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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, it was determined the facility failed to:1. Follow professional standards for food service safety, evident for 1 of 1 emergency water supply, and 3 out of 3 food storage bins reviewed. 2. Ensure a drain was maintained sanitarily. This was evident for 1 out of 2 drains located near the facility's dishwasher.Observations made during the surveyor's review of the kitchen task during the facility's recertification survey.The findings include:On 4/7/26 beginning at 8:55AM the surveyor conducted an initial tour of the facility's kitchen.On 4/7/26 at 9:00AM the surveyor conducted a dual observation of three storage bins each separately storing the following loose food items: panko bread crumbs, flour, and sugar, with the facility's Director of Dining Services (DDS) #10. The exterior surface of the bread crumb bin was observed to have an unclean, greasy, crusty appearance with visible tan food debris present on the exterior. Upon the removal of the lid, the interior surface near the top rim of the container was observed with brown food debris present. The exterior surface of the container of flour was observed with a cloudy appearance and crusty food debris present. The exterior surface of the container of sugar was observed with a tan food stain present. At this time, the surveyor shared the concerns with DDS #10 who observed and acknowledged the concerns and reported that the bins would be cleaned.On 4/7/26 at 9:18AM the surveyor observed the kitchen drain near to the dishwasher open with no drain covering with food debris and small pieces of trash present within it. At this time the surveyor shared the concern with DDS #10 who observed and acknowledged the concern and indicated that they would have a drain cover put on.On 4/7/26 at 9:22AM the surveyor observed the facility's emergency water supply with DDS #10 at which time gallons of water were observed to be outdated with no gallons able to be located that were within current date. The surveyor observed several gallons of water in which were damaged with some of the gallons empty with droplets of water present on them, and a gallon from 2025 which was sealed and appeared to be approximately 3/4 of the way full.On 4/7/26 at 9:23AM the surveyor conducted an interview of DDS #10 who stated: No, I wouldn't use the expired water, I'll have more water ordered and have the expired water moved to the wastewater area.On 4/7/26 at 1:29PM the surveyor reviewed kitchen documentation provided by DDS #10 which included photographs of the kitchen food storage bins which they reported had been cleaned.On 4/7/26 1:46PM the surveyor conducted an interview of the facility's Administrator who stated to the survey team: All emergency water was expired. The Administrator additionally reported to the survey team that an order for emergency water supply was placed and they expected to receive that within the next day.04/09/2026 8:48 AM the surveyor shared all concerns with the facility's Administrator who acknowledged and confirmed understanding of the concerns.On 4/9/26 at 12:07PM DDS #10 informed the surveyor that the kitchen drain cover had been replaced.On 4/10/26 at 8:47AM the surveyor conducted another observation of the facility's emergency water supply and after surveyor intervention, the water supply was observed replaced with gallons of water which were observed to have expiration dates in the future and were undamaged in appearance. During the observation, DDS #10 informed the surveyor that they had now added a reminder to the calendar in advance, in order to remind them to replace the facility's emergency water supply prior to the new expiration dates.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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4/10/26 at 8:49AM the surveyor conducted another observation with DDS #10 of the kitchen drain near to the dishwasher at which time the drain was again observed open with no cover present. The surveyor again shared the concern with DDS #10 who observed, acknowledged, and confirmed understanding of the concern and reported to the surveyor that the drain cover would be replaced.On 4/10/26 at 9:33AM the surveyor received and reviewed documentation from the facility's Administrator showing the emergency water supply had been replaced.All surveyor concerns were again reviewed with the facility's Administrator and Executive Director during the exit conference on 4/10/26.

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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	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 4/10/26 observed the interior hallway door located near the kitchen was left open to the outside environment.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff interviews, it was determined that the facility failed to provide documentation that indicates that the facility provided the receiving hospital with the resident's information prior to transferring the resident to the hospital. This was evident for 1 (Resident #33) out of 4 residents reviewed during an annual recertification survey for hospitalizations and discharges.The findings include:On 4/8/26 at 1:51 PM, the surveyor conducted a record review. The record review revealed that Resident #33 was hospitalized on [DATE].On 4/9/26 at 9:59 AM, the surveyor interviewed the Director of Nursing (DON) #2. The surveyor asked DON #2 to provide documentation indicating that the facility provided the receiving hospital with Resident #33's information prior to transferring Resident #33 to the hospital. DON #2 indicated that she would check Resident #33's medical record.On 4/9/26 at 10:32 AM, DON #2 stated that when the emergency medical technicians arrive at the facility to transport a resident to the hospital, the facility will provide the emergency medical technicians with a completed SNF to Hospital Transfer Form to provide to the receiving hospital the resident is being transferred to. DON #2 stated that the facility provided the emergency medical technicians with Resident #33's SNF to Hospital Transfer Form at the time Resident #33 was being transferred to the hospital; however, the facility did not keep a copy of Resident #33's SNF to Hospital Transfer Form. The surveyor asked DON #2 if there was a progress note or any other documentation indicating that the facility provided the hospital with Resident #33's SNF to Hospital Transfer Form. DON #2 indicated that she would check resident #33's medical record.On 4/9/26 at 2:55 PM, DON#2 indicated that she was unable to locate documentation indicating that the hospital was provided with Resident #33's SNF to Hospital Transfer Form prior to transferring Resident #33 to the hospital. DON #2 also stated that the expectation is for the facility to document, in a progress note, that they provided the receiving hospital with a copy of the resident's SNF to Hospital Form prior to transferring/discharging the resident to the hospital.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to ensure documentation of medication side effect monitoring, and maintain medical records in accordance with accepted professional standards and practices. This was evident for 2 (#9, #17) of 5 residents reviewed for unnecessary medications.The findings include:1. On 4/7/26 at 3:21PM the surveyor conducted an unnecessary medications review for Resident #9 at which time the surveyor reviewed the medical record which revealed the following information: -Resident #9 was admitted to the facility on [DATE] -Resident #9 was observed to have an active medical order dated as beginning on 4/22/25 for Mirtzapine medication for indication of depression. -No side effect or behavior monitoring for psychotropic medications by licensed nursing staff was observed consistently documented in the medical record. On 4/7/26 at 3:33PM the surveyor conducted an interview of the facility's Director of Nursing (DON) and inquired as to how the nursing staff document the side effect monitoring of residents who take antidepressant medications, to which they replied: We have it underneath the treatment administration record for monitoring of side effects, that is listed under our treatment administration record and they check that every shift. When the surveyor further inquired to the DON as to if the monitoring was in the form of a medical order on the treatment administration record in which staff have to check off every shift, they stated: Correct. When the surveyor inquired to the DON as to if there was other ways in which the side effect monitoring was documented, they stated: That is our standard to have it on the medication administration record/treatment administration record. At this time the surveyor shared the concern with the DON that there was no antidepressant side effect or behavior monitoring documentation present for Resident #9. The surveyor offered opportunity for the DON to provide all evidence of side effect and behavior monitoring of the Resident by licensed nursing staff. On 4/7/26 at 3:49PM after surveyor intervention, the DON informed the survey team that there was no side effect monitoring order and that it had now been added for Resident #9. On 4/8/26 at 11:14AM the surveyor shared concerns with the DON who acknowledged and confirmed understanding of the concerns. The surveyor conducted an interview of the DON who confirmed with the surveyor that other than geriatric nursing assistant staff monitoring for behavior, there was no documentation of ongoing behavior monitoring by licensed nursing staff. The DON confirmed with this surveyor that there was no further documentation to provide regarding the concerns. On 4/8/26 at 11:20AM the surveyor reviewed the medical record and noted the following information: -Resident #9's care plan stated the following intervention for use of antidepressant medication: Administer antidepressant medications as ordered by physician; Monitor/document side effects and effectiveness Q-SHIFT (every shift); Date Initiated: 04/21/2025; Monitor/document/report PRN (as needed) adverse reactions to antidepressant therapy: change in behavior/mood/cognition; (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hallucinations/delusions; social isolation, suicidal thoughts, withdrawal; decline in ADL (activities of daily living) ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance problems, movement problems, tremors, muscle cramps, falls; dizziness/vertigo; fatigue, insomnia; appetite loss, wt (weight) loss, n/v (nausea/vomiting), -A medical order dated as beginning 4/7/26 for antidepressant medication side effect monitoring -A medical order dated as beginning 4/7/26 for behavior monitoring. All surveyor concerns were again reviewed with the facility's Administrator and Executive Director during the exit conference on 4/10/26. 2. On 4/9/26 at 3:15PM, during a review of Resident #17's electronic medical record the Surveyor discovered that the Resident had diagnoses of, but not limited to, hypertension, gastro-esophageal reflux disease, anxiety disorder, adjustment disorder with mixed anxiety and depressed mood, dementia with behavioral disturbance, and esophageal dyskinesia. Further review revealed physician orders for Diltiazem HCl 30 mg to be given at 2:00pm for esophageal spasms to and Seroquel 50mg to be given at 2:00PM for dementia with behavioral disturbance. On 4/10/26 at 10:00AM, a review of Resident #17's Medication Administration Record (MAR) for February 2026 failed to reveal the Resident received the scheduled 2:00PM dose of Diltiazem HCl and Seroquel on 2/17/2026. A review of the MAR for March 2026 failed to reveal the resident received the scheduled 2:00PM dose of Diltiazem HCl and Seroquel on 3/7/2026. On 4/10/26 at 11:05AM during an interview with the Director of Nursing (DON), the Surveyor expressed the concern that Resident #17's MAR for 2/17/2026 and 3/7/2026 failed to reveal documentation of medication administration of Diltiazem HCl and Seroquel during the scheduled 2:00PM administration time. The DON reviewed the MAR for February 2026 and March 2026 with the Surveyor and confirmed the Surveyor's findings.