

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: 215360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Maryland Baptist Aged Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Rayner Avenue Baltimore, MD 21216	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on reviews of a facility reported incident (FRI), the facility investigation and clinical record, and staff interview, it was determined that the facility failed to provide adequate supervision to a resident to prevent elopement through a facility door. This was evident in 1 (#1) of 1 residents reviewed for Accident Hazards/Supervision during a complaint survey. The findings include: A review of facility reported incident 3108439 on 7/24/26 revealed that on 07/16/26 at 3:15 pm the Office of Health Care Quality received an allegation that Resident #1 walked out of the facility through the back entrance door. The door was identified as not functioning properly, which allowed Resident #1 to pass through the door to the back steps without it alarming. The facility staff identified Resident #1 as missing and immediately conducted a search and found Resident #1 at the bottom of the steps of the back door. Resident #1 was redirected back into the facility. Brief Interview for Mental Status (BIMS): A screen used to assist with identifying a resident's current cognition. The BIMS score ranges from 00 to 15. A score of 13-15 indicates cognitively intact, 8-12 indicates moderately impaired and 00-07 indicates severe cognitive impact. A review of Resident #1's Electronic Medical Record on 7/24/26 at 10 AM revealed that Resident #1 had a Brief Interview for Mental Status (BIMS) assessment conducted on 06/04/26 with a score of 00. A BIMS score of 00 indicates severe cognitive impairment. A head to toe assessment was completed by director of nurses (DON) on 07/15/26 that indicated no visible signs of injury were noted. During an interview with Charge Nurse #1 on 07/24/26 at 9:20 am, Charge Nurse #1 stated, Resident #1 has a history of dementia with exit seeking behavior. Resident #1 exited through the back door on 07/15/26 after being toileted by the nursing staff. The back door did not alarm because the door had not completely closed. During an interview with the facility Maintenance Director on 07/24/26 at 11:25 am, the maintenance director revealed the following: Neither the Maintenance Supervisor nor the facility staff checked the back door routinely and did not document when the door was last checked for proper functioning. The Maintenance Director stated that following the incident the facility contacted a local vendor who came to the facility and fixed the door alarm and adjusted the door so the door would not stick in the open position after being opened. An observation of the back door at this time revealed the back door was functioning properly. Since then, a full audit of all windows and doors was conducted to maintain the safety of all residents and interviews with staff were completed. Resident #1 was placed on 1:1 observation. An elopement action plan was initiated, and continued safety checks were conducted.		

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