

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER Egle Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 57 Jackson Street Lonaconing, MD 21539	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record reviews and interviews, it was determined that the facility failed to thoroughly investigate an injury of unknown origin. This was evident for 1 (Resident #69) out of 1 facility-reported event (#361395) reviewed for abuse. The findings include: Resident #69 has Alzheimer's disease, dementia, and muscle wasting and weakness. On 10/02/25 at 1:43 PM, the Surveyor reviewed the facility-reported investigation (FRI #361395) which revealed that on 8/31/24 the resident was discovered sitting in their wheelchair with their right leg in an unnatural position. The resident was examined, and a fracture was suspected. Due to the resident's inability to vocalize what had occurred, this was deemed an injury of unknown origin. The resident was transferred to the hospital, and later that night the hospital confirmed a right hip fracture requiring surgical intervention. Further review of the facility's documentation revealed that the facility interviewed all staff members involved in the resident's care. Staff reported that the resident had remained in their room all day due to the roommate's COVID-19 diagnosis. Security footage confirmed that the resident remained in their room throughout the day on 8/30/24. However, there was no evidence that any facility residents had been interviewed as part of the investigation. On 10/06/25 at 3:01 PM, the Surveyor interviewed the Director of Nursing (DON) and asked about the process for investigating injuries of unknown origin. The DON stated she reviews the staff schedule for the previous 24 to 48 hours to determine which staff to interview and then asks if they had any knowledge of the incident or observed any changes in the resident, such as grimacing. When asked what she considered a thorough investigation, the DON stated it would involve talking with all staff to try to determine what happened. The Surveyor asked if residents were ever interviewed, and the DON stated she might interview cognitively intact residents who were in the same social circle as the resident in question. The Surveyor then asked the DON to review the investigation file for Resident #69 and identify whether any residents had been interviewed. The DON stated that the roommate could not be interviewed due to medical conditions affecting cognition and acknowledged that it did not occur to her to interview other residents. The Surveyor expressed concern that without interviewing other residents, the facility could not rule out possible abuse or determine whether staff handling may have contributed to the injury. The DON acknowledged that interviewing other residents would have been an important step in ensuring that abuse was not a factor and could have helped determine what had occurred. On 10/08/25 at 10:25 AM, the Surveyor interviewed the Nursing Home Administrator (NHA) and DON to discuss concerns identified during the survey process. The NHA stated that the DON had informed him of the findings after the Surveyor raised the concern, and that they were working on improving the investigation process.</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: 215307
		If continuation sheet Page 1 of 1