| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215340 | A. Building<br>B. Wing | 05/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Blue Point Healthcare Center | 2525 West Belvedere Avenue<br>Baltimore, MD 21215 |

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 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, it was determined that the facility failed to ensure a resident received the recommended durable medical equipment (DME) prior to discharge home. This was evident for 1 (Resident #4) out of 1 reviewed for discharge planning during a complaint survey.The findings include:On 05/08/2026 at 10:40 AM, a review of Complaint #2988404 submitted to the state agency was reviewed. The complaint alleged that the resident was discharged home without the needed medical devices to ensure a safe transition from the facility to home.On 05/08/2026 at 10:59 AM, a review of emails sent to the facility was conducted. In the emails, the complainant addressed the social worker and the administrator alleging concerns of unsafe discharge due to lack of durable medical devices. The emails expressed concerns that the home environment was unsafe, not equipped to meet the residents' needs and that medical devices were needed for safe discharge.On 05/08/2026 at 10:59 AM, a review of Resident #4's medical records was conducted. The review revealed the resident had bilateral below knee surgical amputation and was admitted to the facility on [DATE] and discharged home on 4/22/2026. Further review of the records revealed a note entered by a social worker on 4/15/2026 that the discharge planning and coordination of care was discussed with the complainant. From the note, the complainant had requested medical devices for a safe discharge home. A follow up note entered by social worker on 4/17/2026, revealed that the discharge planning discussion continued and the facility had notified the complainant that medical devices are ordered based on therapy and nursing evaluations and are subject to insurance approval and medical necessity. Further review of Resident #4's documents revealed a note from social services that indicated the complainant had requested several DMEs and indicated that the home had limited space. The complainant reported that they had discussed the needed medical devices with therapy staff and social worker and emailed a list of the needed devices to the facility.On 05/08/2026 at 1:41 PM, an interview with the complainant was conducted. They reported that they had emailed the facility several times including the administrator to notify the facility that the discharge was unsafe and that the home set up was not ready for the resident. Additionally, they reported that the resident had not showered since the time of discharge, and that the resident needed a commode for toileting at home since the wheelchair couldn't pass through the toilet door at home. On 05/08/2026 at 12:30 PM, the surveyor requested the discharge summary notes from therapy. A review of the occupational therapy notes revealed that Resident #4 needed an elevated toilet seat/3 in 1 commode.On 05/08/2026 at 1:11 PM, an interview with Staff #5, Assistant Occupational Therapist, was conducted. He reported that as part of the discharge recommendation, he documented that the resident needed a toilet seat/3 in 1 commode. He also added that he verbally communicated with Staff #3 that the resident needed a shower chair to assist with activities of daily living after discharge.On 05/08/2026 at 2:20 PM, an interview with Staff #3, Social Worker Designee, was conducted. When asked how she is made aware of medical equipment needed for residents before discharge, she reported that the therapy team will notify the social worker verbally. She confirmed that Staff #5 told her that Resident #4 needed a shower chair and that she relayed this information to her supervisor. She further stated that she was<br>(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 |
|---|---|---|

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| F 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | aware that the complainant had requested the following items for the resident: a shower chair, wheelchair, sliding board and toilet commode.On 05/08/2026 at 2:33 PM, a review of the utilization report conducted on 4/21/26 indicated only a wheelchair was needed. On 05/08/2026 2:58 PM, a brief follow-up interview with Staff #4 was conducted. When questioned regarding the utility reporting log, he stated that a shower chair and toilet commode were discussed during the utility report meeting as well as the reasons why the resident needed the items. Staff #4 stated he was not sure why the utility report log only had a wheelchair documented.On 05/11/2026 at 9:18 AM, a follow-up interview with Staff #3 was conducted. She reported that the facility could order a shower chair and commode for residents prior to discharge home. The reason why the devices were not ordered for Resident #4 was because the previous social worker had instructed her to order only the wheelchair.On 05/11/2026 at 12:26 PM, the Administrator was notified of the inappropriate discharge concerns. |