

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Transitional Care Services at Mercy Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Saint Paul Place Baltimore, MD 21202	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>30440</p> <p>Based on medical record review and interviews with facility staff it was determined the facility failed to report allegations of abuse in a timely manner. This was found to be evident for 1 (Resident # 24) of 1 abuse complaint reviewed during the survey.</p> <p>Findings include:</p> <p>MD00199041 was reviewed offsite on 3/28/24 at 1:30 PM regarding abuse allegations made by Resident #24. Abuse was unsubstantiated. Continued review of the facility's investigation included a signed typed statement by the nurse, (Staff # 25), in which the resident's sitter (Staff #32) reported to the nurse on 10/27/23 that the resident accused the sitter of having her way with him/her, when she pulled the blanket down around the resident's knee area. The sitter told the nurse that she did not want to take care of the resident anymore and did not want to return to the resident room.</p> <p>During an interview with the Administrator on 3/29/24 at 8:37 AM she was asked who has the responsibility of conducting the facility's investigation into abuse allegations and she stated that she does investigations. She was asked to read the signed typed statement from the nurse (# 25) and after doing so, she stated the nurse should have reported this incident immediately but did not. The Administrator confirmed that the abuse allegation was reported to her on 10/30/23 and then reported to the state agency at that time. She went on to say that all allegations of abuse are to be reported immediately and that education was provided to staff.</p> <p>A telephone interview was conducted with the nurse, (# 25) on 3/29/24 at 10:04 AM. When asked about the incident she was able to give a detailed account of the incident regarding Resident #24. The nurse was asked if she reported the abuse allegation to anyone and she said, no. The nurse stated that the sitter (# 32) should have been removed and that she was provided re-education after the incident.</p> <p>On the same date at 10:30 AM, the Administrator provided the survey team with a copy of abuse re-education training that was completed by Staff # 25 on 11/6/23 and her previous abuse training that was completed on 2/21/23.</p> <p>All concerns were discussed with the Administration team at the time of exit on 4/2/24 at 2:30 PM.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>30440</p> <p>Based on medical record review and interviews with facility staff it was determined the facility failed to ensure that a care plan was initiated to address the specific needs of a resident with a history of sexual assault allegations. This was found to be evident for 1 (Resident # 24) of 1 abuse complaint reviewed during the survey.</p> <p>Findings include:</p> <p>MD00199041 was reviewed offsite on 3/28/24 at 1:30 PM regarding abuse allegations made by resident # 24. Abuse was unsubstantiated. A copy of a hospital history and physical (H&P) dated 10/24/23 for Resident # 24 was provided to the survey team on 3/29/24 at 9:40 AM. Upon review of the contents, it revealed information that the resident presented from outside hospital on 9/28 for sexual assault forensic exam.</p> <p>During an interview with the Administrator on 3/29/24 at 1:40 PM she stated that the resident came from another facility and the resident made an allegation of abuse by staff while there. The Administrator went on to say that the allegation was because heme (blood) was found in the resident undergarment, but it was later determined that the heme found in Resident # 24 undergarment was not of concern.</p> <p>During another interview with the Administrator on 3/29/24 at 3:10 PM she was asked if the facility had a care plan in place regarding the resident previous history of sexual assault allegations and behaviors regarding abuse allegations by staff, and she stated, no. She went on to say that the Mimimumn Data Set Nurse, (Staff # 26) was responsible for putting the residents care plans together and when Resident # 24 arrived, the nurse was very busy, and it was not done. She stated that it was an oversight on the facility's part.</p> <p>All concerns were discussed with the Administration team at the time of exit on 4/2/24 at 2:30 PM.</p>		