STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215301	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Roland Park Rehabilitation and Healthcare Center	4669 Falls Road Baltimore, MD 21209

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 42828 Based on surveyor review of a facility reported incident and facility staff interview, it was determined that the facility failed to immediately report an incident of alleged abuse by a resident to the Office of Health Care Quality. This finding was evident for 1 (Resident #62) of 4 residents selected for an abuse investigation. This finding is related to facility reported incident # MD00214230. The findings include: On 03/24/25 at 11:13 AM surveyor review of the facility reported incident revealed that Resident #62 alleged Geriatric Nursing Assistant (GNA), Staff #19, sent him/her a text message on 11/10/24, threatening to poison him/her. Further review of the alleged incident revealed that during the previous survey at the facility, Resident #62 reported this alleged incident to a surveyor from the Office of Health Care Quality (OHCQ) on 1/29/25. The surveyor immediately relayed the allegation to the Director of Nursing (DON). An interview was held with the Administrator on 3/25/25 and 3/26/25 which revealed no new information.

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 42828 Based on review of a facility reported abuse allegation and interview it was determined that the facility failed to maintain documentation that alleged abuse was thoroughly investigated. This was evident for 1 of 3 facility reported incidents reviewed during the survey. This finding is related to facility reported incident # MD00214230. The findings include: On 03/24/25 at 11:13 AM surveyor review of the facility reported incident revealed that Resident #62 alleged Geriatric Nursing Assistant (GNA), Staff #19, sent him/her a text message on 11/10/24, threatening to poison him/her. An interview was held with the Director of Social Services, Staff #8, on 03/24/25 at 12:26 PM. Reviewed the investigation file with SSD. The SSD confirmed that he was one of the staff members who investigated the incident. However, there was no evidence found in the facility's investigation file related to the allegation of abuse by Resident #62. On 3/25/25 8:30 AM surveyor interview with the Nursing Home Administrator (NHA) revealed no new information.