

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Largo Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Largo Road Glenarden, MD 20774	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on record review and interview, it was determined that the facility failed to thoroughly investigate an allegation of abuse. This deficient practice was identified for 1 out of 1 facility-reported incidents reviewed during the annual survey. The findings include: On 11/19/2025 at 2:59 PM, this surveyor reviewed the facility-reported incident investigation regarding an allegation of sexual abuse involving Resident #101 and housekeeping staff member #19. The resident reported that the staff member had touched him/her inappropriately. Review of the file showed that during the investigation only residents on the Arcadia Unit were interviewed, and only female residents were included. There was no documentation that male residents or residents on other units were interviewed or observed for potential signs of abuse. On 11/20/2025 at 10:25 AM, this surveyor interviewed the Director of Nursing (DON) and Assistant Director of Nursing (ADON) regarding the scope of the investigation. During the interview, it was confirmed that the Licensed Practical Nurse (LPN) #17 who conducted the investigation interviewed only female residents. The DON explained this was done because the alleged employee was located on the female side of the unit at the time of the alleged incident. It was discussed with the DON and ADON that this approach was insufficient because the employee had clocked in earlier that morning (at 8:23am) and could have had access to male residents prior to the alleged incident time (approximately 9:30am). Additionally, it was discussed that the employee was not permanently assigned to the Arcadia Unit and worked on other floors, giving access to other residents throughout the facility. Since the investigation did not include interviews or observations of male residents or residents on other units, the facility did not ensure that all potentially affected residents were assessed for signs or symptoms of abuse and therefore did not conduct a thorough investigation. The DON and ADON acknowledged that male residents were also at risk for sexual abuse and recognized the concern raised by this surveyor.		

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