STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215337	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fahrney-Keedy Memorial Home	8507 Mapleville Road Boonsboro, MD 21713

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interviews and review of pertinent documentation, it was determined that the facility failed to ensure a full-time, qualified dietetic service supervisor to oversee food preparation and daily kitchen operations. This had the potential to affect all residents.The findings include: On 3/25/26 at 12:25 PM, the Director of Culinary Services (Staff #3) was interviewed. During the interview, he reported that he was not certified as a dietary manager (CDM). Staff #3 stated that he received consultation from a regional CDM (Staff #7). Staff #3 reported that consultation from CDM Staff #, occurred about once a month, and sometimes more frequently.On 03/25/2026 at 12:45 PM, The Director of Nursing (DON) was interviewed. She reported that she was not aware of Director of Culinary Services (Staff #3) qualifications and stated that the Director of Culinary Services (Staff #3) is an employee of the company, contracted to provide specialized culinary and support services to the facility. The DON reported that the regional Certified Dietary Manger (Staff #7) had not worked for the contracted culinary service company for about six months and could not have been providing consultation for the past six months to the Director of Culinary Services (Staff #3). The DON further reported that the contracted company provides a Registered Dietitian (RD) who works at the facility every Friday and provides education and oversight to the Director of Culinary Services (Staff #3). The surveyor requested documentation that the RD provided education documentation and evidence of oversight for the Kitchen operations.On 3/25/26 at 3:00 PM, the DON provided the requested documentation. Review of the documentation with the DON revealed three In-Services were conducted for the kitchen staff in July 2025. Furter review revealed that the Training Facilitators documented on the sign-in sheet were the Director of Culinary Services (Staff #3) and the Manager of Culinary Production (Staff #5) . No other instructors were listed on the document. The DON confirmed that the Manager of Culinary Production was also not a certified dietary manager.On 3/26/26 at 9:10 AM, the Administrator was interviewed. The Administrator reported that the Director of Culinary Services (Staff #3) had the required experience, education, and was provided with professional consultation. The Administrator and surveyor reviewed the Director of Culinary Services (Staff #3) educational documentation. Review of these documents revealed a Certified ServSafe Instructor and Registered ServSafe Examination [NAME] certification that expired on 5/11/23, as well as a second ServSafe certification that expired on 2/12/24. Prior to the end of the survey, the Administrator failed to provide credible evidence that the contracted Registered Dietician provided oversight, consultation, or education to the facility's current kitchen staff and consultation from a certified dietary manager.On 3/26/26 at 10:30 AM during an interview with the Administrator, he confirmed that the facility was unable to provide documents proving the Director of Culinary Services (Staff #3) had current professional certifications or evidence of consultations from a qualified Certified Dietary Manager or Registered Dietician or Certified Dietary Manager.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview, it was determined that the facility failed to ensure that residents received physician-ordered treatments and medications. This deficient practice was identified for 1 (Resident #44) of 1 resident reviewed for general skin conditions and 1(Resident #9) of 1 resident reviewed for pain management.Findings include:1). Resident #44 has a medical history that includes, but is not limited to, chronic pain, anxiety, depression, respiratory failure, diabetes, cerebrovascular accident (stroke), and a history of self-inflicted skin injuries related to scratching.On 3/23/26 at 12:30 PM, the surveyor observed Resident #44 lying in bed watching television with a bandage to the right arm and multiple sores on the forehead and scalp.On 3/24/26 at 11:02 AM, review of a skin assessment dated [DATE] revealed multiple areas of impaired skin integrity, including rashes, lesions, scratches, and bruising affecting the head, chest, shoulders, axilla, and bilateral upper extremities.On 3/24/26 at 11:32 AM, review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) revealed that on 3/8/26, the following physician-ordered treatments and interventions were not documented as completed:-Cleanse right shoulder wound with normal saline, apply hydrogel with silver to wound bed, and cover with foam dressing (daily, day shift) -Cleanse right neck/shoulder wound with normal saline, apply topical antibiotic ointment (TAO), and apply dry dressing (daily, day shift) -Apply Tacrolimus 0.1% topical cream to bilateral upper extremities for itching/rash (day and evening shift) -Apply Voltaren (Diclofenac Sodium 1%) gel to right shoulder for pain management (day and evening shift) -Apply in-house nourishing skin cream to bilateral upper and lower extremities for skin integrity maintenance (twice daily, day and evening shift) -Apply barrier cream to perineal area and buttocks every shift and as needed after incontinence episodes -Toilet resident daily at 11:00 AM (day shift) -Ensure Roho cushion in wheelchair every shift -Ensure Dycem is in place on wheelchair and check placement every shift for fall prevention -Float heels while resident is in bed every shift for pressure relief -Apply heel elevation pillow while in bed and check placement every shift -Ensure non-skid socks are worn while in bed or recliner every shift -Maintain bilateral upper side rails while in bed as an enabler for mobility and transfers -Turn and reposition resident every hour while in wheelchair and every two hours while in bed for pressure relief -Maintain Enhanced Barrier Precautions for multidrug-resistant organism (MDRO) every shift On 3/24/26 at 12:37 PM, the surveyor interviewed the Director of Nursing (DON) regarding gaps in documentation and asked what it means when there is nothing documented. The DON stated, Someone didn't complete their charting. When asked specifically about 3/8/26, the DON reported that the facility had identified that an agency nurse (LPN #2) had been assigned several residents and failed to complete ordered treatments and care for a few of them. The DON stated that the issue was identified after being alerted to missing documentation and observing that Resident #44's dressing had not been changed as ordered. The DON confirmed that additional residents were affected and that the agency nurse was not permitted to return to the facility.2). Resident #9 has a history of chronic pain and other medical conditions. Record review confirmed that a care plan was developed which included treatments and medications intended to assist the resident in managing their specific medical conditions.On 3/24/26 at 1:37 PM, the surveyor reviewed Resident #9's Medication Administration Record (MAR) and Treatment Administration Record (TAR). The review identified that on 3/8/26, multiple ordered treatments and one medication were not documented as completed.The missing documentation included the following:-Clinical Monitoring for Pain: Every shift documentation indicating whether the resident had pain (Yes/No), with additional documentation if Yes. -TED Hose (knee-high): Apply in the morning and remove it in the evening (day shift). -Anti-Fungal Powder (in-house): Apply to left groin every day and evening shift for MASD (14-day course). -Acetaminophen 500 mg (2 tablets every 8 hours)-Nourishing Skin Cream (in-house): Apply to bilateral upper and lower extremities twice daily (day and evening shift). -Dignity Urinary Drain Bag (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Placement: Ensure proper placement every shift. -Heel Floating: Float heels while in bed every shift for pressure relief. -Barrier Cream (in-house): Apply to peri-area and buttocks every shift and as needed after each incontinence episode. -Enhanced Barrier Precautions: Maintain isolation precautions for suprapubic catheter every shift. -Suprapubic Catheter Care: Provide catheter care and check leg strap placement every shift per protocol. -Toileting Schedule: Toilet resident upon rising, before and after meals, and at bedtime every shift. -Repositioning: Turn and reposition every hour while in wheelchair and every two hours while in bed every shift. On 3/24/26 at 12:37 PM, the surveyor interviewed the Director of Nursing (DON) regarding the identified gaps in documentation. The DON explained that an agency nurse (LPN#2) was identified by the facility as not completing the duties assigned for Resident #9 and they placed her on a Do Not Return list (meaning she is not permitted to return to work at the facility).