyor with [NAME] #4. On 3/23/26 at 8:40AM the surveyor conducted a dual observation of concerns with Food Protection Manager (FPM) #5 who observed, acknowledged, and confirmed understanding of the surveyor's concerns. On 3/30/26 at 11:26AM the surveyor observed gnats on the onions and flying around the onions within the open plastic onion container. On 3/30/26 at 11:27AM The surveyor shared the concern and conducted a dual observation of the concern with FPM #5 who observed the gnats and after surveyor intervention, the onions were observed being removed and thrown away by them. 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215220	A. Building B. Wing	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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on review of employee files and interview with staff, it was determined that the facility failed to maintain an in-service training program to consistently evaluate each Geriatric Nursing Assistant (GNA) based on individual performance of mandatory education and clinical skills competencies of no less than 12 hours per year. This was evident for 4 (GNA #15, GNA #35, GNA #36, and GNA #37) out of 5 employee files reviewed for sufficient staffing during the annual recertification survey.The findings include:On 3/30/2026 at 12:15PM, a review of employee personnel files for GNA #15, GNA #35, GNA #36, and GNA #37 failed to reveal annual mandatory in-service and clinical competency of no less than 12 hours completed in the last 12 months. The Surveyor expressed the concerns to Nursing Home Administrator (NHA) and requested documentation to verify the individual performance of mandatory education and clinical skills competencies for GNA #15, GNA #35, GNA #36, and GNA #37.On 3/30/2026 at 1:30PM, the NHA provided the Surveyor with copies of GNA #15's, GNA #35's, and GNA #37's 2025 Mandatory Education & Training Manual individual packets. The NHA failed to provide the Surveyor with 2025 clinical competencies for the GNA's. The NHA failed to provide documentation to verify the individual performance of mandatory education and clinical skills competencies for GNA #36 and stated that the GNA was agency staff and the facility would have to contact the agency for that documentation. The Surveyor expressed the concern that the facility did not have a personnel file for GNA #36.On 3/30/2026 at 1:35PM, during a review of 2025 Mandatory Education & Training Manual individual packets for GNA #15, GNA #35, and GNA #37, the Surveyor observed that each packet was an identical copy of the others but individually signed with an ink signature on the last page and the date of 1/31/2025.During review of GNA #15's, GNA #35's, and GNA #37's employee personnel files and interview with the Director of Nursing (DON) on 3/20/2026 at 2:20PM, the Surveyor confirmed that GNA #15 and GNA #37 did not have clinical skills competencies for 2025. The DON stated that GNA #35 was hired in September 2025 and completed clinical skills competency during orientation.During an interview with former NHA #21, in the presence of the current NHA, the Surveyor expressed the concerns with the documentation and frequency of individual performance of mandatory education and no documentation of 2025 clinical skills competencies for GNA #15 and GNA #37. GNA #35 was hired in September 2025; however, the 2025 Mandatory Education & Training Manual individual packet has an ink signature with a date of 1/31/2025. The facility failed to provide documentation to verify GNA #36 completed mandatory education requirements and clinical skill competencies. The Surveyor was informed that they have not started 2026 Mandatory Education & Training Packets.