STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215244	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devlin Manor Nursing and Rehabilitation Center	10301 North East Christie Road Cumberland, MD 21502

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview it was determined the facility staff failed to report an allegation of abuse to the local law enforcement authorities. This was evident for 1 (#3) of 2 residents reviewed for abuse.The findings include:Investigation documentation and facility reported incident (FRI) #3022768 was reviewed on 6/26/26 at 12:30 PM. The review revealed that on 5/22/26 at approximately 9:00 PM, Resident #3 reported to Licensed Practical Nurse (LPN) #3 that s/he experienced pain while receiving evening care from Geriatric Nursing Assistant (GNA) #4; and the GNA failed to stop when Resident #3 repeatedly told her to stop because she was causing pain. GNA notified the nurse. The resident spoke to a family member immediately after the encounter. The family member telephoned the facility and spoke to the nurse.The resident was assessed by LPN #3 at that time, no injuries were found, and the report of an allegation of abuse was submitted to the state agency. GNA #4 was suspended pending the outcome of the facility's investigation.The facility's self-report indicated that the police were not notified.A handwritten witness statement dated 5/26/26 reflected an interview the Social Worker (SW) #5 conducted with Resident #3. The resident described the incident from 5/22/26 and indicated: s/he told the GNA that it was really hurting and she was pulling at his/her skin. S/he asked her to stop but she kept pulling. At the end of the interview it noted: *I asked (Resident #3) if s/he felt s/he was abused? Resident stated Yes. In an interview on 6/25/26 at 2:30 PM Resident #3 recalled the incident and his/her conversation with the Social Worker. S/he indicated the Social Worker asked do you think it was abuse? Yes or no? I thought about it for a minute, I didn't feel the aide intended to hurt me, but I felt that when I told her to stop and she didn't, it was abusive, so I told the Social Worker yes. LPN #6 was interviewed on 6/29/26 at 11:22 AM. She indicated that she was the Administrative nurse on call the evening of 5/22/26. She indicated she received a phone call from the nurse that Resident #3's family member wanted to talk to the administrative nurse, so I called her. She was upset, indicated Resident #3 called him/her and indicated that staff had abused the resident. I decided to come to the facility to see the resident. LPN #6 indicated that once the resident made the accusations, she suspended GNA #4. No documentation was found in the investigation documentation or Resident #3's medical record to indicate that facility staff notified local law enforcement of an allegation of abuse. During an interview on 6/29/26 at 12:15 PM the Director of Nursing confirmed that the police were not notified. She stated, there wasn't any injury when we assessed him/her, so we didn't notify the police.

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