

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2025
NAME OF PROVIDER OR SUPPLIER Future Care Charles Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2327 North Charles Street Baltimore, MD 21218	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and interview with facility staff, it was determined that the facility failed to ensure that the resident's Treatment Administration Record was documented in accordance with physician's orders. This was evident for 1 (Resident #114) of 1 resident's records reviewed during the survey. The findings include: On 10/3/2025 at 3:05 PM, a record review indicated that Resident #114 had a physician's order for a topical ointment to be applied to the right hip four times a day for pain. A record review of the resident's Medication Administration Record (MAR) and Treatment Administration Record (TAR) revealed that Staff #8, Staff #29, and Staff #30 made 11 consecutive entries over a three-day period, from 3/6/2025, to 3/8/2025, indicated that the topical ointment was applied to the resident's both hips. On 10/6/2025 at 9:45 AM, the surveyor requested the Regional Clinical Services Nurse to verify the inconsistency noted in the resident's MAR and TAR report. On 10/7/2025 at 9:00 AM, the Administrator and the Regional Clinical Services Nurse confirmed that all three staff have selected the incorrect indication from the dropdown menu within the Point Click Care (PCC) electronic medical record application.</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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