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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215339 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/20/2026 |
| NAME OF PROVIDER OR SUPPLIER Anchorage Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 105 Times Square Salisbury, MD 21801 | |
| 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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, physician interviews, and staff interviews, the facility failed to order continuous positive airway pressure (CPAP) for 1 (R4) of 3 sampled residents readmitted from the hospital. Findings included: Record review of the undated facility policy titled General Physician Services documented, according to the Centers for Medicaid and Medicare Services (CMS), that the attending physician refers to the physician who is responsible for managing the resident's medical care. The facility will provide resident-centered care that meets the psychosocial, physical, and emotional needs and concerns of the Residents. The care of each Resident was based on the attending physician's orders and included medications, treatments, rehabilitative nursing and services, diets, restrictions, and the plan of discharge. It was the physician's responsibility to review and provide recommendations for revision in consultation with the interdisciplinary team at regular intervals. Record review of R4's face sheet showed R4 was admitted to the facility on [DATE]; his/her diagnoses included acute and chronic respiratory failure with hypoxia, obstructive sleep apnea, and obesity. Record review of R4s progress notes dated 12/1/2025 at 12:36 AM, Registered Nurse (RN)15 documented R4s right lung sounds were diminished, and R4s left lung sounds were diminished. RN 15 further documented, R4 preferred the head of bed elevated to avoid shortness of breath. RN 15 concluded that R4 did not experience shortness of breath and did not require supplemental oxygen at the time. Record review of R4's admission Minimum Data Set (MDS) dated 12/12/2025, revealed R4 had a Brief Interview Mental Status (BIMS) score of 15/15, which indicated that R4 was cognitively intact. This MDS further revealed that R4 was dependent on staff with activities of daily living (ADLs). Record review of the facility physician (FP)-17 notes, dated 12/2/2025 at 3:33 PM, revealed that FP-17 documented that R4 presented to the Emergency Department (ED) with shortness of breath. R4 was noted to be severely hypoxic, requiring Bilevel Positive Airway Pressure (BIPAP), a noninvasive ventilation device that delivers two levels of air pressure to assist in breathing, and aggressive diuresis. FP-17 further documented that R4 transitioned from BIPAP to a nasal cannula at the ED. FP-17 documented at the time of his/her evaluation, R4 had no shortness of breath at rest and concluded, R4 needed to follow up with pulmonary for possible Pulmonary Function Test (PFT) and possible Continuous positive airway pressure (CPAP). Record review of R4's care plan dated 12/05/2025 documented that R4 had an alteration in Respiratory status related to respiratory failure and Obstructive Sleep Apnea (OSA) and documented that R4 will be without respiratory distress through the review date. The care plan directed staff to report abnormal findings to medical providers, Resident representatives, and to monitor vitals. During an interview on 2/18/2026 at 12:28 PM, FP-17 revealed that R4 was classified as obese, with a body mass index (BMI) of 62.7 and approximately 501 pounds. According to FP-17, R4 had multiple comorbidities. FP17 stated R4 required a pulmonary test and a CPAP and explained he/she reviewed R4's medical records and communicated with nursing staff and informed nursing staff that R4 required a</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 215339 | Facility ID: 215339 If continuation sheet Page 1 of 4 |

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| <p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Pulmonary Test and a CPAP. FP-17 concluded there was miscommunication between himself and the nursing staff and stated an order for a CPAP should have been issued. During an interview on 2/18/2026 at 11:40 AM, the Director of Nursing (DON) revealed that there was miscommunication regarding the order; FP-17 did not write it. Facility policy requires physician orders to be addressed in a timely manner. R4s cause of death was congestive heart failure.</p> |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and Resident and staff interviews, the facility failed to complete documentation for the Treatment Administration Record (TAR) for 1 of 3 residents reviewed for medical record accuracy. (R# 5) Findings included: R#5 was readmitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS) dated [DATE] had R#5 coded as cognitively intact. A review of the January Treatment Administration Record (TAR) revealed an order to turn and reposition every 2 hours for wound management. The order was not signed as completed on 01/02/2026 at 4:00 AM, 01/02/2026 at 6:00 AM, 01/06/2026 at 6:00 PM, 01/10/2026 at 6:00 PM, and 01/28/2026 at 6:00 PM. The care plan dated 02/01/2026 included interventions to encourage residents to turn and reposition, or to assist as needed, and to ensure the resident was turned and repositioned. An interview with R#5 was conducted on 02/18/2026 at 11:07 AM. S/he stated they did have concerns with turning and repositioning every 2 hours in the past, but the turning and repositioning had improved. A telephone interview with Licensed Practical Nurse (LPN)11 was conducted on 02/19/2026 at 11:01 AM. The Nurse stated she ensured she turned and repositioned R#5 every 2 hours and more often if needed. The nurse also stated she must have gotten busy with another Resident and forgot to sign it off in the TAR. A telephone interview with Registered Nurse (RN)10 was conducted on 02/19/2026 at 11:02 AM. The Nurse stated he turned and repositioned R#5 every 2 hours during the shift but forgot to document it. An interview with Director of Nursing (DON)2 was conducted on 02/19/2026 at 11:11 AM. The DON stated that staff repositioned and turned R#5 every 2 hours but did not sign the TAR. They were expected to document when they complete their treatments or interventions. An interview with Administrator1 was conducted on 02/20/2026 at 10:21 AM. The Administrator stated the expectation was to document at the time of care so it would not be missed.</p> | | |

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| <p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Put firmly secured handrails on each side of hallways.</p> <p>Based on record review and observation, interviews showed the facility failed to make sure handrails were firmly secured and affixed to the wall on the facility's. This was true for 2 of 4 floors of the facility. Findings Include: Review of facility policy, titled, Policy for Facilities Maintenance Program dated 8/12/2025 documented, the purpose of this policy is to ensure a well-structured preventative maintenance program for a nursing home facility is crucial for ensuring safety, functionality, and a pleasant living environment for residents. Record review of the facility work order created on 1/18/2026, showed Administrator-1 documented handrails on the second floor needed attention and concluded the priority was high. Observations of the facility's second floor on 2/17/2026 at 10:30 AM and on 2/20/2026 at 9:39 AM showed approximately twelve feet section of handrails detached and unsecured from the wall on the second floor. Continued observation of the facility's third floor showed a section approximately five feet with unsecured and missing handrails from the wall. During an interview on 2/19/2026 at 10:15 AM, Certified Medical Technician (CMA) 14, revealed the handrails have not been repaired for several months and concluded the broken handrails were a safety hazard. During an interview on 02/18/2024 at 10:30 AM, the Resident Council President, R14 stated the facility was aware, handrails have not been repaired for several months, and he/she explained some Residents depend on securing their hands on handrails for safety. During an interview on 2/19/2025 at 9:46 AM, the Maintenance Director (MD) 12, stated he/she noticed the handrails were inoperable when he/she was hired on 01/23/2026. MD12 explained that handrails on the second floor and third floor were not secured to the wall. MD12 concluded the facility was aware, and he/she was not sure why repairs had not been completed. During an interview on 2/19/2026 at 12:57 PM The Nursing Home Administrator NHA-13, acknowledged, he was aware the handrails needed to be repaired and stated the supplier was taking too long to deliver the materials.</p> |