STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215249	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Future Care Homewood	2700 North Charles Street Baltimore, MD 21218

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and interviews, the facility failed to provide a functional, sanitary and comfortable environment for two (2) out of 21 sampled residents (Resident [R] #6 and R#19) when housekeeping staff failed to clean the residents' room and bathroom which had a strong smell of urine; and general housekeeping duties were not completed across three (3) units (Units #4, #5, and #6). Intakes #2608459 and #2599200 are directly related to these findings.The findings include:Review conducted on 5/13/26 at 2:00 PM of the facility's 1.2 Environmental Hygiene Cleaning & Disinfection Program dated July 2020 noted: Cleaning is the physical removal of dirt, body fluids, and other organic matter. Disinfection destroys the number of potential pathogens on a surface.4.1 General Cleaning and Disinfection Procedures for Daily Room and Discharge Cleaning.General Guideline - 1. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur and when these surfaces are visibly soiled. 2. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled.7. Personnel should remain alert for evidence of rodent activity (droppings) and report such findings to the Environmental Services Director.Appendix C - Cleaning Procedures.C. Procedures.Cleaning Procedures.13. Begin bathroom cleaning by giving special attention to the order in which items are cleaned. Start with the highest surface, usually the mirror, and leave the commode/toilet for last.17. Carefully pour bowl cleaner in the toilet under the rim and allow to sit for a few minutes. 18. Clean the toilet seat surface, the exterior areas of the toilet including the base, and around the inner bowl. 19. Using the toilet bowl caddy, clean the inside of the toilet around the inner rim being careful not to splash. Flush the toilet, Return the brush to the caddy. Review conducted on 5/12/26 at 1:15 PM of R#19 clinical record revealed an admission date of 4/7/23 with diagnoses that included unspecified dementia without behavioral disturbances, acquired absence of right finger(s), acquired absence of left thumb, iron deficiency, gangrene, and essential hypertension. Review conducted on 5/12/26 at 1:20 PM of R#19's Annual Minimum Data Set (MDS) dated [DATE] revealed the resident was severely cognitively impaired having scored four (4) out of 15 on the Brief Interview for Mental Status (BIMS) assessment. There were no behavioral symptoms documented during the assessment period. The resident's Quarterly MDS dated [DATE] noted the resident had mild cognitive impairment and had no behavioral symptoms during the assessment period. Review conducted on 5/12/26 at 1:50 PM of R#19's care plan revealed the resident had Mood disturbance r/t Adjustment-Disorder with mixed disturbance of emotions and conductor evidenced by periods of aggressive behaviors and hoarding (initiated on 4/11/23 and revised on 5/3/26). Interventions included: Praise resident one-on-one to encourage when right choices are made (3/29/24); When resident is resistant, provide reassurance, leave and return 5-10 minutes and try again (11/6/23 and revised on 4/16/26). Review conducted on 5/12/26 at 2:30 PM of R#6's Annual Minimum Data Set (MDS) assessment dated [DATE] noted the resident was cognitively intact having scored 14/15 on the Brief Interview of Mental Status (BIMS) assessment. According to the MDS, R#6 did not exhibit any behavioral symptoms during the assessment period. R#6's care plan noted the resident was (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

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	unable to plan [their] day and is dependent on staff for meeting emotional, intellectual, physical, and social needs r/t [related to] cognitive deficits, [and] physical limitations (created on 3/26/2025 and revised on 5/12/2026). Observation on the fourth floor (Unit 4) on 5/12/26 at 10:30 AM revealed there was a glove on the floor in the doorframe area of room [ROOM NUMBER]; and in room [ROOM NUMBER], there was a bag of clothes on the floor near the wall and Bed 1 was not made. The rooms required housekeeping services. Observation on 5/12/26 at 10:38 AM revealed R#6 and R#19 were roommates. On R#19's side of the room were numerous empty beverage containers/bottles and food containers on the resident's nightstand. The items took up the entire surface area of the nightstand. On the floor in front of the nightstand were at least 10 disposable coffee cups with lids. Some of the cups were lying on their sides, and other cups were sitting upright on the ground. On the resident's over-the-bed table were five (5) coffee cups, five (5) cups filled with juice, and three (3) food containers that covered the surface area of the table. R#19's bilateral feet rested on top of a pair of shoes. The floor under the shoes was stained with a brown substance that measured approximately three (3) feet in width and five (5) feet in length. The stain extended over onto R#6's side of the room. The room smelled strongly of urine. Continued observations revealed that the inside of R#19's bathroom, the toilet bowl was stained with a light brown substance that extended from the top of the inner rim of the toilet to the bottom/drainage area of the toilet. The toilet seat had what appeared to be black dirt marks around the seat. In addition, the water in the toilet bowl was constantly running. Continued observations revealed R#6 was in their bed. The resident was wearing a nasal cannula and was utilizing oxygen. R#6 appeared to be sleeping, and a catheter bag was hanging on the lower side of the bed. Observations on 5/12/26 at 11:03 AM on Unit 5 revealed there was a glove on the floor in room [ROOM NUMBER] and there was paper on the floor mat to the left side of Bed 1 in room [ROOM NUMBER]. The rooms required housekeeping services. Observations on 5/12/26 at 11:33 AM on Unit 6 revealed the floor required sweeping and the bed needed to be made in room [ROOM NUMBER]. The room required housekeeping services. Observation on 5/14/26 at 10:20 AM in room [ROOM NUMBER] on Unit 4 revealed there were black skid marks along the right side of Bed 1 and on the floor at the bottom of Bed 2 were black scuff marks approximately the width of the bed's footboard, and one (1) of the floor tiles was broken with a piece of tile missing. Observations on 5/14/26 at 10:23 AM in R#19's room revealed a strong odor of urine remained in the resident's room. In an interview on 5/12/26 at 10:40 AM with Licensed Practical Nurse (LPN) #16 revealed that R#19 was a hoarder and did not want to throw their items away, even when the items were trash. In an interview on 5/12/26 at 10:42 AM, the facility's Administrator said that because R#19 exhibited combative behaviors, staff cleaned the resident's room every two (2) to three (3) weeks because he/she was a hoarder and did not want things thrown away. The Administrator said that cleaning R#19's room at night was also challenging, and confirmed that the cleaning schedule being used to keep the resident's room clean was not effective. In addition, the Administrator confirmed that the dirt build up in R#19's room and bathroom was the result of cleaning not being done for more than a day. During an interview on 5/12/26 at 10:48 AM, Housekeeping Staff (HK) #19 said that R#19 did not allow staff to throw items away, but did allow them to clean the bathroom. HK #19 said that the resident did not get aggressive with him/her when they worked in the room. At 10:54 AM, the HK #19 asked R#19 if they could throw away the coffee cups, juice containers and the food containers; and the resident said No. The resident was asked by HK #19 if they could clean the floor and the bathroom, and the resident said Yes. In continued interview with HK #19, when asked about the accumulation of dirt in the bathroom/toilet, HK #19 said that the condition of the bathroom did not come to be like that overnight, and said that it appeared the bathroom had not been cleaned in a couple of weeks. In an interview on 5/13/26 at 1:54 PM, Geriatric Nurse Assistant (GNA) #10 said that R#19 exhibited verbal aggression when requests were made to clean their room and/or throw away the trash in their room. GNA #10 said that R#19 did not have a problem with staff cleaning their bathroom. The resident just did not want to have their cups and food containers thrown away. GNA #10 said that the room often had a foul odor and often (continued on next page)

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