

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Lorien Nursing & Rehab Ctr - Elkridge		STREET ADDRESS, CITY, STATE, ZIP CODE 7615 Washington Boulevard Elkridge, MD 21075	

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 0586</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not prohibit or in any way discourage a resident from communicating with federal, state, or local officials.</p> <p>Based on interviews and record review, it was determined that the facility failed to permit the resident's representative to speak directly with state surveyors. This was evident for 1 (Resident #14) out 1 resident in the recertification survey. The findings include: On 2/11/2026 at 1:25 PM, an interview with Resident #14's family member was conducted. The family member stated that on 2/9/2026 GNA #23 told her that residents and representatives were not allowed to speak directly to the state surveyors. The family member stated that GNA #23 provided them with the contact information to OHCQ to file a complaint rather than bringing them to one of the surveyors on site. On 2/11/2026 at 2:12 PM, a review of Complaint 2739563 was conducted. The complaint receipt date was on 2/10/2026 at 8:30 AM by Resident #14's family member according to the complaint information. On 2/11/2026 at 2:21 PM, an interview with the Nursing Home Administrator (NHA) was conducted. The survey team made the NHA aware of the findings. The NHA stated that he would ensure all staff are aware of resident and representative rights to speak with surveyors at facilities.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interviews and record reviews, it was determined that the facility failed to ensure a resident who required assistance with activities of daily living (ADLs) received assistance in a timely manner. This deficient practice was evident for one resident (#14) reviewed for ADL care during the annual survey. The findings include: During an interview on 02/05/2026 at 11:13 AM, Resident #14 reported long wait times for staff to respond to call bell for assistance to the restroom. The resident stated that they attempted to use the restroom without assistance and fell on multiple occasions. A review of Resident #14's medical record on 02/06/2026 at 12:43 PM, revealed the resident was admitted to the facility in January 2026 with multiple diagnoses, including, hemiplegia (weakness) and hemiparesis (paralysis) affecting the left non-dominant side, muscle weakness, difficulty walking, and lack of coordination. Further review revealed the resident had an unwitnessed fall in January and February 2026. A review of the baseline care plan dated January 2026 indicated the resident required one person assistance with transfers. A review of Minimum Data Set (MDS) date January 2026 revealed impairment to upper and lower extremities. The record indicated that the resident required partial to moderate assistance for toilet transfers. A review of the care plan revealed the resident had a fall on 01/21/2026. A care plan goal was initiated on 01/22/2026 indicating the resident will use the call bell and wait for staff assistance. During an interview with the Administrator on 02/11/2026, the surveyor asked whether there was a timeframe for staff to answer call bells. The Administrator stated that staff are expected to respond immediately, but no longer than 20 minutes. The surveyor requested to review the facility's policy regarding call bell response times, and the call bell response log for Resident #14's room between January and February 2026. A review of the call bell log on 02/11/2026 at 9:30 AM, revealed multiple call bell instances in which response time exceeded 20 minutes. On 02/11/2026 at 11:09 AM, during an interview, Geriatric Nursing Assistant (GNA) #17, stated that the facility is not adequately staffed to meet care needs of the residents. During an interview on 02/11/2026 at 1:13 PM, Resident #14's family member expressed concerns regarding the resident's functional status. The family member reported that the resident, who was continent of bowel and bladder at the time of admission, has experienced episodes of incontinence due to prolong call bell response times. When asked to provide a specific date and timeframe of an occurrence, the family member stated that the most recent incident occurred on 02/09/2026, during the evening. The surveyor reviewed Resident #14's call bell response log time for 02/09/2026 and identified that the call bell was activated at 6:59 PM. Staff responded to the call bell 24.31 minutes later. The surveyor reviewed these findings with the administrator on 02/11/2026 2:30 PM.</p>