STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215336	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hagerstown Healthcare Center	750 Dual Highway Hagerstown, MD 21740

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 a self-reported incident. This was evident for 1 facility reported incident (FRI #2969278) of 2 FRIs reviewed.The findings include:Resident #3 was admitted to the facility in October 2025 with diagnoses that included, but were not limited to, opioid dependence, pain, heart failure, and a history of stroke. FRI #2969278 was a facility report of an incident when the resident became minimally responsive and was subsequently given Narcan, a drug used to reverse an opioid overdose.On 5/14/26 during the entrance conference for the survey, the Nursing Home Administrator (NHA) was interviewed and asked to provide the facility's investigation file for FRI #2969278.On 5/14/26 at 3:21 PM the facility's investigation file was reviewed. The review failed to reveal any witness statements or clinical note from the provider who evaluated the resident and ordered the Narcan to be given. Further review failed to reveal any investigation of the possible presence of non-prescribed drugs or substances.On 5/15/26 at 8:44 AM an interview was conducted with the Assistant Director of Nursing (ADON) to review the incident. She reviewed the facility's investigation file and then described the resident who she said was frail, had Type 1 diabetes with brittle blood sugars and a history of substance abuse, and who at the time of the incident became very lethargic. She said the resident's blood sugar was checked and it was okay. A call was placed to the on call provider who ordered one dose of Narcan which was administered and the resident initially became more alert but by morning the resident was still not back to baseline, so the provider instructed staff to send the resident to the hospital. The ADON further explained that the resident had a history of taking an illegal substance at the facility in 2025 and that incident resulted in a police investigation that the facility cooperated with. The ADON was asked whether any witness statements, room search, or investigation of the facility visitor log was done for the recent incident, and she said she did not think so because the recent incident was believed to be related to the resident's medical condition only.On 5/18/26 at approximately 4:20 PM the ADON brought a copy of a provider note, which was not present in the investigation file, dated 3/30/26 which was a video-visit note of the provider's evaluation of the resident during the episode, which included orders and other recommended interventions. It stated, in part, of note [resident #3 was transferred to this particular floor several months ago after [resident #3] was found to be in possession of drugs and drug paraphernalia on the previous floor. The note also included the instruction to search the resident's room for drugs and or evidence of drugs.On 5/18/26 during the exit conference, the finding that the facility's investigation was incomplete was reviewed with and acknowledged by the NHA and ADON.

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