

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Future Care Pineview		STREET ADDRESS, CITY, STATE, ZIP CODE 9106 Pineview Lane Clinton, MD 20735	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>(continued on next page)</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Future Care Pineview		STREET ADDRESS, CITY, STATE, ZIP CODE 9106 Pineview Lane Clinton, MD 20735	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, record review, and interview with staff, it was determined that the facility failed to ensure a person-centered care plan was reviewed and revised for a resident. This was evident for 1 (Resident #4) out of 37 resident care plans reviewed during the survey. The findings include: 1. A care plan is used to summarize a person's health conditions, specific care needs, and current treatments and outlines what needs to be done to plan, assess, and manage care. Care plans are developed, reviewed, and/or revised by the IDT after the completion of a comprehensive MDS assessment (Admission, Annual, Quarterly, Significant Change) to help to evaluate the effectiveness of the resident's care while in the facility. Restorative Nursing Program is a program that aims to help residents in skilled nursing facilities achieve and maintain their highest possible level of independent function. The program is tailored to each resident's specific needs and abilities. Restorative interventions include range of motion exercises both active (where the resident moves their own limbs) and passive (where the staff moves the resident's limbs). Contracture is a structural change in the body's soft tissues like muscles, tendons, ligaments, or skin that causes them to stiffen and shorten. On 8/1/2025 at 8:11AM, Resident #4 was observed in bed with contractures in both hands. On 8/4/2025 at 10:00AM, a review of Resident #4's current care plan within the electronic medical record failed to reveal a care plan problem, goal, or approach to address the presence of contractures in both hands and interventions to include the use of resident specific equipment to meet the needs of the resident. On 8/6/2025 at 11:20AM, the Surveyor conducted an interview with Restorative Aide/Geriatric Nursing Assistant (GNA) #31. During the interview, the Surveyor was informed that Resident #4 was a part of the Restorative Nursing Program within the facility and GNA #31 was assigned to the resident. GNA #31 was on the way to Resident #4 to provide hand massages and to apply the resident's splints to his/her hands because his/her hands were contracted. On 8/6/2025 at 1:05PM, the Surveyor observed Resident #4 in bed with the head of the bed elevated about 30 degrees. The resident was observed with his/her arms stretched out in front of them with blue hand splints on both hands. On 8/6/2025 at 1:55PM, during an additional review of Resident #4's care plan within the electronic medical record, the Surveyor discovered a care plan revision on 8/5/2025 for the use of bilateral resting hand splints for contractures in both hands to be worn daily, 4 hours on and 4 hours off as tolerated; remove during ADL care. On 8/7/2025 at 7:55AM, during an interview with the Director of Nursing (DON), the Surveyor confirmed that Resident #4's care plan should have been reviewed and revised to reflect bilateral hand contractures and the use of resting hand splints at the time these concerns were identified by staff. The Surveyor expressed the concern that the care plan was not revised timely. 2. Contact precautions refers to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or resident's environment. Multidrug-resistant organisms (MDROs) refer to microorganisms, predominantly bacteria that are resistant to one or more classes of antimicrobial agents. On 8/4/2025 at 9:40AM, the Surveyor observed a sign on Resident #4's door indicating the resident was on contact precautions. The sign stated that everyone must: clean their hands before entering and when leaving the room. Providers and staff must also put on gloves before room entry and discard before room exit; put on gown before room entry and discard before room exit; do not wear the same gown and gloves for the care of more than one person; and use dedicated or disposable equipment and clean/disinfect reusable equipment before use on another person. On 8/4/2025 at 10:00AM, a review of Resident #4's current care plan within the electronic medical record failed to reveal a care plan problem, goal, or approach to address the resident's current contact precautions status with proper interventions for infection control. On 8/4/2025 at 11:18AM, during an interview with the Infection Preventionist (IP) #3 and the Director of Nursing (DON), the Surveyor was informed that Resident #4 was on contact precautions due to a MDRO. During a review of Resident #4's care plan on 8/5/2025 at 7:50AM, the Surveyor discovered a care plan initiated on 8/4/2025 with a problem which stated that [Resident] is at risk for infection [related to MDRO] as evidenced by [MDRO] rectal screen. An interview was conducted with the DON and IP #3 on 8/5/2025 at 10:30AM. The Surveyor was informed that a rectal swap sample was collected on 6/3/2025 and the results released on 6/6/2025 indicated the presence of MDRO genes. Based on the results, the facility placed the resident on contact precautions. The Surveyor expressed the concern that Resident #4's care plan was not reviewed or revised to reflect the resident's current contact precaution infection control status until 8/4/2025.</p>		