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	06/16/2026

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a grievance received was documented, entered into the facility grievance log, tracked, investigated, and followed up according to the facility's grievance process for 1 (Resident #1) of 1 residents reviewed for grievances. The findings include: Resident #1 was admitted to the facility on [DATE] with diagnoses including, but not limited to: cerebrovascular accident (CVA) and aphasia. Review of the resident's record revealed the resident was non-verbal and unable to independently communicate care concerns to facility staff.On 6/16/26, the surveyor reviewed a complaint submitted to the agency by Resident #1's representative. The complaint alleged concerns about the resident's room temperature, skin integrity, and the facility's failure to respond to multiple grievances submitted by Resident #1's representative.On 6/16/26 at 11:32 AM, during a review of the facility's grievance log from May 2026 through current, an entry was revealed for a written grievance submitted in June 2026. The grievance log did not contain an entry for a verbal grievance received on 6/2/26.On 6/16/26 at 12:13 PM, during an interview with Staff #5, the Social Services Assistant stated that they assist residents and families, participate in care plan meetings, and follow up on grievances when filed. When asked who the facility's grievance official was, Staff #5 stated they were unsure. Staff #5 stated that when they receive a written grievance, they provide it to Staff #6, the Director of Social Services. Staff #5 stated they were aware of a verbal concern from Resident #1's representative on 6/2/26 and a written grievance submitted on 6/12/26. Staff #5 stated they did not know the complainant wanted follow up related to the 6/2/26 verbal concern and stated they were relatively new to the role and did not know what type of follow-up should be provided.On 6/16/26 at 12:31 PM, during an interview with Staff #6, the Director of Social Services, stated that grievances may be submitted by residents, family members, or staff, verbally or in writing. Staff #6 stated that grievances are reviewed by Social Services and the interdisciplinary team, and that the facility attempts to resolve them within five days. Staff #6 identified the Executive Director/Nursing Home Administrator(NHA) as the facility's grievance official.On 6/16/26 at 12:43 PM, during an interview, Staff #6 confirmed awareness of care and environmental concerns raised by Resident #1's representative on 6/2/26 and 6/12/26. Staff #6 stated the 6/2/26 concern was verbal and the 6/12/26 grievance was written. Staff #6 stated the grievance log is maintained by Social Services. Staff #6 was unable to provide documentation that the 6/2/26 verbal grievance was documented, entered into the grievance log, investigated, assigned for follow-up, resolved, or followed up with the complainant.On 6/16/26 at 1:09 PM, during interview, the NHA confirmed the facility had received a verbal complaint from Resident #1's family member on 6/2/26. The facility was unable to provide evidence that the verbal complaint received by Staff #5 on 6/2/26 was documented, entered into the facility grievance log, referred to Staff #6 for tracking, investigation, assigned for follow-up, or followed up with the complainant within the facility's stated five-day grievance follow-up practice.Review of a nurse's note dated 6/16/26 revealed documentation of a telephone call to the resident's responsible party regarding a grievance submitted on 6/11/26 related to the resident's skin care. The note documented the provider had been made aware of the (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215336	A. Building B. Wing	06/16/2026

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	skin concern, hydrocortisone was ineffective, and mometasone furoate external cream 0.1% was ordered on 6/12/26. The note also documented a discussion of the resident's shower schedule and room move request, and stated that the responsible party agreed with the interventions and expressed satisfaction.However, the 6/16/26 nurse's note did not reference the verbal grievance received by Staff #5 on 6/2/26, did not evidence that the 6/2/26 verbal grievance was entered into the grievance log or assigned for investigation, and did not evidence follow-up within the facility's five-day grievance follow-up practice. Additionally, the individual identified in the 6/16/26 note was documented as the resident's responsible party, rather than the complainant known to the surveyor, who was listed as emergency contact #2 and durable power of attorney and who submitted the complaint to the agency.Although the facility provided documentation of follow-up related to a written grievance submitted in June 2026, the facility did not provide evidence that the verbal grievance received by Staff #5 on 6/2/26 was processed through the facility's grievance system. The 6/16/26 nurse's note documented follow-up regarding a grievance submitted on 6/11/26; however, it did not reference the 6/2/26 verbal grievance, did not show the verbal grievance was entered into the grievance log, and did not show the verbal grievance was investigated or followed up within the facility's stated five-day grievance follow-up practice.On 6/16/26 at 3:05 PM, during an interview with the NHA, they acknowledged concerns regarding the grievance process.