

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2026
NAME OF PROVIDER OR SUPPLIER Goodwill Mennonite Home, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 891 Dorsey Hotel Road Grantsville, MD 21536	
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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observations, interviews, and record review, it was determined that the facility failed to ensure that residents had access to a call bell within reach. This was evident for one (Resident #32) of one resident reviewed while completing the environmental task. The findings include: Resident #32 has quadriplegia, which is paralysis affecting the torso and all four limbs. Additionally, the resident has a communication deficit, resulting in significant difficulty speaking or expressing needs. A joint contracture happens when the soft tissues around a joint—like muscles, tendons, or skin—become tight, short, and stiff, locking the joint into a bent or frozen position that prevents normal movement. On 6/08/26 at 10:55 AM, during the initial screening process, the surveyor observed Resident #32 seated in a bedside geri-chair (recliner-type chair). The chair was positioned parallel to the resident's bed, and the call bell had been placed on the bed. The resident was noted to have contracted hands and a contracted torso. Based on the distance between the resident and the bed, as well as the resident's physical limitations, the call bell appeared to be beyond the resident's reach. The surveyor attempted to ask the resident if they could reach the call bell; however, the resident was unable to answer. On 6/08/26 at 11:09 AM, the surveyor was walking past Resident #32's room and noticed that the geri-chair had been moved farther away from the bed. The surveyor entered the room and observed that the call bell remained on the bed. The chair was positioned far enough from the bed that the resident would have had no way to reach the call bell. The surveyor noted that the resident's arms remained contracted toward the body and that the resident was still unable to speak when asked if they could reach the call bell. The surveyor identified a staff member outside the room who identified herself as Geriatric Nursing Assistant (GNA #5). The surveyor asked about Resident #32's call bell, and GNA #5 stated, the resident can't utilize the call bell which is why it doesn't matter if it is near them. When asked whether there was documentation in the resident's care plan indicating that a call bell was not required, GNA #5 stated that she wasn't sure and reiterated that the resident required total assistance and would be unable to use a call bell independently. On 6/09/26 at 11:01 AM, the surveyor conducted a record review of Resident #32's care plan and discovered the following: -Encourage [Resident #32] to use bell to call for assistance- Keep call bell and personal items within easy reach. (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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/09/26 at 2:02 PM, the surveyor conducted an interview with the Director of Nursing (DON) and asked about the facility's expectation regarding resident access to call bells. The DON stated, The expectation is that all residents have a call bell in place. The surveyor informed the DON of the observations in which Resident #32's call bell was not within reach and that GNA #5 had reported that call bell access was not necessary for the resident. The DON stated that GNA #5 should know better and confirmed that it is the facility's expectation that all residents are provided with access to a call bell.		