

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER North Oaks Communities		STREET ADDRESS, CITY, STATE, ZIP CODE 725 Mount Wilson Lane Baltimore, MD 21208	
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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. Based on medical record review and interview, the facility staff failed to assess a resident using the standardized Quarterly Review assessment tool at least once every three (3) months between comprehensive assessments (resident #18). This was evident for 1 out of 19 residents reviewed while completing the facility assessment facility task for the facility's annual survey. Findings include: The annual survey team reviewed resident #18's medical records on 11/19/25 at 12:45pm to complete the facility assessment facility task for the facility's annual survey. The medical record revealed that the resident was overdue for a quarterly assessment. The quarterly assessment was due on 10/14/2025. The annual survey team interviewed MDS Coordinator #5 on 11/20/25 at 8:45am regarding the facility's failure to complete resident #18's quarterly assessment on 10/14/2025. MDS Coordinator #5 acknowledged that the facility failed to complete the quarterly assessment timely. MDS Coordinator #5 stated that he/she started the position on 10/13/2025 and he/she was unaware that resident #18 would have an overdue quarterly assessment by 10/14/25. The surveyor reviewed resident #18's medical record on 11/20/25 at 9:30am. The resident's medical record revealed that MDS Coordinator #5 started the quarterly assessment for the resident. Surveyor interview with the Administrator and Regional Nurse #3 on 11/20/25 at 11:30am confirmed that the facility's MDS team failed to update the MDS record correctly.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 during the initial tour of the main kitchen with facility staff it was determined that the facility staff failed to store food items in a manner that maintains professional standards of food service safety and prepare food under sanitary conditions. The findings include: On 11/17/25 at 8AM, a tour of the kitchen with the Food and Beverage Director revealed the following: 1. Grease was layered on the tiled baseboards and on every wall edge in the kitchen. 2. The freezer and refrigerator floors with blacken areas and the area was littered with debris. 3. The handwashing sinks were blocked with trash cans. 4. The ceiling tiles were noted with areas of brown stains throughout the kitchen. 5. Tiles missing from the floor at the door entrances and noted to be filled with dirt and debris. 6. The dishwasher aide had long shoulder length hair and no hair net. 7. The freezer had ice buildup on the ceiling and on an unopen box of food. 8. The Jell-O was uncovered in the refrigerator and undated. 9. Shredded mozzarella cheese in a container covered with plastic wrap with black specks throughout and undated. 10. Chicken patties in a bag open and exposed to the air in the freezer and undated as to when it was open. 11. The dishwasher area had a pool of water coming from the dishwasher machine. 11/20/25 at 10 AM, the Administrator made aware of the kitchen findings and acknowledged the surveyor's concerns.		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a plan that describes the process for conducting QAPI and QAA activities. Based on a revisit of previous annual surveys and deficient practices identified during this survey, it was determined that the facility failed to have an effective Quality Assurance Program as evidenced by the identification of repeat deficiency. The failure to identify and develop appropriate plans of correction to correct quality deficiencies places all residents at risk. The findings include: The repeat deficiencies reviewed included area of store, preparation, distribute, and serve food in accordance with professional standards for food service safety. The repeated deficiencies were noted in 2019, 2024 and 2025 with Severity and Scope Grid listed as an F. On 11/20/25 at 10 AM, the concerns regarding repeat deficiencies and the failure of the previous plan of correction to address issues with the QA process were discussed with the Administrator, who acknowledged the surveyor's concerns. The Administrator stated that a surprise observation of the kitchen on 10/30/25, by the of the Certified Dietary Manager revealed the same repeated issue of undated, and uncovered food. The Administrator stated it was discussed in QA during the meeting on 11/16/2025. The plan is to educate the kitchen staff on food storage and labeling with the Food and Beverage Director. Cross Reference F 812		