

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2026
NAME OF PROVIDER OR SUPPLIER Mountain City Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 48 Tarn Terrace Frostburg, MD 21532	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>Based on record review and staff interview, it was determined that the facility failed to monitor and prevent the misappropriation of resident property. This was evident for 1 (Resident #76) of 4 residents reviewed for abuse during the recertification survey. The findings include: A review of the medical record on 3/3/26 at 10:42 AM showed that Resident #76 had been at the facility since 2023. Continued review included an attending provider's order dated 2/3/25 for Resident #76 to receive oxycodone 5 mg tablets four times daily for chronic back pain. A review of facility-reported incident #2657499 involving Resident #76 found that on 10/27/25, staff #24, a licensed practical nurse, received 30 tablets of oxycodone 5mg from the pharmacy for Resident #76. Further review showed that on 10/31/25, staff #25, a registered nurse, discovered that all 30 tablets of oxycodone and the administration record sheet for Resident #76 were missing. The review also included the packing slip for the 30 5mg oxycodone pills from the pharmacy for Resident #76, which showed it was signed on 10/27/25 at 9:16 PM by staff #24, confirming that the medications were delivered and received. A review of Resident #76's medication administration record for November 2025 showed that Resident #76 did not receive his/her scheduled 5 mg oxycodone for chronic back pain on 11/1/25 at 12:00 AM, 11/1/25 at 6:00 AM, 11/2/25 at 12:00 AM, and 11/2/25 at 6:00 AM. Further review of Resident #76's medication administration progress notes for November 2025 showed that Resident #76 did not receive his/her pain medication on 11/1/25 at 12:00 AM, 11/1/25 at 6:00 AM, and 11/2/25 at 12:00 AM due to medication unavailability. During an interview on 3/6/26 at 1:27 PM, the acting director of nursing (DON) reported that her investigation revealed that staff #24 signed for the 30 pills of oxycodone 5mg for Resident #76 from the pharmacy on 10/27/25. However, staff #24 continued to deny opening the plastic bag containing the drugs. The facility was unable to locate Resident #76's pain medications that were delivered and received by staff #24 on 10/27/25. The acting DON indicated that the pharmacy delivered a new supply on 11/2/25, and the facility implemented a new process for receiving controlled medications from the pharmacy.</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
---	-------	-----------