

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER Elkton Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Price Drive Elkton, MD 21921	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews, it was determined that the facility failed to ensure residents' right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. This was evident for 7 (Resident #58, #143, #78, #12, #142, #180, #147) residents out of 14 investigated during the the survey. The findings include: 1. On 09/29/2025 at 12:35 PM during observation and interview, Resident #58 shared several concerns: my care plan meetings are at bedside, attended only by the social worker, I receive a care plan report and grievance form, but there are no other staff members to discuss my care or multiple concerns. There is no support for discharge or transfer to return to my home state where I feel I can get access to more community resources. I have missed appointments for over a year due to my lost wheelchair which could fit in the cab for transport, but the current replacement wheelchair is larger and unable to fit in with the only cab service that is offered by the facility. I was fitted for a power wheelchair and told I was approved but never received it. I have asked about my money no longer going into my personal account since about April of this year. When I called Social Security, I was told that a facility doctor signed a statement that I cannot handle my finances anymore, no one will give me information. I still have not received statements or funds since this change and have requested money from the facility. I have no money to obtain my lost documents (birth certificate and social security card) and to get a lawyer. When I asked for help from the Social Worker, they just give me a grievance form, but nothing is ever done; I feel like the only way out for me is if I die.</p> <p>On 10/07/2025 at 9:49 AM during record reviews and interviews regarding Resident #58 concerns of missed appointments related to transportation, it revealed in the Front Desk Appointment log, Resident #58 missed the following appointments on 7/19/24, 1/23/25 and 8/21/25 due to rescheduled W/C wouldn't fit in taxi.</p> <p>During interview with Unit Clerk staff 76, Surveyor asked about missed appointments due to transportation or alternate forms of transportation; Staff #76 states we only are allowed to schedule with Friendly Taxi service and that company cannot fit the resident's large wheelchair and the physician offices that are scheduled cannot accommodate alternate stretcher transport, so I just reschedule the appointments.</p> <p>On 10/07/2025 at 9:59 AM during an interview with Director of Rehab Services staff #30 regarding Resident #58's wheelchair, this Surveyor was told I did dispense Resident #58 a larger wheelchair (28in.) when their personal wheelchair was lost, and then registered and obtained approval for the power wheelchair, however, once the facility was billed for the wheelchair, I no longer have control when the bill will be paid for the resident to receive the wheelchair.</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 215269	If continuation sheet Page 1 of 21

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Staff #30 provided an Email communication dated 7/10/2025 to 9/29/2025. This communication indicated that Resident #58 was recommended for the Freedom Mobility Power Wheelchair program, met the requirements, was cleared through the loaner screening process to be able to properly handle the power wheelchair, and the final bill received at the facility, but remains unpaid at the time of the survey.</p> <p>On 10/07/2025 at 10:19 AM during record reviews and interviews regarding concerns for incompetence and resident funds, it revealed a BIMS Interview and Staff Assessment, dated 09/19/2024, with a Score of 15, indicating the resident is cognitively intact. The three Physician Certification Related to Medical Condition, Decision Making, and Treatment Limitations forms, dated 05/19/2022, 10/15/2023, and 6/5/2025 all indicate via the Certification Regarding Decision Making Capacity, that Resident #58 has adequate decision making capacity (including decisions about life-sustaining treatments). Of note, the last certification was completed by Resident #58 current physician (Physician #30). However, the facility filed form SSA-787, the Medical Source Opinion of Patient's Capability to Manage Benefits, the process used to make the facility Representative Payee, completed by Physician #30, citing Resident not capable of handling funds due to their medical condition." dated 3/17/25. Subsequently, the facility received a favorable decision letter dated May 7, 2025 assigning the facility as Representative Payee and that effective on or about April 30, 2025, Resident #58 direct deposit information was changed. Of note, there were no progress notes about the change of decision-making ability regarding Resident #58 around the time of the filing of the changes to Social Security and no communication provided to the resident about the redirecting of their personal funds now to the facility made on their behalf.</p> <p>During an interview with Business Office Manager staff #51, Surveyor asked why the resident was not informed of the Resident Payee request and no statements or funds received until Surveyor intervention and Staff #51 stated I am new, but the resident had an outstanding unpaid bill of over \$40,000 and that was why the Resident Payee process was started. Because resident had SSA-787 form on file the facility is the Representative Payee, I do not give them statements. When I was informed that the resident wanted funds, I did arrange for the resident to get their allowance amount just last week, I sent the receptionist to this resident to give them money, that is our process.</p> <p>On 10/07/2025 at 12:06 PM during record reviews regarding resident concern for lack of Social Worker support for discharge planning to return to their home state for Long Term Care, it revealed Resident #58 demonstrated frustrations and no documents related to actual attempts. Discharge Planning Notes, dated 09/01/2025 and 09/08/2025, stated the resident has frustration and anger about (their) stay at this facility and, attempts have been made for transfer but have been unsuccessful. Additionally, Resident #58 Care Plan Report, Created on 06/06/2025, notes the resident is expected to remain in the facility long term and has no plans to discharge at this time. Goal: the resident/resident representative will have their needs met thru the review period. Interventions: assess for the resident's preference to return to community and refer if needed; and review and update discharge plans with the resident when needed.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/09/2025 at 9:19 AM during interview with Director of Social Services Staff #36, this Surveyor asked about Resident #58 various concerns. Staff #36 recalled an attempt to help Resident #58 to recover their lost documents, (Birth Certificate, Social Security Card) online, and stated resident was unwilling to proceed because of the money and always says (they) don't have money because facility is taking (my) money. When Surveyor asked if the resident concern about losing access to their personal funds was investigated, Staff #36 further stated I spoke with the old Business Office Manager regarding Resident #58 funds and was told funds are now going to (their) care. Staff #36 shared that attempts were made to explain this to the resident. This Surveyor asked if any documentation related to this follow-up was provided to the resident and Staff #36 stated No.</p> <p>2. On 9/28/2025 at 9:35AM, the Surveyor observed Geriatric Nursing Assistant (GNA) #4 enter room [ROOM NUMBER], where Resident #143 and #78 reside, without knocking or asking permission to enter prior to entering the residents' room.</p> <p>On 9/29/2025 at 12:21PM, the Surveyor observed GNA #53 enter room [ROOM NUMBER], where Resident #12 and Resident #142 reside, to deliver a lunch tray to Resident #142. GNA #53 did not knock or ask permission to enter prior to entering the residents' room.</p> <p>On 10/7/2025 at 12:10PM, an interview with Resident #39 revealed that multiple residents have complained that the nursing staff are not knocking or announcing themselves when they enter the room. This concern was reported to administrative staff; however, the problem still exists.</p> <p>On 10/7/2025 at approximately 3:50PM, during an interview with Resident #12 and #142, the Surveyor observed a GNA enter the residents' room without knocking or asking permission to enter. The GNA took a green pack of adult briefs out of a cupboard, located next to the resident's closet, and then turned around and walked out of the room without acknowledging the residents or the Surveyor. Resident #142 stated that some staff do not knock or ask permission to enter prior to entering the room.</p> <p>During an interview with the Administrator in Training (AIT) #3 on 10/9/2025 at 8:20AM, the Surveyor expressed the concern of multiple observations of nursing staff entering residents room and failing to knock or request permission to enter prior to entering the residents rooms. The Surveyor also expressed the concern that residents have complained about it and reported it to administrative staff and the problem has not been resolved. AIT #3 informed the Surveyor that staff were educated on knocking and announcing themselves prior to entering resident rooms. The Surveyor confirmed that this was a current problem.</p> <p>3. On 9/28/25 at 9:34AM the surveyor conducted an interview of Resident #180 who expressed their concern to the surveyor: I don't have any clothes, laundry is closed on the weekend, go look, this is day four, it feels like a slob, I have clothes, but they aren't here. Observation of Resident #180's room by the surveyor revealed there was no clothing within the resident's room with the exception of the outfit the resident was wearing that they had been sleeping in.</p> <p>On 9/28/25 at the surveyor observed Resident #147 wearing a hospital gown and conducted an interview of Resident #147 who reported to the surveyor that they also did not have any clothes and stated: laundry staff have to be with their family on the weekend, I like to be dressed I don't want to wear a gown, I didn't tell staff. Resident #147 reported to the surveyor that Resident #180's clothing went to laundry, but they don't do it on the weekend.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/2/25 at 12:17 PM conducted by the surveyor, Director of Housekeeping (DH) #15 reported that the facility was short handed with staffing in laundry for the weekend personals laundry position. DH #15 confirmed with the surveyor that two laundry personnel were needed to perform the weekend laundry tasks, with one assigned to linens and one assigned to personals and the position for personals had been open for months and there was difficulty with filling the position. DH #15 confirmed with the surveyor that they had received concerns regarding that on weekends residents did not have their laundry. DH #15 reported that the unfilled laundry staff position has extended the wait time for laundry to be returned to residents. The surveyor shared concerns with DH #15 who acknowledged and confirmed understanding of the concerns.</p> <p>On 10/2/25 at 12:42PM the surveyor shared concerns with Administrator in Training #3 who acknowledged and confirmed understanding of the surveyor's concern.</p> <p>On 10/2/25 at 12:48PM the surveyor conducted an interview with DH #15 who reported to the surveyor that Resident #180 had no clothing and they had previously been given some clothing, however, she had no record of laundry having tagged the items that had been previously given to them. After surveyor intervention, DH #15 reported that both Resident #180 and 147 would be provided with clothing.</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on observations, record reviews and interviews, it was determined that the facility failed to: 1) ensure the resident right to manage his or her financial affairs; and, failed to obtain written authorization for facility to act as a fiduciary of the resident's funds. This was evident for 1 (#58) resident out of 2 residents investigated for personal funds management; and 2) have a system in place that allows residents to access their personal funds on an ongoing basis and be available to the residents when they request. This practice has the potential to affect all residents who have allowed the facility to manage their personal funds. The findings include:</p> <p>1. On 09/29/2025 at 12:28 PM during observation and interview, Resident #58 stated, I stopped getting money into my bank account from Social Security since about April, I spoke with someone there and was told that a facility doctor signed a statement that I cannot handle my finances anymore. When I ask the facility why this happened, or for funds or to see statements or transfer funds back to my bank, I am always told no. I have no money to obtain my lost documents (birth certificate and social security card) or to get a lawyer. When I asked for help from the Social Worker, they just give me a grievance form, but nothing is ever done.</p> <p>On 09/30/2025 at 8:39 AM during interview with Director of Nursing (DON) staff #2, Nursing Home Administrator (NHA) staff #1, and Administrator in Training (AIT) staff #3, this Surveyor shared Resident #58's concerns regarding personal funds and being told by Social Security that a facility doctor provided a letter to them that the resident was no longer able to handle their own funds.</p> <p>On 10/01/2025 at 12:59 PM during an interview with AIT staff #3, this Surveyor was informed that Resident #58 was seen and the Business Office cut a check for the agreed amount. AIT Staff #3 was then asked why payments stopped and if Resident #58 was informed and Staff #3 stated the Business Office would know why, I will look into this.</p> <p>On 10/07/2025 at 10:19 AM during record reviews and interviews regarding concerns for incompetence and resident funds, it revealed a BIMS Interview and Staff Assessment, dated 09/19/2024, with a Score of 15, indicating the resident is cognitively intact. The three Physician Certification Related to Medical Condition, Decision Making, and Treatment Limitations forms, dated 05/19/2022, 10/15/2023, and 6/5/2025; all indicate via the Certification Regarding Decision Making Capacity, that Resident #58 has adequate decision making capacity (including decisions about life-sustaining treatments). Of note, the last certification was completed by Resident #58 current physician (Physician #30). However, the facility filed form SSA-787, the Medical Source Opinion of Patient's Capability to Manage Benefits, the process used to make the facility Representative Payee, completed by Physician #30, citing Resident not capable of handling funds due to their medical condition." dated 3/17/25. Subsequently, the facility received a favorable decision letter dated May 7, 2025 assigning the facility as Representative Payee and that effective on or about April 30, 2025, Resident #58's direct deposit information was changed. This Surveyor received a copy of Resident #58's Activity Account from the Business Office, which revealed a Current Amount Owing: \$42,559.12 and significant Note entries as follows: Oct. 2022-regarding rep payee process via SSA-787 to Social Services attempt; January 2023-If no payment by 2/15, trustee to be appointed; and June 2025-Income is now being received in RFMS. Of note, there were no progress notes about the change of decision-making ability regarding Resident #58 around the time of the filing of the changes to Social Security in March 2025 and no communication provided to the resident about the Social Security office decision received in May 2025 that granted the facility as Representative Payee and the redirecting of their personal funds now to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/07/2025 10:30 AM during an interview with Business Office Manager (BOM) staff #51, this Surveyor asked why the resident was not informed of the Resident Payee request and no statements or funds received until Surveyor intervention; BOM staff #51 states I am new here, but that resident had an outstanding unpaid bill of over \$40,000 and that was why the Resident Payee process was started. Because resident had SSA-787 form on file indicating they no longer handle their own funds, I do not give them statements. Surveyor asked how Staff #51 was made aware of Resident #58's mental status or the inability to handle own funds and Staff #51 shared that Administrator in Training (AIT) staff #3 asked that I confirm the status of the (787) application.</p> <p>Surveyor received Email communication, dated June 11, 2025 12:17 PM from BOM staff #51 to AIT staff #3, which revealed that resident .income has been redirected to the RFMS account. The personal allowance is now available for (them) to use. I called to let (them) know but I didn't get an answer, (their) mailbox was full so I could not leave a message. I will make sure (they) are made aware before the end of business. Surveyor asked if this was shared with the resident and provided their funds and statements, or any further communication or documentation and staff #51, stated No. Staff #51 then shared, when I was informed that the resident wanted funds, I spoke with the resident. The resident wanted ACH (Automated Clearing House) payments back to their personal account and was told the facility was unable to that. I offered the resident a bank card and they refused the bank card. I did provide the resident with their statement and explained the options of receiving cash or check or both. I arranged for the resident to get their allowance amount last week, via the receptionist as this is our process.</p> <p>On 10/09/2025 at 10:30 AM during follow-up interview with BOM staff #51 regarding the filing process of the SSA -787, BOM staff #51 stated I started in April 2025 during an audit, the Medicare Specialist and prior BOM-both left within a few weeks of me starting here. The Representative Payee application, form 787 is from a physician, I did not file that application, but the resident had an outstanding bill that they were not paying over \$40,000. BOM staff #51 again shared that because of the 787 on file, Resident #58 would not get a statement, these resident statements are signed by the BOM and filed. Staff #51 provided this Surveyor with 'Resident Fund Statement' for June 2025, which reflected BOM staff #51 signature and a note 'for ENR/Rep Payee'</p> <p>On 10/09/2025 at 1:09 PM during an interview Physician staff #52, confirmed they were the Primary Care Physician for Resident #58, stating yes, resident can make decisions, however, medical decision making only and not financial. This Surveyor asked, how capacity was determined and differentiated from medical and financial and if there were different capacity forms at the facility and Staff #52 stated No, but when talking with the [AIT staff #3] and the resident about the outstanding bill, resident was unable to have a plan. Surveyor asked Physician staff #52 was the signature on the SSA-787 form, dated 3/17/2025 completed and signed by Physician #52 and staff #52 stated Yes. This Surveyor then shared that Resident #58 had 3 signed Physician Certifications determining the resident had capacity, with the last one completed by Staff #52 dated 6/5/2025, but then this SSA-787 form was filed. Staff #52 was asked if this form used to determine resident mental capacity and why and staff #52 stated No, but there two types of capacity a resident can have: medical and financial, this resident does not have capacity to make financial decisions. This Surveyor asked was there any other consults or change in resident status that supported this change, Staff #52 stated No. Surveyor was not provided any additional information; facility was unable to provide any other physician certification regarding no capacity for personal financial management.</p> <p>(continued on next page)</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. On 10/7/2025 at 12:10PM, during an interview with Resident #39, the Surveyor was informed that residents are allowed to withdraw money from their accounts Monday through Friday, while the day receptionist is working. If a resident needs money for the weekend, they would have to withdraw the money on Friday. Sometimes the facility runs out of money to dispense to the residents.</p> <p>On 10/9/2025 at 9:45AM, an interview with Business Office Manager (BOM) #51 revealed that the resident's funds are distributed by the day receptionist Monday through Friday, from about 9AM to 4PM, or whenever she leaves for the day. A representative from the business office can also distribute resident funds during office hours, Monday through Friday, from 10AM to 4:30PM, if the receptionist is not available. There is no money distributed after business hours or on weekends. If a resident needs money for the weekend, they must request it on Friday. The Surveyor expressed the concern that the facility does not provide ongoing access to their funds and that the facility cannot restrict the resident's access based on the time of day.</p> <p>In addition, BOM #51 stated that the facility recently ran out of petty cash one day in October to dispense to the residents. Residents seemed to be taking out more money than in past months. BOM #51 informed the Surveyor that the business office will ensure there is enough petty cash available to accommodate the resident monetary needs.</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of medical records, administrative records, interviews, and observations it was determined the facility failed to protect a resident from physical abuse perpetrated by a facility employee. This was evident for 1 (#143) out of 8 residents reviewed for abuse during the recertification survey. The findings include: On 09/28/2025 at 09:30 AM the surveyor observed the Resident #143 in the hallway of the second floor in a wheelchair. The resident denied any remembrance of an employee being physically abusive towards him/her. On 09/28/2025 at 1:00 PM the surveyor reviewed intake #2578157 and the complaint #2578168 related to resident #143. The facility report was directly related to the complaint. On 10/07/25 at 08:15 AM the surveyor continued the review of the resident's hard copy facility incident report. The review revealed that the facility had found the perpetrator (GNA #40) physical abused Resident # 143. The physical abuse consisted of the GNA #40 being observed slapping the resident on the right cheek while attempting to get Resident #143 off the elevator. A staff #41, from the laundry department witnessed the encounter between Resident #143 and GNA # 40. The resident was struck on the right side of the face. However, the hospital staff stated the resident #143 reported being hit on left side of the face by a staff member while at the nursing home facility. The resident was ordered to be taken to the hospital for CT scan of the head on the same evening of the incident. The CT scan completed on 08/01/25 was negative. Resident #143 returned to the facility on [DATE]. On 10/07/2025 at 09:40 AM the hard copy of the entire facility incident report was provided to the surveyor. The initial report stated: Allegation: physical abuse and stated the facility became aware of the incident on 07/31/2025 at 08:15 PM the assistant administrator was notified at 8:27 PM on 07/31/2025. The alleged perpetrator was GNA #40. The individual who made the witnessed allegation was laundry assistant #41. The laundry assistant #41 was contacted by the surveyor by telephone and verified/confirmed the physical assault incident described in the facility report. The final investigation of the facility incident report confirmed that resident #143 had been physically assaulted by GNA #40. GNA#40 was terminated on 08/07/25 and reported to the Maryland Board of Nursing. On 10/07/2025 the surveyor reviewed the results of the facility report investigation and the complaint with the DON. On 10/09/2025 the facility administrator and DON were advised of the deficiency related to resident abuse during the exit conference.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on observations, record reviews and interviews, it was determined that the facility failed to ensure residents right to participate in the development, review and revision of his/her care plan. This was evident for 2 (58 & 14) residents out of 2 residents investigated for care planning. The findings include: On 09/29/2025 at 12:35 PM during observation and interview with Resident #58, resident stated I only have care plan meetings at the bedside with the Social Worker, the most recent was 09/25/25, I receive a copy of my latest care plan and a grievance form and that is it Resident further stated, the Social Worker is unable to answer any of my questions about my medical care and business concerns, I am always told just to fill out a grievance form. The resident shared with Surveyor the copies of the Care Plan related documents they have received from the Social Worker, the items consisted of the Care Plan meeting invitation for 9/25/25-the resident documented on the letter it was received 9/23/25 at 2:56 PM; a Care Plan Report with admission Date: 6/4/25 and Revision Date: 9/15/25; and a blank Grievance form. On 09/29/2025 at 1:04 PM during observation and interview with Resident #14, resident stated, care plan meetings occur frequently, but are only attended by social worker (Staff #36) and stated the meeting is not very helpful, unable to discuss concerns regarding depression, and they do not feel supported. On 10/03/2025 at 12:45 PM during an interview with the Director of Social Services, Staff #36, surveyor shared resident expressed concerns of bedside care plan meetings with only Social Services in attendance and no support from an Interdisciplinary Team (IDT). Staff #36 confirmed Care Plan meetings are often at the residents' bedside and attended by Social Services alone. Surveyor asked what the Care Plan meeting process is, the expectation based on facility Policies & Procedures, and what is provided to the resident. Staff #36 stated I invite the IDT team who is required to attend, and the meetings are posted for participation, but IDT does not usually attend at the bedside with Social Services and the resident. I meet with the resident at the bedside and give them a copy of their care plan and medication list. Surveyor asked, of the recent meetings for Residents #58 and #14, if the IDT team participated at the bedside Care Plan meetings; staff #36 stated No. On 10/07/2025 at 8:53 AM during record review of Resident #58, it revealed 2 identical Discharge Planning notes, dated 9/1/25 and 9/8/25 both indicating Resident was alert and easily agitated. [They] has frustration and anger about [their] stay at this facility. Surveyor also reviewed the Care Plan Report Sign-In sheet, which revealed a facility signature, the Social Services Assistant, Staff #66, dated 9/25/25 at 1:10 PM and Resident #58 signature only. On 10/08/2025 at 2:17 PM a record review of Resident #14 revealed sign-in sheets for the last 4 Care Plan meetings were held 8/7/25, 6/26/25, 5/29/25, and 4/11/25 and attended only by the resident and the Social Services Assistant, Staff #66, except for the addition of the Director of Recreational Therapy, staff #10 on 8/7/25 and Physical Therapy Director, staff #30 on 5/29/25. On 10/09/2025 at 9:19 AM during follow-up interview with Director of Social Services, staff #36, regarding record review for both residents. Staff #36 stated no further documentation existed to support full Care Plan meeting interventions. Staff #36 informed this surveyor that Resident #14 is likely mad, because they had to take away the resident's weed per the DON, staff #2 request. Surveyor requested documentation and timeframe regarding this interaction and stated confiscation; staff #36, states no, there was no documentation.</p>		

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NAME OF PROVIDER OR SUPPLIER Elkton Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Price Drive Elkton, MD 21921	

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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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>Based on review of medical records, facility investigation and interviews, it was determined that the facility failed to ensure that a resident who required a Hoyer lift for transfer was transferred with a Hoyer lift which resulted in harm to Resident #156 who sustained a fracture of the distal femur. This was evident for 1 (Resident # 156) out of 11 residents reviewed during the annual survey. The findings include: Review of Resident #156's medical record on 09/30/2025 at 3:30 PM revealed Resident #156 had a Brief Interview of Mental Status (BIMS) score of 15/15 on 07/29/2025, and a Care Plan with a focus of Short-Term Care: the resident requires assistance with their activities of daily living due to impaired mobility; dated 07/20/2025 with inventions dated 07/22/2025 for transfers: Hoyer Lift Assist x 2; Ambulation: unable. Further review revealed a Radiology Results Report dated 09/15/2025 of Resident #156's right knee with the following findings: Previous arthroplasty with grossly displaced fracture of the distal femur extending to the arthroplasty hardware. Review of Facility Reported Incident Investigation on 10/02/2025 at 2:00 PM revealed that that the facility had verified Resident #156 having a witnessed fall while transferring to bed from a wheelchair sustaining a right acute fracture of the distal femur on 09/15/2025 due to Geriatric Nursing Assistant (GNA) staff #28 failing to identify transfer status of Resident #156 to be a mechanical lift assist of 2 persons for all transfers. The facility interviewed Geriatric Nursing Assistant (GNA) #28 on 09/17/2025 and GNA #28 statement stated that on 09/15/2025 at 10:50 AM therapy had gotten Resident #156 out of bed into a wheelchair, and he/she requested to go back to bed. GNA #28 stated to Resident #156 that he/she was going to put him/her in bed but Resident #156 stated, No I do not need help, stood to take a step and went down on his/her right knee, turned to his/her buttocks leaning back toward the bedside table. The facility interviewed resident #156 on 09/15/2025 and resident statement stated that he/she was trying to transfer from the wheelchair to his/her bed and that the bed was lowered for him/her to get in, he/she had been working with therapy for stand and pivot and did a car transfer the other day with therapy. He/she stated he/she stood, his/her feet would not move almost like glue to the floor, and he/she fell on to the right knee, then his/her buttocks then fell back and hit their head on the floor. The resident stated that the caregiver was at the foot of the bed near the window and the resident stated that he/she was trying to get into bed on the side closest to the door. Further review revealed that GNA #28 was terminated by the facility on 09/24/2025 for violation of company policy. During interview with 10/02/2025 at 2:10 PM Director of Nursing staff #2 stated that, [GNA #28] attempted to assist [Resident #156] with a transfer without a Hoyer Lift or a second person, did not try and stop resident from transferring, did not try and get help or clarification from the resident medical chart or ask a nurse regarding [Resident #156] transfer status. He/she should have known and did not. Director of Nursing staff #2 further stated, [GNA #28] was reported to the Maryland Board of Nursing. During an interview on 10/02/2025 at 4:31 PM Director of Rehabilitation staff #30 stated, [Resident #156] was a 2 person transfer with a Hoyer lift at the time of injury/fracture on 09/15/2025. Staff #30 also provided a PT Recert, Progress Report and Updated Therapy Plan Current dated 8/21/2025 revealing that Resident #156 was Substantial/ maximal assistance for chair/bed transfers. Staff #30 further stated, staff should have used a Hoyer lift with 2 persons assist with [Resident #156] on the day that he/she was transferred and sustained a fracture. Review of facility staff education on 10/03/2025 at 11:20 AM revealed that the facility completed all facility nursing staff, including agency staff, education as of 09/22/2025 regarding transferring a resident safely, checking Kardex for transfer status prior to transfer, and notifying nurse if resident insists on transferring in a manner inconsistent with safe transfer status. During an interview on 10/07/2025 at approximately 8:05 AM Director of Nursing stated that, audits were started on 09/29/2025 to ensure staff are able to demonstrate where the transfer status is found in the clinical record and that the residents that require a mechanical lift for transfer are transferred appropriately. During review of facility documentation on 10/07/2025 at 8:10 AM the facility audit sheets revealed a start date of 09/29/2025.</p>		

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F 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	<p>Based on interview and record review it was determined the facility failed to ensure the hospice pain management orders for Resident #179 were followed which resulted in harm to the Resident due to unmanaged pain. This was evident for 1 out of 9 residents reviewed for pain management during the facility's recertification survey. The findings include: On 10/7/25 at 8:26AM the surveyor conducted a review of complaint #319265 submitted to the Office of Health Care Quality which alleged that on 6/15/25 evening shift and overnight shift into 6/16/25, Resident #179 suffered with pain that was not appropriately managed by facility staff. Review of the medical record by the surveyor on 10/7/25 at 8:31AM revealed that on 6/10/25 Resident #179 was admitted to hospice care with a terminal illness. The following hospice medication order for Resident #179 were observed to be actively in effect from 6/13/25 to 6/16/25: Morphine Sulfate Oral Solution 100/MG/5ML Give 0.75ml by mouth every 4 hours for pain/dyspnea if asleep wake pt. for med administration. Surveyor review of the medication administration record of Resident #179 revealed pain medication orders for both scheduled and hourly as needed Morphine medication for pain. On 6/15/25 at 1:55PM Resident #179 was given an as needed dose of pain Morphine medication. Further surveyor review of the medical record revealed that after the 6/15/25 1:55PM dose, no further Morphine pain medication was administered to the resident for approximately 18 hours and 39 minutes until 6/16/25 at 8:34AM. On 10/7/25 at 11:32AM the surveyor conducted an interview with Staff #47 who reported they were made aware of the hospice nurse's arrival to the facility on the morning of 6/16/25 at which time the narcotic medications were found to not be logged according to how they should've been given. Staff #47 reported to the surveyor that there were two forms of documentation, they didn't match, and the resident was not receiving the morphine pain medication as ordered, which resulted in the resident having a pain crisis. Staff #47 reported the resident's family communicated their concern to them for Resident #179's unmanaged pain. Staff #47 reported that an occurrence report was documented regarding Resident #179's pain crisis. Staff #47 reported that the resident was foaming at the mouth, medications were ordered routinely and medications were not being given routinely, and no prn (as needed) pain medication was being given. Staff #47 reported that because the pain had not been managed according to orders, more orders were needed to then achieve pain control for the resident. Review of medical record documentation on 10/7/25 at approximately 12:00PM which was provided in response to the surveyor's request, revealed a client occurrence report dated 6/16/25 which detailed the following information regarding the medical care of Resident #179: Nature of occurrence: untoward outcome, Pt (patient) in pain crisis, tremoring, foaming at mouth, minimally responsive, moaning. The report additionally detailed 6 witnesses to the occurrence which included Staff #47, Physician #48, Certified Registered Nurse Practitioner (CRNP) #49, Unit Manager #50, ADON #45, and LPN Charge Nurse #46, and documented the date of physician notification about the occurrence as 6/16/25 with the following physician response to the pain crisis of Resident #179: medication dose and frequency increased (multiple prn doses given.) During surveyor's review of Resident #179's medical record on 10/7/25 at 1:45PM the June 2025 Medication Administration Record was observed documented as signed off by nursing staff as Morphine having been documented as administered, however, surveyor review of the facility's narcotic log revealed no controlled narcotic medication was logged as administered and reconciled in the facility's narcotic log from after 6/15/25 at 1:55PM until 6/16/25 at 8:34AM. Morphine orders for the resident were observed to be crossed out and re-written with different types of orders on 3 out of 3 morphine logs instead of new sheets having been started to account for the medication order changes, and only 1 out of 3 morphine logs was found to document an RX#. Further review of the medical record revealed a medical progress note documented by CRNP #49 with a service date of 6/16/25 which included the following information: Called to the unit for uncontrolled pain; Patient was seen and assessed at the bedside for uncontrolled pain. Hospice staff were also present at the time of evaluation, and we collaborated to address [his/her] significant discomfort. Review of the medication administration record indicated no breakthrough morphine was given overnight, contributing to [his/her] current level of pain. On 10/7/25 at 1:51PM the surveyor conducted an interview with LPN #46 who reported that Resident #179 was placed on morphine which started out as prn (as needed) then went on to a standard scheduled dose with prn's (as needed) for breakthrough pain, and the last few days when [Resident #179's] pain exacerbated I was working with the hospice nurse to manage [his/her] pain. I reached out to [hospice nurse] and asked them to review [Resident #179's] dose. The times I was not here I'm sorry but [his/her] pain wasn't managed. [his/her] wasn't getting the</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>(continued on next page)</p>

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observations, record reviews and interviews, it was determined that the facility failed to ensure medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This was evident for 3 (#58, #117, and #65) residents out of 9 residents investigated for medically related Social Services. The findings include: 1. On 07/10/2025 Complaint #319266 received to State Agency (OHCC) regarding multiple concerns related misappropriation of property via misuse of resident personal funds by facility; quality care/treatment and nursing service issues. On 09/29/2025 at 12:35 PM during observation and interview, Resident #58 shared several concerns and stated: my care plan meetings are at bedside, attended only by the social worker, and I receive a care plan report and grievance form; there are no other staff members to discuss my care or multiple concerns. There is no support for discharge or transfer to return to my home state where I feel I can get access to more community resources. I have missed appointments for over a year due to my lost wheelchair which could fit into the cab, the current replacement wheelchair is larger and unable to fit in with the only cab service that is offered by the facility; I was fitted for a power wheelchair and told I was approved but never received it. The Social Worker is not helpful, I have asked about my money no longer going into my personal account since about April of this year (2025) and being told by Social Security that a facility doctor signed a statement that I cannot handle my finances anymore, no one will give me information. I had no money to obtain my lost documents (birth certificate and social security card) and to get a lawyer. When I asked for help from the Social Worker, they just give me a grievance form, but nothing is ever done; I feel like the only way out for me is if I die. Resident further stated, I still have not received statements or funds since this change and have requested money from the facility. On 10/07/2025 at 9:49 AM during record reviews and interviews regarding Resident #58's concerns of missed appointments related to transportation, revealed in the Front Desk Appointment log, Resident #58 missed the following appointments on 7/19/24, 1/23/25 and 8/21/25 due to rescheduled W/C wouldn't fit in taxi'. During interview with Unit Clerk staff #76, this Surveyor asked about missed appointments due to transportation or alternate forms of transportation; staff #76 states we only are allowed to schedule with Friendly Taxi service and that company cannot fit the resident's large wheelchair and the physician offices that are scheduled cannot accommodate alternate stretcher transport, so I just reschedule the appointments. On 10/07/2025 at 9:59 AM during an interview with Director of Rehab Services staff #30 regarding resident #58 wheelchair, this Surveyor was told I did dispense resident #58 a larger wheelchair (28in.) when their personal wheelchair was lost, and then registered and obtained approval for the power wheelchair, however, once the facility was billed for the wheelchair, I no longer have control when the bill will be paid for the resident to receive the wheelchair. Staff #30 provided an Email communication dated 7/10/2025 to 9/29/2025. This communication indicated that Resident #58 was recommended for the Freedom Mobility Power Wheelchair program, met the requirements, was cleared through the loaner screening process to be able to properly handle the power wheelchair, and the final bill received at the facility, but remains unpaid at the time of the annual survey. On 10/07/2025 at 10:19 AM during record reviews and interviews regarding concerns for incompetence and resident funds, it revealed the following: Resident #58 was admitted to facility 5/18/2022 via active Medicare A, transitioned on 8/26/2022 to Medicaid-MD Active, completed a 5-month Hospice period during 2/21/2023 to 7/11/2023, and returned to Medicaid-MD Active billing on 7/18/2023. The record reveals a BIMS Interview and Staff Assessment, dated 09/19/2024, with a Score of 15, indicating the resident was cognitively intact. The record revealed three Physician Certification Related to Medical Condition, Decision Making, and Treatment Limitations forms, dated 05/19/2022, 10/15/2023, and 6/5/2025; all indicating the Certification Regarding Decision Making Capacity, that Resident #58 has adequate decision making capacity (including decisions about life-sustaining treatments). Of note, the last certification was completed by Resident #58 current physician (Physician #30). However, the facility filed a SSA-787 form Medical Source Opinion of Patient's Capability to Manage Benefits, the process used to make the facility Representative Payee, completed by Physician #30, citing Resident not capable of handling funds due to their medical condition." dated 3/17/25. The facility received a decision letter dated May 7, 2025 assigning the facility as Representative Payee and that effective on or about April 30, 2025, Resident #58 direct deposit information was changed. Of note, there were no progress notes about the change of decision-making ability regarding Resident #58 around the time of the filing of the changes to Social Security. During an interview with Business Office Manager staff #51 this Surveyor asked</p>		

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<p>F 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</p> <p>(continued on next page)</p>

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<p>F 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observations, record reviews and interviews, it was determined that the facility failed to assist a resident in making transportation arrangements to and from the source of service, when the resident needs assistance. This was evident for 1 (#58) resident out of 1 residents investigated for missed appointments due to transportation services during the facility's survey. The findings include: On 09/29/2025 at 12:35 PM during observation and interview, resident #58 shared I have missed appointments for over a year due to my lost wheelchair which could fit in the cab for transport, but the current replacement wheelchair is larger and unable to fit in with the only cab service that is offered by the facility. I was fitted for a power wheelchair and told I was approved but never received it. When I asked for help from the Social Worker, they just give me a grievance form, but nothing is ever done. On 09/30/2025 at 8:39 AM during interview with Director of Nursing (DON) staff #2, Nursing Home Administrator (NHA) staff #1, and Administrator in Training (AIT) staff #3, this Surveyor shared Resident #58's concerns regarding missed appointments due to transportation and a power wheelchair approval. On 10/07/2025 at 9:49 AM during record reviews and interviews regarding Resident #58's concerns of missed appointments related to transportation, it revealed in the Front Desk Appointment log, resident #58 missed the following appointments on 7/19/24, 1/23/25 and 8/21/25 due to rescheduled W/C wouldn't fit in taxi'. During interview with Unit Clerk staff 76, this Surveyor asked about missed appointments due to transportation or alternate forms of transportation; staff #76 states we only are allowed to schedule with Friendly Taxi service and that company cannot fit the resident's large wheelchair and the physician offices that are scheduled cannot accommodate alternate stretcher transport, so I just reschedule the appointments. On 10/07/2025 at 9:59 AM during an interview with Director of Rehab Services staff #30 regarding resident #58 wheelchair, this Surveyor was told I did dispense Resident #58 a larger wheelchair (28in.) when their personal wheelchair was lost, and then registered and obtained approval for the power wheelchair, however, once the facility was billed for the wheelchair, I no longer have control when the bill will be paid for the resident to receive the wheelchair. Staff #30 provided an Email communication dated 7/10/2025 to 9/29/2025. This communication indicated that Resident #58 was recommended for the Freedom Mobility Power Wheelchair program, met the requirements, was cleared through the loaner screening process to be able to properly handle the power wheelchair, and the final bill received at the facility via email dated 9/17/25, but remains unpaid at the time of the annual survey. On 10/08/2025 at 2:39 PM during interview NHA staff #1, Regional VP of Operations staff #61, Regional Director of Operations staff #62, this Surveyor discussed Resident #58's wheelchair issues and missed appointments for over a year due to current transport unable to accommodate wheelchair, the resident being approved by Freedom Mobility for a Power Wheelchair, and invoice sent to facility dated 9/17/25. This Surveyor asked what the billing process was and why the delays in obtaining the power wheelchair for the resident that could assist with transportation to keep the medical appointments; staff #62 stated the facility could pay the invoice upfront and submit for reimbursement, there should be no delays to resident. On 10/09/2025 at 10:30 AM during interview with Business Office Manager (BOM) staff #51, regarding power wheelchair for resident #58, stated invoices received in September, are billed in October. The facility never pays upfront, always send to Medicaid via this next month process and BOM does not pay vendors directly, they bill Medicaid. The bill was sent to Regional Business Office for payment as they handle billing; local BOM does not handle billing per staff #51. Staff #51 shared the 2nd invoice payment request, email documentation chain and invoice sent to Regional Business office on 9/17/25 with no payment status provided. On 10/09/2025 at 11:38 AM during follow-up conversation with Regional Director of Operations staff #62 regarding the invoice for the power wheelchair, clarified previous statements about facility upfront payment and stated, the facility could not pay the invoice upfront, it is submitted to Regional Business Office for Medicaid billing monthly; however, I do not have that payment status. On 10/09/2025 at 2:05 PM after Surveyor intervention, record review revealed a new transport company was selected and transport set up resident #58 next appointment schedule for 10-23-25.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observation, interview and record review it was determined the facility failed to maintain accurate medical records for residents. This was evident for 5 of 38 residents (Resident #109, #3, #4 and #55, #105) reviewed.</p> <p>The findings include:</p> <p>1.) On 10/3/25 at 2:03PM the surveyor reviewed the medical record of Resident #109 which revealed their care plan sign in sheet listed the resident's family member as being their poa (power of attorney), however, the care conference invitation dated 8/28/25 was observed to be addressed directly to the resident. Review of the resident's face sheet by the surveyor revealed documentation that Resident #109 had a family member listed as their power of attorney and responsible party for their care, medical, and financial decision making. Review of the resident's Maryland Orders for Life Sustaining Treatment form documented the resident had made their own decision as a basis for the orders on 6/23/25. Further review of the resident's power of attorney document by the surveyor revealed the following information regarding the family member listed and appointed within the document: This power of attorney does not authorize the agent to make health care decisions for you. Review of Resident #109's physician certification form dated 6/26/25 revealed that Physician #52 certified Resident #109 has adequate decision making capacity.</p> <p>On 10/9/25 at 9:52AM the surveyor conducted an interview and shared the concern with Director of Social Services (DSS) #6 who reported to the surveyor that they did not know if Resident #109 was their own responsible party and they would look into the surveyor's concern further.</p> <p>On 10/9/25 at 10:37AM, DSS #6 reported to the surveyor that the face sheet for Resident #109 was incorrect and that the resident is their own health care decision maker. After surveyor intervention, DSS #6 reported that they had corrected the resident's face sheet to reflect them as being their own responsible party for health care decision making. DSS #6 provided the surveyor with a copy of the corrected face sheet in which the family member was changed to be listed only as a power of attorney for financial decision making for the resident.</p> <p>2.) On 10/1/25 at 9:05AM the surveyor observed Resident #3 with no date or time on their peripherally inserted central catheter dressing.</p> <p>On 10/1/25 at 9:33AM the surveyor shared the concern and conducted a dual observation of the concern with the facility's Assistant Director of Nursing (ADON) who observed, acknowledged, and confirmed surveyor's observation.</p> <p>On 10/1/25 at 9:43AM the surveyor conducted an interview with the ADON who, after surveyor intervention, reported to the surveyor that Resident #3's dressing change would be performed now.</p> <p>On 10/3/25 at 9:06AM the surveyor reviewed the medical record of Resident #3 and observed there was no documentation present to reflect the resident's dressing change had been performed on 10/1/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER Elkton Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Price Drive Elkton, MD 21921	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/3/25 at 12:00PM the surveyor conducted an interview with the ADON who reported to the surveyor that Resident #3's dressing had been changed immediately by the nurse on 10/1/25. The ADON further reported to the surveyor that documentation of dressing changes occurs on the medication/treatment administration record. At this time, the surveyor shared their concern with the ADON.</p> <p>On 10/3/25 at 2:13PM the surveyor conducted an interview with the ADON and inquired to them as to if the dressing change had been documented. After surveyor intervention, the ADON reported to the surveyor that the s/he (the nurse) did not put the documentation in for the dressing change but it is there now.</p> <p>3.) On 9/29/2025 at 10:30AM, during an interview with Resident #4, the resident stated that they can smoke independently in designated areas of the facility. The Surveyor observed 2 packs of cigarettes sitting on the bedside table.</p> <p>On 10/1/2025 at 12:50PM, the review of the facility's Smokers List revealed Resident #4 was an independent smoker.</p> <p>On 10/6/2025 at 9:45AM, a review of Resident #4's electronic medical record revealed a Smoking Safety Screen assessment completed on 7/14/2025 with a score of 10. Scores of 0-4 indicate the resident may smoke unsupervised and scores 5 or greater indicate the resident requires supervision with smoking. Further review revealed a care plan created on 7/14/2025 with focus the resident prefers to smoke, a goal the resident will smoke safely thru the review period, and an intervention to supervise with smoking.</p> <p>On 10/6/2025 at 10:15AM, the Surveyor conducted an interview with Unit Manager (UM) #67. During the interview, UM #67 informed the Surveyor that smoking assessments are completed on admission, quarterly, and as needed. Residents can progress from a supervised smoker to an independent smoker. A nurse would have to directly observe the resident during a smoking session and complete an updated smoking assessment to determine that they no longer require supervision with smoking. The care plan should then be updated to reflect the independent smoking status in the medical record. UM #67 continued to inform the Surveyor that Resident #4 is an independent smoker. The resident needed supervision when they were first admitted to the facility due to their medical condition but since then have been evaluated and can smoke independently. The Surveyor expressed the concern that the facility failed to update the resident's Smoking Safety Screen assessment and care plan to reflect the resident is an independent smoker. UM #67 stated that the resident's smoking assessment and care plan will be revised to reflect the resident's current smoking status.</p> <p>On 10/7/2025 at 12:56PM, the AIT provided the Surveyors with an updated smokers list as of 10/6/2025 at 5PM. According to the updated list, Resident #4 is still an independent smoker.</p> <p>4.) On 10/6/2025 at 10:34AM, a review of the facility's Smokers List revealed that Resident #55 was an independent smoker. A review of the resident's electronic medical record revealed a Smoking Safety Screen assessment completed on 6/23/2025 which indicated the resident did not smoke. The Surveyor reviewed a care plan created on 6/16/2025 with a focus resident refuses nicotine patch, the resident prefers to smoke cigarettes, a goal the resident will smoke safely thru the review period, and an intervention may smoke independently.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER Elkton Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Price Drive Elkton, MD 21921	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/6/2025 at 1:23PM, during an interview with the DON, the Surveyor expressed the concern that Resident #55's Smoking Safety Screen assessment completed on 6/23/2025 failed to indicate that the resident was a smoker and the resident was care planned for smoking on 6/16/2025.</p> <p>On 10/7/2025 at 12:56PM, the AIT provided the Surveyors with an updated smokers list as of 10/6/2025 at 5PM. According to the updated list Resident #55 is still an independent smoker.</p> <p>5.) Review of resident #105's medical record on 10/07/2025 at 11:00 AM revealed that resident sustained an unwitnessed fall with no injuries, on 08/20/2025 at 19:55 PM. Progress note Type: 72-hour Post Fall Documentation Effective Date: 08/21/2025 documented resident fall occurred on 08/20/2025 at 12:00 AM. Progress note Type: 72-hour Post Fall Documentation dated 08/27/2025 stated resident fall occurred on 08/20/2025 at 12:00 AM, Progress note Type: 72-hour Post Fall Documentation Effective dated 08/31/2025 stated resident fall occurred on 08/26/2025 at 12:00 AM.</p> <p>During interview on 10/07/2025 at 11:20 AM the Director of Nursing staff #2 was notified and shown the progress notes reflecting different time frames related to the when Resident #105 sustained a fall on 08/20/2025. Staff #2 stated Yes and agreed that the progress notes reflected different times of when the fall occurred. Staff #2 also stated Resident #105 had only 1 fall since his/her admission to the facility which was on 08/20/2025.</p> <p>During interview on 10/07/2025 at 11:51 AM the Director of Rehabilitation Services staff #30 stated, Resident #105 had 1 fall since his/her admission, that the department has documented on 08/20/2025.</p>		

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NAME OF PROVIDER OR SUPPLIER Elkton Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Price Drive Elkton, MD 21921	
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews with staff and residents, it was determined that the facility failed to maintain an effective pest control program so that the facility is free of pests. This was evident for 2 out of 3 nursing units observed during the annual survey. The findings include:</p> <p>During observation rounds of Unit 1 on 09/28/2025 at 8:55 AM resident #16 room was observed to have 11 black insects flying around near and on resident #16 head, bed and privacy curtain.</p> <p>During an interview on 09/28/2025 at 8:56 AM resident #16 stated, there are flies flying around my head, landing on my food, all over my bed and just everywhere.</p> <p>During an interview on 09/28/2025 at approximately 11:00 AM the Nursing Home Administrator staff #1 was made aware of the observation of insects in resident #16 room. Staff #1 stated that the problem would be addressed.</p> <p>During observation rounds of Unit 1 on 09/30/2025 at 10:00 AM resident #16 room was noted to have 5 black insects flying around near and on resident #16 bed and privacy curtain.</p> <p>During an interview on 09/30/2025 at approximately 10:20 AM staff #16 was made aware of the observation of insects in resident #16's room and stated, the pest control company can come in and if the flies are still a problem, then they can come in and spray the room.</p> <p>On 9/28/2025 at 7:50AM, during a tour of Unit 2, the Surveyor observed flies and gnats in the hallway.</p> <p>On 9/28/2025 at 9:55AM, during an interview with resident #155 on Unit 1, the Surveyor was informed that the facility issues with flies and gnats in the building.</p> <p>On 9/28/2025 at 10:08AM, during a continued tour of Unit 1, the Surveyor observed flies in room [ROOM NUMBER]. During a tour of the shower room on Unit 1 on 9/29/2025 at 10:45AM, the Surveyor observed flies inside the bathroom.</p> <p>On 9/29/2025 at 12:30PM, during an observation of room [ROOM NUMBER] on Unit 2, the Surveyor observed a trail of ants crawling from the baseboard underneath the window to a yellow food like particle on the ground by the bed. Geriatric Nursing Assistant (GNA) #68 and Unit Manager (UM) #23 confirmed the Surveyor findings. UM #23 stated that she would let the maintenance department know about the ants in room [ROOM NUMBER].</p> <p>During environmental rounds with the Director of Maintenance (DOM) #16, Director of Housekeeping (DOH) #15, the Nursing Home Administrator (NHA), and Administrator in Training (AIT) #3 on 10/2/2025 at 10:30AM, the Surveyor expressed the concerns regarding gnats, flies, and ants within the facility. DOM #16 stated that a pest control company visits the facility weekly and will make sure they look into the pest concerns.</p>		