

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Meadow Park Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 North Rolling Road Catonsville, MD 21228	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on review of complaint #3065681, record review, and interview, it was determined that the facility failed to develop and implement a comprehensive, person-centered care plan to address a resident's diagnosis of anemia and the associated risk for complications. This was evident for 1 (Resident #125) of 4 residents reviewed for care planning during the recertification survey. The findings include: A comprehensive care plan is an individualized plan of care that identifies a resident's specific needs, establishes measurable goals, and outlines interventions necessary to attain or maintain the resident's highest practicable physical, mental, and psychological well-being. Anemia is a condition in which the body does not have enough healthy red blood cells or hemoglobin to adequately transport oxygen to the body tissues. According to the Mayo Clinic, the normal adult reference range for red blood cells (RBC) is approximately 4.35 to 5.65 million cells/mcL for men and 3.92 to 5.13 million cells/mcL for women, while hemoglobin (Hgb) ranges from 13.2 to 16.6 g/dL for men and 11.6 to 15.0 g/dL for women. On 7/22/2026 at 1:00 PM, a review of Resident #125's medical record revealed diagnoses that included anemia. The medical record further revealed a physician's order dated 4/28/2026 for Ferrous Sulfate 325 mg (65 mg elemental iron), give 1 tablet by mouth daily for anemia. Review of the laboratory results revealed a progressive decline in Resident #125's hematologic status, including: -6/1/2026- RBC 3.01 x10E6/uL and Hgb of 7.9 g/dL-6/25/2026- RBC 2.34.01 x10E6/uL and Hgb of 6.1 g/dL. The record further revealed that, due to the severity of the anemia, a physician's order dated 6/30/26 directed Resident #125 to receive a blood transfusion on 7/1/2026. Despite the resident's diagnosis of anemia, abnormal laboratory values, ongoing iron therapy, and subsequent need for a blood transfusion, review of the comprehensive care plan failed to identify anemia as a care plan focus and failed to include individualized goals or interventions to monitor, manage, or evaluate the resident's condition. On 7/23/26 at 9:37 AM, during an interview, the Director of Nursing (DON) stated that upon admission, the nursing supervisor initiated the residents' care plans, and the Nurse Manager updated them the following day. The DON further stated that care plans were continuously reviewed, revised, and resolved as residents' condition changed. On 7/23/26 at 12:01 PM, the DON confirmed that Resident #125 did not have a care plan addressing anemia. The surveyor notified the DON of the concern.		

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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