STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215271	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Future Care Sandtown-Winchester	1000 North Gilmore Street Baltimore, MD 21217

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on interviews and record reviews it was determined the facility failed to ensure that staff acknowledged a food preference for a resident. This was found to be evident for 1 (Resident #135) out of 1 Resident reviewed for preferences. The findings include: During an interview conducted on 04/06/2026 at 9 AM, Resident #135 stated that he/she always gets hot cereal (oatmeal) on their tray even though their meal tray ticket lists oatmeal as on of their food dislikes. The resident confirmed that he/she had told multiple staff that he/she did not like oatmeal, but he/she grew tired of voicing their concerns and just ignored the oatmeal on the tray.The survey requested to observe the contents of Resident #135's breakfast tray and the resident consented. The observation revealed, a plate with white toast, scrambled eggs, a bowl with cooked oatmeal and a carton of a vanilla flavored nutritional shake. On 04/08/2026 at 9 AM during interview with Resident #135, the surveyor observed oatmeal on the resident's meal tray. Oatmeal was again listed as a dislike on the resident's meal tray ticket. The resident stated that he/she does not like oatmeal and will not eat it. On 04/10/2026 at 1:27 PM the survey team conducted an interview with the Food Service Director (FSD) which revealed that the Dietician will get meal preferences and if the Dietician is not available at the time, then the FSD would record the meal preferences. These concerns were made known to the Executive Director on 4/13/2026 at 7:30 AM and at exit conference.

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