STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215259	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pickersgill Retirement Community	615 Chestnut Avenue Towson, MD 21204

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 - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to ensure the environment was free from pests. This was evident for 1 out of 1 nursing unit during the surveyor's review of Complaint #2714168 and during the facility's recertification survey.The findings include:On 4/7/26 at 7:35AM the surveyor conducted a review of Complaint #2714168 which documented the complainant's concern for mice pest presence in Resident #13's room located on the facility's nursing unit. During multiple surveyor's subsequent tours of the facility's nursing unit, various pest control devices including bait stations, traps and other methods of pest control were observed to be present. Multiple traps were observed by surveyors to be present in various Resident rooms. On 4/8/26 at 12:22PM the surveyor conducted an interview of Director of Maintenance #11 who acknowledged that the facility has had mice on the long term care unit and also reported that the facility had increased the amount of exterminators and had various methods of pest control in place. On 4/8/26 at 12:43PM the surveyor reviewed the pest sighting log book on the nursing unit which documented the following information:- 4/7/26: Droppings still seen on recliner chair behind door- 4/1/26 mouse running in room, family reported problem- 3/22/26 Snake brown in the storage room on 2nd floor- 3/21/26 Mice swinging from the drape- 3/20/26 Resident does not want mouse trap in their room, s/he prefers other alternate method of eliminating mouse in his/her room- 3/17/26 Dining room under fridge- 3/17/26 mice ran across- 3/1/26 Dining room [ROOM NUMBER] mouse- 2/19/26 2 mice running in hallway- 2/9/26 Mice all over the place, the mice is back. Documentation of mice sightings was observed present dating back to December 2025. On 4/8/26 at 1:03PM during an interview of the facility's Executive Director, the surveyor requested for them to provide copies of all health inspections which addressed pest control problems. Surveyor review of the health inspection reports previously provided by the Director of Dining Services #10 revealed documentation from October 2025 in which mouse droppings was observed at the time of that inspection. During the interview, the Executive Director acknowledged fielding a complaint regarding a mice sighting in the room of Resident #13.On 4/10/26 at approximately 9:00AM the surveyor observed the interior hallway door located near the kitchen was left open to the outside environment.On 4/10/26 at 10:29AM the surveyor began conducting an infection control observation in the main hallway of the nursing unit. On 4/10/26 at 10:31AM the surveyor observed a mouse run across the hallway from near room [ROOM NUMBER] to #435. On 4/10/26 at 10:36AM the surveyor conducted an interview of Resident #31 who spontaneously reported the following information to the surveyor while making a walking motion with their fingers: I did see a mouse today and a couple of days ago. On 4/10/26 at 10:41AM the surveyor informed Housekeeping Supervisor (HS) #12 of the observation and concern at which time they stated Okay, I will let maintenance know. On 4/10/26 at 10:47AM the surveyor observed the pest control service providers and the facility's Director of Maintenance working to address the pest sighting concern in the Resident #31's room. On 4/10/26 at 1:35PM the surveyor shared the concern with the facility's Director of Nursing who acknowledged the concern.All surveyor concerns were again reviewed with the facility's Administrator and Executive Director during the exit conference on 4/10/26. After conclusion of the exit conference, multiple surveyors upon exiting the building on (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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(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 - Some	4/10/26 observed the interior hallway door located near the kitchen was left open to the outside environment.