

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>215365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/14/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Complete Care at Hagerstown                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>14014 Marsh Pike<br>Hagerstown, MD 21742 |                                                 |
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| F 0578<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and observation, the facility failed to ensure advance directive documentation was maintained and readily accessible in the resident's medical record for 1 (Resident #17) of 1 residents reviewed for advance directives. The findings include: On [DATE] at 1:43 PM, Staff #20, Licensed Practical Nurse (LPN), stated the facility does not maintain hard-copy medical records on the nursing units and that resident records are maintained electronically in PointClickCare (PCC). When asked where advance directive documents other than the MOLST (Medical Order for Life Sustaining Treatment) would be located, Staff #20 stated they would be found within the Miscellaneous section of the electronic medical record. On [DATE] at 3:16 PM, Staff #14, Social Services Designee, stated the facility maintains hard-copy MOLST forms in binders located on each nursing unit's crash cart. Staff #14 further stated Resident #17 had an advance directive naming a medical and financial Power of Attorney, as documented in the admission social service assessment completed by Staff #14. On [DATE] at 3:31 PM, review of Resident #17's electronic medical record revealed documentation indicating the resident lacked decision-making capacity, as evidenced by a capacity evaluation signed by the facility's Medical Director. The resident was admitted to the facility on [DATE] with hospital discharge orders dated [DATE] identifying the resident as No CPR - A2 and a facility order summary indicating Do Not Resuscitate, Do Not Intubate dated [DATE]. Despite confirming the existence of an advance directive, Staff #14 was unable to provide documentation of the advance directive within the resident's electronic medical record. On [DATE], during a joint review of the electronic medical record with Staff #13, Licensed Social Worker, and Staff #14, the surveyor and both Staff #13 and #14 were unable to locate the resident's advance directive in the Miscellaneous section of the electronic medical record or elsewhere within the record. On [DATE] at 3:45 PM, Staff #14 returned and provided a paper copy of Resident #17's advance directive. Review of the document revealed it had been printed from hospital records, as evidenced by the hospital web link and hospital liaison credentials printed on each page. There remained no evidence that the document had been incorporated into the facility's electronic medical record. On [DATE] at 9:20 AM, follow-up review of Resident #17's electronic medical record revealed the previously existing MOLST identifying the resident as No CPR had been removed and replaced with a Full Code MOLST. At that time, there were still active orders in Resident #17's electronic medical record for both Full Code and Do Not Resuscitate/Do Not Intubate. On [DATE] at 9:25 AM, there was still no evidence that Resident #17's advance directive had been uploaded or maintained in the electronic medical record. On [DATE] at 10:40 AM, during an interview, the Assistant Director of Nursing acknowledged concerns regarding the appropriate maintenance and availability of Resident #17's advance directive documentation.</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<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0585</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interviews and record reviews, it was determined that the facility failed to follow resident grievance requirements by failing to provide the resident with a written grievance decision that included the required investigation findings and outcome and failed to follow its own grievance policy and procedure. This was evident for 1 (Resident #19) out of 7 residents investigated for potential abuse related to Facility Reported Incident (FRI) #3017272. The findings include: The Brief Interview for Mental Status (BIMS) is a standardized cognitive assessment used in long-term care to measure a resident's orientation, attention, and short-term memory. A score of 15 is the highest possible score and indicates that a resident is cognitively intact. Resident #19 had a BIMS score of 15, indicating intact cognition. The resident's medical record documented diagnoses that included respiratory failure and other medical conditions requiring nursing care, including medication administration by licensed nursing staff. On 7/13/26 at 10:30 AM, the surveyor conducted an interview with Resident #19 regarding concerns associated with Facility Reported Incident (FRI) #3017272 (Cross-Reference F684). During the interview, Resident #19 expressed additional concerns that were not included in the original FRI investigation. The resident stated that they previously received a double dose of thyroid medication and reported several close calls involving multiple nurses nearly administering incorrect medication dosages. The resident stated that they planned to speak with the unit manager to request additional staff training regarding medication administration and that they now feel they must stop nurses and ask them to verify medication dosages before administration. Resident #19 stated that a previous unit manager (Nurse #33), who is no longer employed by the facility, confirmed the medication error and added instructions in all capital letters to the Medication Administration Record (MAR) in an attempt to prevent future medication errors. The resident further stated that they recently had another medication change and that staff continued to have difficulty administering the correct dosage of their stool softener medication. Resident #19 stated that the repeated medication concerns became so concerning that they filed an official grievance with the facility in June 2026. The resident reported that Nurse #33 assisted them with completing the grievance. The surveyor asked Resident #19 to explain their understanding of the grievance process. The resident replied, 'The grievance process is going to the unit manager and that goes to the leadership during 'stand up meetings' and then goes up the chain. The surveyor asked whether anyone from upper management had responded to the grievance. Resident #19 stated that the only response they received was from Nurse #33, who informed them that the medication instructions had been changed to all capital letters. The resident stated that they never received communication from the Nursing Home Administrator (NHA), never received the investigation findings in writing, and were only informed that the medication instructions had been revised in an attempt to prevent future medication errors. On 7/13/26 at 12:47 PM, the surveyor reviewed the facility grievance log. The log documented that Resident #19 reported a medication error on 6/20/26 and that an investigation was initiated on 6/23/26. Under Investigation Findings, the entry stated, nursing updated medication order. The grievance was documented as resolved on 6/26/26. Review of the facility policy titled Resident and Family Grievances, implemented and revised 4/5/23 (no policy number), stated, in part: e. The grievance official, or designee, will keep the resident appropriately apprised of progress toward resolution of the grievance. g. In accordance with the resident's right to obtain a written decision regarding his or her grievance, the grievance official will issue a written decision to the resident or resident (continued on next page)</p> |                                                                                       |                                                 |

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| F 0585<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>representative at the conclusion of the investigation. The written decision will include, at a minimum:-The steps taken to investigate grievance.- A summary of the pertinent findings or conclusions regarding the resident's concerns.- A statement indicating whether the grievance was confirmed or not confirmed.- Any corrective action taken or to be taken by the facility as a result of the grievance; and- The date the written decision was issued.On 7/13/26 at 2:03 PM, the surveyor interviewed the NHA, who confirmed that he serves as the facility's grievance official. The NHA stated that grievances are reviewed during the daily morning meeting, assigned to appropriate staff members for investigation, and entered into an electronic grievance tracker accessible by the NHA and social services department. He stated that updates are discussed during daily stand down meetings and the tracker is updated each day. When asked how grievance outcomes are documented, the NHA stated that the facility completes a Resident Concern/Compliment Form documenting the grievance and basic information related to the concern.The surveyor directed the NHA to Resident #19's grievance and asked what he knew about the complaint and its outcome. The NHA stated that he did not believe it was an actual medication error but would need to review the grievance before responding. He stated that the grievance had been assigned to Nurse #33, who no longer works at the facility.The surveyor asked whether he follows up with residents after grievances are investigated. The NHA replied, Yes, I do. I speak to them in person or call them. When asked whether residents are ever provided the investigation findings in writing, the NHA responded, No, I don't. Is that a new requirement? The surveyor advised the NHA to review the federal grievance requirements and the facility's grievance policy. When asked whether he recalled following up with Resident #19, the NHA stated that he believed Nurse #33 had followed up with the resident.On 7/13/26 at approximately 3:30 PM, the NHA provided the surveyor with the Resident Concern/Compliment Form related to Resident #19's grievance.The form documented: Brief Description: Stated [s/he] received wrong dose of Synthroid. Could tell by pill color.Department Head Response: Additional instructions added to orders in large print of dose. New order added to acknowledge dosing regimen.The form documented that the resident was notified on 6/26/26 of the change to the medication order print (now all capital letters). The document did not indicate whether the investigation determined that a medication error occurred, did not include the documented grievance log finding of nurse education provided, did not summarize the investigation findings or conclusions, and did not include documentation that Resident #19 received a written grievance decision from the grievance official or designee.On 7/14/26 at 11:45 AM, the surveyor reviewed Resident #19's Medication Administration Record (MAR). The MAR included an order for Levothyroxine Sodium Oral Tablet 125 mcg (generic Synthroid) with directions written in all capital letters: !!! TWO TABLETS!!! ONE HOUR BEFORE MEAL ON EMPTY STOMACH MONDAY THROUGH SATURDAY!!! TWO TABLETS!!!On 7/14/26 at 1:30 PM, the surveyor met with the NHA to discuss concerns identified during the survey, including the grievance process. The NHA confirmed that the facility had no additional information to determine whether Resident #19 experienced a medication error. He acknowledged that the facility's current practice was to provide grievance outcomes verbally rather than in writing. Additionally, there was no documentation supporting that nursing education had been completed despite the grievance log documenting nurse education provided, and there was no current Quality Assurance and Performance Improvement (QAPI) initiative addressing the concerns raised in the grievance. The NHA stated that the facility has begun working to revise its grievance process.</p> |                                                                                       |                                                 |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Respond appropriately to all alleged violations.</p> <p>Based on record review and interview, it was determined that the facility failed to conduct thorough investigations of allegations of neglect prior to concluding the allegations were unsubstantiated for 2 (Resident #41 and Resident #70) of 2 residents reviewed with facility reported incidents. The findings include: 1. Resident #41 FRI #2994012 On 7/9/26 at 1:59 PM, review of Facility Reported Incident (FRI) #2994012 revealed the facility investigated an allegation of neglect after Resident #41's daughter alleged that on 4/23/26 Certified Nursing Assistant (CNA) Staff #26 instructed the resident to go in your brief rather than assisting the resident to the toilet or providing a bedpan. Review of Staff #26's written statement dated 4/24/26 revealed that Staff #26 claimed Resident #41 requested to have a bowel movement and that Staff #26 instructed Resident #41 to notify Staff #26 after they were finished. Staff #26 stated that they were responding to multiple admissions and caring for other residents and later returned to provide incontinence care after Resident #41's family member requested assistance. Review of the facility's Resident Concern Form, completed on 4/23/26, revealed the resident's family member found Resident #41 lying in a soaked bed after Staff #26 stated the resident had just been changed. The family member requested assistance again before care was provided. The concern form further documented that Resident #41 needed to have a bowel movement during the day and was instructed by Staff #26 to go in your brief. Review of the Nursing Home Administrator's investigative note dated 4/24/26 at 12:30 PM documented that Resident #41's daughter reported Staff #26 told the resident to just go in your brief before leaving the room and later returning to provide care. Review of Staff #14's, the Social Services Designee, progress note dated 4/25/26 at 10:54 AM revealed Resident #41 had no recollection of the reported event during the interview. On 7/9/26 at 9:50 AM, a review of the facility investigation file revealed three resident interview and observation assessment forms for residents residing in the same area as Resident #41. Although each form was signed, dated, and timed by Staff #14, the interview and observation sections were left blank. On 7/10/26 at 2:50 PM, during the interview, the Assistant Director of Nursing (ADON) stated that the incomplete forms most likely indicated that licensed nursing staff were expected to complete skin assessments and observations. On 7/10/26 at 3:15 PM, the ADON provided two skin assessments intended to correspond with the incomplete forms. One assessment was completed within the required five working day investigation timeframe, one assessment was completed after the required investigation timeframe, and no documentation was provided for the third resident assessment. The facility concluded the allegation was not verified after documenting that a comprehensive investigation had been completed. However, the investigation record contained incomplete resident interview and observation forms. It lacked evidence that all resident assessments were completed within the required investigation period, preventing the facility from demonstrating that the allegation had been thoroughly investigated before reaching its conclusion. 2. Resident #70 FRI #2986456 On 7/14/26 at 9:50 AM, review of Facility Reported Incident (FRI) #2986456 revealed Resident #70's sister alleged neglect related to oral hygiene, hair hygiene, incontinence care, nutrition, and staffing. The investigation documented notification of the physician, local ombudsman, and law enforcement. The Nurse Practitioner, Psychiatry, Social Services, and nursing staff evaluated resident #70. The facility ultimately concluded the allegation was not verified, documenting that Resident #70 denied neglect and reported satisfaction with her care. On 7/14/26 at 10:20 AM, a review of the facility investigation file revealed the investigative documentation completed by Staff #14, the Social Services Designee, contained three resident interview and assessment forms for residents residing on the same hallway as Resident #70. One resident assessment could not be associated with (continued on next page)</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>215365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/14/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Complete Care at Hagerstown                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>14014 Marsh Pike<br>Hagerstown, MD 21742 |                                                 |
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| F 0610<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | an identifiable resident. The remaining two residents had documented Brief Interview for Mental Status (BIMS) scores of 15/15. Although all three forms were signed, dated, and timed, none contained completed interview or observation documentation. Because the resident interview and observation forms for both investigations were incomplete, the facility could not demonstrate that residents in the same area were interviewed or assessed for potential knowledge of or exposure to the alleged neglect before concluding that the allegations were unsubstantiated. On 7/14/26 at 10:40 AM, during an interview, the ADON acknowledged concerns regarding the lack of a thorough investigation related to the allegation of neglect for both Resident #41 and Resident #70. The ADON acknowledged that signed, dated, and timed resident interviews and assessment forms were included in the investigation records without completed interview or observation documentation, and that the facility could not demonstrate the investigations had been completed thoroughly before concluding the allegations were unsubstantiated. |                                                                                       |                                                 |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives an accurate assessment.</p> <p>Based on medical record review and interview it was determined that the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessment. This was found to be evident for one (Resident #5) out of five residents reviewed for unnecessary medications. The findings include:</p> <p>The MDS is a federally mandated assessment tool that helps nursing home staff gather information on each resident's strengths and needs. Information collected drives resident care planning decisions. MDS assessments need to be accurate to ensure each resident receives the care they need.</p> <p>Review of Resident #5's medical record revealed an order for Risperdal 0.5 mg, one tablet at bedtime for delusional disorder, was in effect from 1/2/26 until it was discontinued on 7/7/26. Risperdal is an antipsychotic medication. Review of the May 2026 Medication Administration Record revealed the resident received this antipsychotic medication, as ordered, daily in May.</p> <p>Review of Resident #5's medical record revealed an MDS assessment with a reference date of 5/15/25 that documented in section N0415A that Yes the resident was taking an antipsychotic medication. However, in section N0450A, in response to a question about receiving an antipsychotic medication, staff documented 0. No- Antipsychotics were not received. Based on this response questions about gradual dose reductions (N0450 B.C. and D.) were then skipped.</p> <p>Further review of the medical record revealed an order, in effect since 5/5/26, for tramadol (a narcotic pain medication) 50 mg give one tablet every 12 hours for pain. Review of the May 2026 MAR revealed this pain medication was administered, as ordered, starting on 5/5/26.</p> <p>Further review the MDS assessment with a reference date of 5/15/25 revealed in section J. Pain management, in response to J0100A Received Scheduled pain medication regimen? Staff documented No.</p> <p>On 7/09/26 at 1:20 PM when asked where she would obtain the information for MDS section N. Medications and section J. Pain management, the MDS Nurse #23 responded, It would be on the MAR. Surveyor reviewed the concern regarding the assessment for N0450A that indicated no antipsychotics were received; and J0100 that indicated no scheduled pain medication was received. MDS Nurse #23 responded that she would have to verify what the resident was receiving.</p> <p>On 7/09/26 at 1:59 PM MDS nurse #23 reported the two items in regard to the medications (Section N and J) were coded in error and that she would submit a modification.</p> <p>On 7/14/26 at 11:24 AM surveyor reviewed the concern with the Director of Nursing regarding the failure to accurately assess the use of regularly scheduled pain medications and antipsychotic medications on the MDS assessment.</p> |                                                                                       |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on medical record review and interview it was determined that the facility failed to develop a comprehensive care plan. This was found to be evident for one (Resident #5) out of one resident reviewed for communication. The findings include: The MDS (Minimum Data Set) is a complete assessment of the resident which provides the facility information necessary to develop a plan of care, provide the appropriate care and services to the resident, and to modify the care plan based on the resident's status. A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess, and evaluate the effectiveness of the resident's care. Care plans are to be reviewed and revised as necessary following an MDS assessment. Review of Resident #5's medical record revealed an MDS, with an Assessment Reference Date (ARD) of 11/12/25, that indicated the resident did not have a hearing aid at the time of the assessment. During an interview with Unit Nurse Manager (UM) #21, on 7/09/26 at 1:03 PM, she provided a copy of a Hearing Aid Delivery Receipt, dated 12/8/25, that indicated a left and a right hearing aid was delivered. On the morning of 7/9/26, review of the medical record revealed an order, with a start date of 1/2/26 for: Nurse to place hearing aids in resident's ears every morning, and remove in the evening. Store in med cart. Ensure battery door is open when placed in case. Review of the MDS with an ARD of 2/12/26 indicated that the resident had a hearing aid at the time of that assessment. Review of Resident #5's medical record revealed a Minimum Data Set (MDS) assessment, with an assessment reference date (ARD) of 5/15/26, that indicated the resident was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. This assessment also revealed that the resident has a hearing aid. During an interview with Resident #5, on 7/6/26 at 11:03 AM, the resident reported s/he could hear ok out of one ear but indicated the hearing aid for the other ear was lost about a month ago. The resident reported having spoken to someone at the facility about this concern and thought they were going to replace it but had not heard any updates. During the 7/09/26 at 1:03 PM interview, UM #21 went on to report that she had completed the medication pass yesterday and that the box is still in the medication cart but that both of the hearing aids are currently gone. On 7/9/26 review of the resident's care plans, which had a revision date of 5/14/26, failed to reveal documentation regarding the residents need for or use of hearing aids. During an interview on 7/9/26 at 1:31 PM, surveyor reviewed the concern with the ADON that the hearing aid was included in the MDS assessment but nothing was found in the care plan to address the use of the hearing aid. On 7/14/26 at 11:24 AM surveyor reviewed with the Director of Nursing the concern regarding the failure to develop a care plan to address hearing aid usage. Cross reference to F 685 and F 658</p> |                                                                                       |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on medical record review and interview it was determined that the facility failed to ensure care plan meetings were conducted following the Minimum Data Set Assessment completion. This was found to be evident for one (Resident #12) out of five residents reviewed for unnecessary medications. The findings include: The MDS (Minimum Data Set) is a complete assessment of the resident which provides the facility information necessary to develop a plan of care, provide the appropriate care and services to the resident, and to modify the care plan based on the resident's status. A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess, and evaluate the effectiveness of the resident's care. Care plans are to be reviewed and revised as necessary following an MDS assessment. State regulations require a care plan meeting to be held not later than 7 calendar days after completing the assessment, but may hold the meeting sooner if agreed to by the resident, a family member or a resident's representative. Review of Resident #12's medical record revealed an Interdisciplinary Team care plan meeting was held on 12/10/25. Further review of the medical record revealed a quarterly MDS assessment with an assessment reference date (ARD) of 2/17/26. The RN assessment Coordinator signed this assessment as complete on 2/26/26. Review of the progress note written by Social Service Designee (SSD) #14 on 2/26/26 revealed that a care plan meeting was scheduled for 2/26/26 but the resident wanted to reschedule the meeting; and that the meeting will be rescheduled late next month per the resident's request. Further review of the medical record failed to reveal documentation to indicate a care plan meeting was scheduled or held in March or April of 2026. Further review of the medical record revealed a quarterly MDS assessment with an ARD of 5/20/26. The RN assessment Coordinator signed this assessment as complete on 6/15/26. Review of the progress note written by SSD #14 on 5/29/26 revealed that per the resident's request the care plan meeting was rescheduled due to a doctor's appointment. On 7/9/26 further review of the medical record failed to reveal documentation to indicate a care plan meeting was held for this resident since the meeting in December 2025. On 7/09/26 at 4:50 PM when asked if a care plan meeting needs to be rescheduled what happens, the Director of Social Services (DSS) #13 reported that another would be scheduled based on when a family and others are available. Surveyor then reviewed the concern that no documentation was found to indicate a care plan meeting was held for this resident since December. On 7/10/26 at 10:35 AM DSS #13 and the SSD #14 presented surveyor with a letter indicating a care plan meeting was scheduled for Resident #12 on 7/21/26. The SSD #14 was asked has there been a care plan meeting for this resident since December, to which SSD #14 responded: no. On 7/14/26 at 11:24 AM surveyor reviewed with the Director of Nursing the concern regarding the failure to ensure an interdisciplinary care conference was held following MDS assessments and that no meeting was held for this resident for more than 6 months.</p> |                                                                                       |                                                 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on medical record review and interview it was determined that the facility failed to ensure staff accurately documented the provision of care. This was found to be evident for one (Resident #5) out of five residents reviewed for unnecessary medication. The findings include: Review of Resident #5's medical record revealed the resident was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. On 7/6/26 at 11:03 AM Resident #5 reported his/her hearing aid was lost about a month ago and the resident thought it was going to be replaced but had not heard anything about it. The resident indicated s/he had spoken to someone at the facility about this concern. On the morning of 7/9/26, review of the medical record revealed an order, with a start date of 1/2/26 for: Nurse to place hearing aids in resident's ears every morning, and remove in the evening. Store in med cart. Ensure battery door is open when placed in case. Review of the Medication Administration Record (MAR) revealed an area for the nurse to document about the hearing aids at 9:00 AM and 9:00 PM. Review of the June MAR revealed staff were documenting the provision and storage of the hearing aids from June 1st through June 12th. On 6/12/26 Nurse #28 documented with a check mark at 9:00 PM indicating the hearing aid was stored in the medication cart. The area to document on the morning of 6/13/26 was noted to be blank and a 7 was documented in the evening. The documentation on the evening of 6/13/26 was completed by Nurse #29. A 7 indicates Other/See Nurse Notes. Review of the corresponding nursing note revealed: Not available. Review of the Resident Concern/Complaint Form dated 6/15/26 revealed the resident reported the hearing aid was in a cup and now is missing. The Social Service Designee (SSD) #14 followed up regarding the concern but was unable to locate the hearing aid. On 7/9/26 at 1:31 PM the Assistant Director of Nursing (ADON) #6 presented with a written statement that indicated on 6/16/26 she had interviewed Nurse #28 about the hearing aids. Nurse #28 had confirmed he removed the resident's hearing aids during his evening shift and placed them in a cup on the medication cart but was unable to confirm whether the hearing aids were secured in the locked medication cart before the end of his shift. On 7/09/26 at 1:03 PM the Unit Nurse Manager (UM) #21 reported that she had completed the medication pass yesterday and that the box is still in the medication cart but that both of the hearing aids are currently gone. Further review of the MAR revealed nursing staff documented that they provided the resident his/her hearing aids on the mornings of June 14, 15, 17, 18, 19, 22, 24, 25, 27, 30 and July 1, 2, and 4. Staff documented that they secured the hearing aids in the medication cart on June 15, 22, 23, 26, and July 1, 2, 3, and 7. During an interview on 7/9/26 at 1:31 PM, surveyor reviewed the concern with the ADON that staff are frequently documenting that they are providing or accepting back the hearing aids even after the hearing aids went missing. On 7/14/26 at 11:24 AM surveyor reviewed with Director of Nursing and the New Nursing Home Administrator #10 the concern regarding the failure to ensure staff accurately documented hearing aid usage. Cross reference to F 685</p> |                                                                                       |                                                 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interviews, it was determined that the facility failed to provide necessary Activities of Daily Living (ADL) care, including timely incontinence care, for a resident. This was evident for 1 (Resident #37) of 2 residents reviewed for ADL care and investigation of a facility-reported incident (FRI #3038101). The findings include: ADLs are activities necessary for daily self-care, including bathing, dressing, toileting, personal hygiene, and continence care. Facilities are required to provide assistance with ADLs based on each resident's needs to maintain personal hygiene, dignity, and the highest practicable level of functioning. Failure to provide timely incontinence care places residents at risk for discomfort, skin irritation, moisture-associated skin damage, pressure injuries, infection, and a decline in overall quality of life. Resident #37 has a medical history that includes cerebral infarction (stroke), urinary incontinence, irritable bowel syndrome, and multiple other medical conditions requiring assistance with personal care. On 6/09/26 at 10:08 AM, the facility submitted a facility reported incident to the Office of Health Care Quality (OHCQ) which stated that Resident #37 filed a complaint that they were not changed all night (referring to incontinence care) during the 11-7 shift on 6/8/26. The facility's follow-up report to OHCQ determined that the allegation was not verified. On 7/14/26 at 9:45 AM, the surveyor reviewed the facility's investigation file and discovered the following: A skin assessment dated [DATE] indicated that the resident had new red areas to the right and left buttocks and sacrum. A change in condition note dated 6/9/26 indicated that redness to bilateral buttocks and sacrum started on 6/9/26. A statement from the Social Services Designee (Staff #14) stated that Resident #37 alleged that they had put on the call bell for assistance with incontinence care and that Geriatric Nursing Assistant (GNA #36) stated they would get someone to help them, but no one returned. A statement from GNA #36 denied that they answered Resident #37's call bell at any time during their shift. A statement from GNA #37 stated that when they entered the resident's room on 6/9/26 (time not indicated), the resident reported that they had not been changed all night and that when they requested GNA #36 obtain assistance with changing them, no one returned to the room. GNA #37 documented that the resident had redness as a result of a wet brief and reported the findings to the nurse on the floor. The surveyor reviewed the facility's investigation file and found no evidence that the facility reviewed GNA task documentation to determine whether Resident #37 received ADL care during the 11-7 shift. Additionally, the investigation did not address the skin assessment and change in condition documentation completed on 6/9/26, which identified new redness to the bilateral buttocks and sacrum following the reported concern regarding missed incontinence care. On 7/14/26 at 10:42 AM, the surveyor interviewed the Nursing Home Administrator (NHA) regarding the investigation process when a resident reports that ADL care was not provided by staff. The NHA stated that a neglect investigation would be initiated and would include speaking with the resident involved, other residents who may have been impacted or have additional information, speaking with staff, and reviewing the resident's medical record to determine if care was documented. On 7/14/26 at 12:00 PM, the surveyor reviewed GNA task documentation, provided by the NHA, which revealed that personal hygiene was provided on 6/9/26 at 12:36 AM (just after midnight), toilet transfer was documented at 12:07 AM, and turning and repositioning was documented at 12:33 AM. There was no bladder documentation during the 11-7 shift and no further documentation to show that additional turning, repositioning, or incontinence care was provided during that shift. There was also no bladder documentation on 6/9/26 during the 7-3 shift, and turning, positioning, toileting, and personal hygiene were not documented until nearly 1:00 PM, (continued on next page)</p> |                                                                                       |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Complete Care at Hagerstown                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>14014 Marsh Pike<br>Hagerstown, MD 21742 |                                                 |
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| F 0677<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | indicating several hours passed without documented continence care. On 7/14/26 at 12:06 PM, the surveyor interviewed the Director of Nursing (DON) and asked her to review the ADL documentation for Resident #37 to determine whether care was provided after midnight through the following morning. After reviewing the documentation, the DON confirmed that Resident #37 was not changed, turned, or dried after midnight until the next shift |                                                                                       |                                                 |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide activities to meet all resident's needs.</p> <p>Based on medical record review, observation and interview it was determined that the facility failed to ensure activities were provided as indicated in the resident's care plan. This was found to be evident for two (Resident #10 and #7) out of two residents reviewed for activities. The findings include: 1) Review of the medical record revealed Resident #10 has a history of stroke and a diagnosis of dementia. The resident is dependent on staff for transfers and mobility. On 7/06/26 at 1:15 PM the resident was observed in her/his room with the television in front of him/her. The resident did not respond to surveyor greeting. On 7/10/26 at 2:37 PM Resident #10 was observed sitting in his/her room, the television was on and in front of the resident. Review of the 6/5/26 Minimum Data Set assessment revealed it was very important to the resident to listen to music that s/he likes. Review of the resident's current care plans revealed a plan with the following focus: [Resident] is dependent on staff for meeting emotional, intellectual, physical, and social needs related to physical limitations. The interventions section revealed the following: I enjoy the following music: Blues, jazz. I would listen to live performances and on the radio. On 7/13/26 at 11:04 AM interview with the Activity Director (AD) #11 revealed he has four activity assistants but two are currently on leave. AD reported that the goal is to have two staff on the weekends but at present there is just one. The AD was aware that Resident #10 enjoys music and reported that when they have entertainers they bring the resident to the program. In regard to documentation, the AD reported that when they document independent that is when they turn the television on in the resident's room. Review of the activity documentation for 6/14/26 through 7/12/26 revealed staff documented television as the activity on 14 out of the 23 dates that activities were documented. Review of the activity documentation for 5/13/26 through 7/12/26 failed to reveal documentation to indicate music was provided or offered to the resident during the 60 days reviewed. During the 7/13/26 interview, the AD reported that Resident #10 is usually content to watch tv but that he does have radios that people ask for sometimes. 2) Review of Resident #7's medical record revealed the resident has severe cognitive deficits and a diagnosis of dementia. On 7/06/26 at 1:23 PM resident was observed in bed with the television on. The resident was heard speaking loudly but there was no staff or visitor in the room at the time of the observation. Review of the 5/13/26 annual MDS assessment revealed it was very important to the resident to listen to music he/she likes and somewhat important to participate in religious services. Review of the resident's current care plans revealed a plan with the following focus: [Resident] is dependent on staff for meeting emotional, intellectual, physical, and social needs related to physical limitations. The interventions section revealed the following: I enjoy the following music: blues, jazz, 60's, 70's; and Church is important to me. I am Baptist and can watch on tv as interested. Review of the activity documentation for 6/14/26 through 7/12/26 revealed staff documented television as the activity on 14 out of the 25 dates that activities were documented. On 7/13/26 at 11:11 AM the AD reported he schedules music activities 2 to 3 times per month and has a birthday party once a month. He confirmed there is a minister here on Sundays and someone from a Baptist church on the second Tuesday of the month. Review of the activity documentation for 5/13/26 through 7/12/26 failed to reveal documentation to indicate music was provided or offered to the resident during the 60 days reviewed. No documentation was found to indicate the resident was provided or offered to attend a religious service during this period. Review of the June activity calendar revealed there were church services every Sunday, as well as Baptist church providers scheduled on 6/9 and 6/15. No documentation was provided to indicate the resident was offered to attend these services or was visited by the religious providers. On 7/14/26 at 11:24 AM surveyor (continued on next page)</p> |                                                                                       |                                                 |

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0679<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | reviewed the concern with the Director of Nursing and the new Nursing Home Administrator #10 the<br>concern regarding the failure to provide activities as indicated in the resident's care plans. |                                                                                       |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on medical record reviews and interviews, it was determined that the facility failed to ensure the rotation of insulin injection sites for residents receiving multiple daily insulin injections and failed to report a resident's change in medical condition to a supervisor. This was evident for 1 (Resident #7) of 5 residents reviewed for unnecessary medications, 1 (Resident #59) of 1 resident reviewed for insulin use, and 1 (Resident #19) of 7 residents reviewed for potential abuse related to Facility Reported Incident (FRI #3017272). The findings include: 1a). Review of Resident #7 medical revealed the resident has diabetes, dementia and severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 1 out of 15.</p> <p>Further review of Resident #7's medical record revealed an order for Insulin Glargine (long acting insulin also known as Lantus) 5 units to be injected subcutaneously one time a day for diabetes. The resident also had an order for Insulin Lispro (fast acting insulin) 3 units to be injected subcutaneously three times a day with meals.</p> <p>Review of the facility's Administration of Injections policy, with a revision date of 3/6/26 revealed in the section addressing the procedure for subcutaneous injections includes: c. For repeated injections, rotate site. This policy was provided to the survey team by the Assistant Director of Nursing on 7/9/26.</p> <p>Review of the June 2026 Medication Administration Record revealed on 6/19/26 at 2:01 PM and again at 5:14 PM the resident received Lispro Insulin injections in the right arm.</p> <p>On 6/20/26 at 9:46 AM and again at 1:25 PM the resident received Lispro Insulin injections in the right lower quadrant of the abdomen.</p> <p>On 6/21/26 at 9:58 AM, 1:48 PM and 4:22 PM the resident received Lispro Insulin injections in the right lower quadrant of the abdomen. Also on 6/21/26 at 10:06 AM the resident received a Lantus Insulin injection to the right lower quadrant of the abdomen.</p> <p>Review of the July 2026 Medication Administration Record revealed that the resident received 11 insulin injections between 7/1/26 and 7/3/26. Of these 11 injections, 10 were documented as having been administered to the left arm. One injection, administered on the morning of 7/1/26 was administered to the right arm.</p> <p>On 7/5/26, 7/6/26 and 7/7/26 the resident's Lantus insulin was injected in the left lower quadrant of the abdomen.</p> <p>On 7/7/26 at 12 noon and again at 6:31 PM the resident's Lispro insulin was injected in the left arm.</p> <p>On 7/8/26 at 12:19 PM and again at 6:24 PM the resident's Lispro insulin was injected in the left arm.</p> <p>On 7/14/26 at 11:24 AM surveyor reviewed the concern with the Director of Nursing regarding the failure to rotate sites of insulin injections for Resident #7. As of time of survey exit at 3:10 PM no (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>additional documentation was provided regarding this concern.</p> <p>1b). Resident #59 has a diagnosis of Multiple Sclerosis (MS), which impacts mobility and requires assistance with Activities of Daily Living (ADLs). Additionally, the resident has diabetes and require insulin injections for management of their condition.</p> <p>Rotating subcutaneous insulin injection sites is important to reduce the risk of tissue changes, including the development of fatty lumps under the skin, which can affect how insulin is absorbed and may result in inconsistent blood glucose control.</p> <p>On 7/6/26 at 11:34 AM, the surveyor spoke with Resident #59 who stated that they had concerns regarding insulin administration practices by nursing staff and requested that the surveyor review how their insulin was being administered. The resident stated that they had to ask a nurse to administer an injection in a different arm. The resident stated that instead of walking around the bed to administer the injection the nurse attempted to give the injection across the resident's body.</p> <p>On 7/7/26 at 3:17 PM, the surveyor conducted an interview with Resident #59's spouse who stated that approximately one month ago, an agency nurse was administering an injection and the resident requested that it be given in their left arm. The spouse stated that instead of walking around the bed the nurse leaned over the bed to give the injection.</p> <p>The Brief Interview for Mental Status (BIMS) is a standardized cognitive assessment used in long-term care to measure a resident's orientation, attention, and short-term memory. A score of 15 is the highest possible score and indicates that a resident is cognitively intact.</p> <p>On 7/10/26 at 9:34 AM, the surveyor conducted a record review and confirmed that Resident #59 had a BIMS score of 15. The record review revealed that Resident #59 received insulin and had physician orders for blood glucose monitoring twice daily. The resident's care plan included interventions related to management of diabetes.</p> <p>On 7/10/26 at 9:47 AM, the surveyor reviewed Resident #59's Medication Administration Record (MAR) and insulin injection site documentation. The review revealed the following:</p> <p>Lantus Subcutaneous:</p> <p>-7/1/26 &amp;ndash; Left arm</p> <p>-7/2/26 &amp;ndash; Left arm</p> <p>-7/3/26 &amp;ndash; Left arm</p> <p>-7/4/26 &amp;ndash; Left arm</p> <p>-7/5/26 &amp;ndash; Left arm<br/>(continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>-7/6/26 &amp;ndash; Right arm</p> <p>Insulin:</p> <p>-7/6/26 &amp;ndash; Left arm three times</p> <p>-7/7/26 &amp;ndash; Left arm three times</p> <p>-7/8/26 &amp;ndash; Left arm three times</p> <p>On 7/10/26 at 10:43 AM, the surveyor conducted an interview with the Assistant Director of Nursing (ADON) regarding the professional expectations for administering subcutaneous injectable medications. The ADON stated, We are supposed to rotate injection sites. The surveyor asked if she was aware of nurses not rotating injection sites, and the ADON stated that she was aware this was an issue. The ADON stated that Resident #59 sometimes requested a specific injection site. When asked if this should be documented, the ADON stated that it should include documentation such as, Resident requested a different location for injection, and should include education provided to the resident regarding the importance of rotating injection sites.</p> <p>2). The Brief Interview for Mental Status (BIMS) is a standardized cognitive assessment used in long-term care to measure a resident's orientation, attention, and short-term memory. A score of 15 is the highest possible score and indicates that a resident is cognitively intact.</p> <p>Resident #19 had a BIMS score of 15, indicating intact cognition. The resident required staff assistance with Activities of Daily Living (ADLs), including bathing and showering.</p> <p>On 7/6/26 at 11:20 AM, Resident #19 approached a surveyor and asked to speak to them privately about a potentially abusive situation they had experienced by a Geriatric Nursing Assistant (GNA) while receiving a shower.</p> <p>Neuropathy is nerve damage that can reduce or eliminate sensation, particularly in the hands and feet.</p> <p>On 7/13/26 at 10:30 AM, the surveyor conducted a private interview with Resident #19. The resident stated that approximately two months earlier GNA #41 had been very aggressive while washing their feet during a shower. The resident explained that they have neuropathy and cannot feel below the knees. They stated, She was careless with my feet, and I didn't feel it, but the scrubbing was so aggressive that the skin between the toes on both feet split and bled. The resident stated that GNA #41 told them she would report the bleeding to the unit manager; however, no staff came to assess the injuries. The resident stated the incident occurred on a Saturday evening and they reported it during morning rounds on Monday because no one had checked their feet. The resident stated a nurse later bandaged the toes and the injuries healed. The resident stated they did not believe GNA #41 intentionally caused the injuries but believed she needed additional training because she had been very rough.</p> <p>On 7/13/26 at approximately 12:00 PM, the surveyor reviewed Facility Reported Incident (FRI (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>#3017272), which included the following:</p> <p>-The initial report submitted to OHQC on 5/18/26 documented that Resident #19 reported GNA on Saturday [5/16/26] gave [them] a shower which resulted in 2 toes on [their] right and left feet to bleed.</p> <p>-A statement written by the Admissions Director (Staff #43) on 5/18/26, reported that she obtained a statement from Resident #19 which stated During rounds this writer stopped and spoke with [Resident #19] who reported that [their] aide [GNA#41] was rough with them during their shower on Saturday 5/16/26 around 3:30 pm. The resident explained rough to be scrubbing too hard which they reports caused bleeding between their toes.</p> <p>-A statement obtained from GNA #41 dated 5/22/26 documented that on 5/16/26 the GNA stated I washed between [Resident #19's] toes and I saw blood. We finished the shower and returned to [their] room, saw the blood and told [them] I would report it to the nurse.</p> <p>-A statement obtained on 5/21/26 by GNA #44 stated that on 5/16/26 she saw bleeding from Resident #19's toes after [s/he] had been transferred into the bed. GNA #41 told GNA #44 that she was going to report it to the supervisor.</p> <p>-A statement obtained by Nurse #42 obtained on 5/21/26 stated I was not made aware of any alteration in [Resident #19's] skin integrity by the resident or by direct care staff. No reports were made to me [regarding the incident of bleeding toes on 5/16/26].</p> <p>On 7/13/26 at 3:00 PM, the surveyor interviewed the Nursing Home Administrator (NHA) regarding the incident. The NHA stated the allegation was determined to be unsubstantiated because the resident did not believe the injury was intentional and the GNA had been being rough. When asked whether the facility addressed the fact that GNA #41 failed to report the resident's bleeding toes to the charge nurse, the NHA acknowledged that the GNA had received neglect and abuse education but did not believe any additional education had been provided regarding reporting changes in condition or providing gentle ADL care. The surveyor expressed concern that although the abuse allegation was determined to be unsubstantiated, the investigation identified that GNA #41 observed the resident's bleeding toes but failed to report the change in condition to nursing staff. The surveyor also expressed concern that the facility had not addressed the need for additional education related to safe handling during ADL care. The NHA stated the GNA would receive additional training.</p> <p>On 7/13/26 at 3:24 PM, the NHA informed the surveyor that GNA #41 had been removed from resident care duties and would not return until additional training had been completed.</p> |                                                                                       |                                                 |

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| <p>F 0685</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Assist a resident in gaining access to vision and hearing services.</p> <p>Based on medical record review and interview it was determined that the facility failed to address the resident's needs in regard to a hearing aid. This was found to be evident for one (Resident #5) out of one resident reviewed for communication needs. The findings include: Review of Resident #5's medical record revealed an Minimum Data Set(MDS) assessment, with an assessment reference date of 5/15/26, that indicated the resident was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. This assessment also revealed that the resident has a hearing aid. The MDS (Minimum Data Set) is a complete assessment of the resident which provides the facility information necessary to develop a plan of care, provide the appropriate care and services to the resident, and to modify the care plan based on the resident's status. A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess, and evaluate the effectiveness of the resident's care. Review of the resident's care plans failed to reveal documentation regarding the residents need for or use of hearing aids. On 7/6/26 at 11:03 AM Resident #5, when asked about ability to hear, reported s/he could hear ok out of one ear, but indicated the hearing aid for the other ear was lost about a month ago. The resident reported having spoken to someone at the facility about this concern and thought they were going to replace it but had not heard any updates. On the morning of 7/9/26, review of the medical record revealed an order, with a start date of 1/2/26 for: Nurse to place hearing aids in resident's ears every morning, and remove in the evening. Store in med cart. Ensure battery door is open when placed in case. Review of the Medication Administration Record (MAR) revealed an area for the nurse to document about the hearing aids at 9:00 AM and 9:00 PM. Review of the June MAR revealed staff were documenting the provision and storage of the hearing aids from June 1st through June 12th. The area to document on the morning of 6/13/26 was noted to be blank and a 7 was documented in the evening. A 7 indicates Other/See Nurse Notes. Review of the corresponding nursing note revealed: Not available. Review of the Resident Concern/Complaint Form dated 6/15/26 revealed the resident reported the hearing aid was in a cup and now is missing. The report also indicated that Nurse #27 was unable to find the hearing aid during the morning shift. The Social Service Designee (SSD) #14 followed up regarding the concern but was unable to locate the hearing aid. SSD #14 documented that the unit manager placed the resident's on [name of audiology provider] list and that the resident was agreeable with the outcome. On 7/9/26 at 1:31 PM the Assistant Director of Nursing (ADON) #6 presented with a written statement that indicated on 6/16/26 she had interviewed Nurse #28 about the hearing aids. Nurse #28 had confirmed he removed the resident's hearing aids during his evening shift and placed them in a cup on the medication cart but was unable to confirm whether the hearing aids were secured in the locked medication cart before the end of his shift. On 7/9/26 at 12:35 PM Social Service Designee (SSD) #14 reported the resident had a hearing aid that the resident reported missing and that they are in the process of communicating with [name of audiology provider] and that the resident is on the list for audiology provider to get the hearing aid replaced. On 7/09/26 at 1:03 PM the Unit Nurse Manager (UM) #21 reported both a nurse and an aid reported there were two hearing aids when first delivered but that one went missing early on. UM #21 provided a copy of a Hearing Aid Delivery Receipt, dated 12/8/25, that indicated a left and a right hearing aid was delivered. UM #21 went on to report that she had completed the medication pass yesterday and that the box is still in the medication cart but that both of the hearing aids are currently gone. UM #21 reported there is a warranty so the hearing aids will be replaced. When asked how the audiology provider is notified, UM #21 reported we email them with the people to be seen, then it is their schedule as to when they come out here. When asked who (continued on next page)</p> |                                                                                       |                                                 |

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| F 0685<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>is responsible for notifying the audiology provider, UM #21 asked if she could check and get back to the surveyor. During an interview with the ADON on 7/9/26 at 1:31 PM when asked who notified the audiology provider about the missing hearing aid, the ADON reported the audiology provider will send an email with a list of who is to be seen and then the facility can put names on an add on list for additional residents to be seen. The ADON was unable to provide information regarding how often or when the audiology provider would be coming to the facility. She confirmed that the audiology provider has not been informed of the missing hearing aids and reported that Resident #5 is to be added to the list when the facility has confirmation of the date they will be coming to the facility. She went on to report that the unit managers keep their own list and that Resident #5 is the only one to be added on for audiology. When asked where the list was kept, the ADON reported it is not a list, it is just Resident #5 and confirmed there is no specific running list for audiology. When asked if there was any reason she was unable to notify audiology that a resident needs to be seen, the ADON responded: I am not aware of a way to notify them. On 7/09/26 at 2:16 PM the Director of Nursing (DON) reported that she had provided a contact number for the audiology provider to the Social Worker sometime in the past week or two. The DON indicated the Social Worker has contacted the provider, surveyor then requested documentation to support that the provider has been contacted. Surveyor then reviewed the concern that the ADON indicated they did not have a way to contact the audiology provider and that they just wait for the provider to contact them and they provide the name as an add on. The DON reported the process should be that the UM lets the Social Worker know and if not receiving feedback from the provider they should let me (DON) know so I can escalate it. DON also reported that the provider should be coming to the facility quarterly and as needed. On 7/09/26 at 3:30 PM the DON reported that there was no documentation to indicate the audiology provider was notified of the missing hearing aid. On 7/14/26 at 11:24 AM surveyor reviewed the concerns with the DON and New NHA #10 regarding the failure to ensure the hearing aid was available and failure to ensure the audiology provider was notified of the loss of the hearing aid. Cross reference to F 656 and F 658</p> |                                                                                       |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interviews, observations, and record reviews, it was determined that the facility failed to protect a dependent resident from injury while using Hoyer lift equipment. This was evident for 1 (Resident #59) of 7 residents investigated for potential abuse related to a facility reported incident (FRI #3003045) and an anonymous complaint (#3005562). The findings include: Resident #59 has a diagnosis of Multiple Sclerosis (MS), which impacts mobility and requires assistance with Activities of Daily Living (ADLs). Resident #59's care plan identifies the use of a mechanical lift with two staff members to safely transfer the resident from bed to chair. On 7/6/26 at 11:34 AM, during the initial screening process of the survey, Resident #59 spoke with the surveyor and stated that they had concerns regarding how staff treated them and requested that the surveyor return when their spouse was visiting to further discuss the concerns. On 7/7/26 at 3:17 PM, the surveyor conducted an interview with Resident #59 and their spouse. The resident's spouse stated that while most staff in the facility are wonderful, there are some staff members who have caused concerns for the resident. The spouse described an incident in which GNA #39 struck the resident above the eye with a Hoyer Lift while attempting to transfer the resident from a chair to the bed. Resident #59 stated that GNA #39 entered the room with the Hoyer Lift and pushed it toward them, causing it to hit them above the eye. The resident stated they sustained a cut above their eye but did not develop bruising. Resident #59 stated they reported the incident immediately to facility staff. Resident #59 further stated that GNA #39 was always in a hurry and was rough while providing care. The resident's spouse stated that although they were not present during the incident, they had witnessed GNA #39 being careless and rushing several times. On 7/8/26 at 1:50 PM, the surveyor performed a record review and identified that Resident #59's care plan included the use of a mechanical lift with two staff members for transfers. On 7/8/26 at 2:07 PM, the Assistant Director of Nursing (ADON) confirmed that all residents transferred using a Hoyer lift require two staff members to be present during the transfer. On 7/8/26 at 2:30 PM, the surveyor reviewed Facility Reported Incident (FRI #3003045) and anonymous complaint (#3005562). The FRI indicated that Resident #59 alleged GNA #39 hit the resident in the head with a Hoyer lift on 5/1/26. The facility investigated the allegation and determined the allegation was inconclusive. Review of the facility investigation documents revealed the following: A note from Social Services dated 5/5/26 stated that Resident #59 felt the aide was careless but did not hit the resident on purpose. A staff statement dated 5/4/26 revealed that on 5/1/26 Resident #59 reported being hit on the head with part of the lift machine. The resident expressed frustration that GNA #39 was rushing, stating, she did everything so fast as if she were in a hurry. A statement dated 5/1/26 from GNA #39 revealed that GNA #39 brought the Hoyer lift into the resident's room and was waiting for a second GNA to assist. GNA #39 denied that the Hoyer lift hit the resident and stated that the resident yelled, you just hit me in the face. GNA #39 stated that the resident then yelled at her to get out. A statement from GNA #40 revealed that GNA #39 reportedly exited Resident #59's room and stated that the resident was upset and didn't want me back in their room due to the fact that she had hit her in the head with the Hoyer lift. GNA #40 entered Resident #59's room and observed the resident crying and upset about what had happened. A statement from the ADON (who was the Director of Nursing (DON) at the time of the incident) dated 5/4/26 revealed that GNA #39 initially reported that the incident did not occur. The ADON stated that GNA #39 later reported that when moving the Hoyer lift forward the lift swung forward and bumped [Resident #59's] forehead. The ADON further stated that GNA #39 admitted she was rushing and thinking about the next thing that she had to do and was (continued on next page)</p> |                                                                                       |                                                 |

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

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Form Approved OMB  
No. 0938-0391

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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | not being careful at the time of the incident. On 7/8/26, review of the employee file indicated that GNA #39 was terminated on 5/22/26 for violation of the company code of conduct. On 7/8/26 at 12:15 PM, the surveyor conducted an interview with the ADON, who was the DON at the time of the incident. The ADON stated that Resident #59 was sitting in a chair awaiting transfer back to bed. The ADON stated that GNA #39 was bringing the Hoyer lift into the room and that the top portion of the lift was swinging as she moved it, causing it to strike the resident above the eyebrow. The ADON confirmed there were inconsistencies in the reporting of events and stated that GNA #39 initially denied the allegation but later acknowledged that the Hoyer lift struck the resident. The ADON further stated that GNA #39 admitted she was rushing and thinking about the next thing that she had to do and was not being careful at the time of the incident. The ADON confirmed that the resident was struck due to GNA #39 rushing. The surveyor discussed concerns that the resident was not protected from injury due to staff rushing while handling mechanical lift equipment. The ADON confirmed the expectation that GNA staff operate equipment carefully, do not rush while providing care, and use two staff members when operating a Hoyer lift. |                                                                                       |                                                 |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on interview and record review, it was determined that the facility failed to ensure residents receiving hemodialysis received care and services consistent with professional standards of practice for 2 (Residents #4 and #26) of 2 residents reviewed for hemodialysis services. The findings include: Administering medications prior to hemodialysis—a treatment where a machine filters waste and fluid from the blood—can remove water-soluble drugs before they achieve a therapeutic effect. Additionally, giving blood pressure medications beforehand increases the risk of dangerous blood pressure drops, as the drug's effects combine with the machine's fluid removal process.</p> <p>On 7/7/26 at 3:07 PM, a review of the facility policy titled Hemodialysis revealed that physician orders for hemodialysis were to include instructions regarding medications to be administered or withheld before hemodialysis treatments. The policy further required nursing staff to communicate medication administration, including medications administered or withheld before hemodialysis, with the hemodialysis provider and document those communications.</p> <p>On 7/7/26 at 2:32 PM, during the medication administration task, Staff #3, a Licensed Practical Nurse (LPN), stated this was the first facility in their 34 years of nursing where residents receiving hemodialysis routinely received scheduled morning medications before leaving for hemodialysis appointments.</p> <p>1 - Resident #4</p> <p>On 7/6/26 at 10:20 AM, during an interview with Resident #4, they stated to the surveyor that they received hemodialysis every Monday, Wednesday, and Friday. The resident stated that nursing staff began administering all scheduled morning medications before hemodialysis appointments, approximately in the middle of the previous month. Resident #4 further stated they had routinely taken their phosphate binder before hemodialysis but had never previously received all scheduled morning medications before hemodialysis and expressed concern regarding the recent change in practice.</p> <p>On 7/7/26 at 2:40 PM, review of the July 2026 Medication Administration Record (MAR) and hemodialysis communication documentation revealed that Resident #4's scheduled morning medications were documented as administered immediately before hemodialysis appointments on July 1, 3, 6, and 8, 2026. The hemodialysis communication documentation contained incomplete or inconsistent departure documentation, including blank departure times on July 3 and July 6, 2026, and a departure time recorded before medication administration on July 8, 2026.</p> <p>On 7/7/26, Staff #3 and Staff #4, an LPN, confirmed there was no physician or consulting nephrologist order directing Resident #4's scheduled morning medications to be administered before hemodialysis and were unable to identify who had authorized the practice. A review of Resident #4's hemodialysis communication binder further revealed no documentation of medication administration to the hemodialysis provider.</p> <p>On 7/7/26 at 2:55 PM, a review of Resident #4's care plan identified interventions related to (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>hemodialysis care. However, there was no physician directed intervention specifying that scheduled morning medications should be administered before hemodialysis treatments.</p> <p>On 7/8/26 at 3:00 PM, during an interview with Staff #7, a Nurse Practitioner, they stated they were uncertain who had directed nursing staff to administer scheduled morning medications before hemodialysis and believed the nursing staff had defaulted to the scheduled administration times in the Medication Administration Record.</p> <p>On 7/8/26 at 3:04 PM, Staff #7 acknowledged concerns regarding resident medication orders, hemodialysis schedules, and the facility's hemodialysis policy and acknowledged that changes were needed.</p> <p>2 - Resident #26</p> <p>On 7/7/26 at 2:30 PM, review of the July 2026 MAR and hemodialysis communication documentation revealed that Resident #26's scheduled morning medications were documented as administered immediately before hemodialysis appointments on July 1, 3, 6, and 8, 2026. Documentation further revealed the hemodialysis communication record was incomplete on July 6, 2026, with the resident's departure time left blank despite the nursing staff's signature.</p> <p>On 7/7/26 at 2:38 PM, Staff #3 confirmed no physician or consulting nephrologist order was directing Resident #26's scheduled morning medications to be administered before hemodialysis. A review of Resident #26's hemodialysis communication binder revealed documentation of the resident's weights, vital signs, and fluid intake. However, there was no documentation communicating medication administration to the hemodialysis provider.</p> <p>On 7/7/26 at 2:44 PM, Staff #4 confirmed there was no written order from the physician or consulting nephrologist directing that scheduled morning medications be administered before hemodialysis and was unable to identify who had authorized the practice.</p> <p>On 7/7/26 at 3:20 PM, review of Resident #26's care plan identified interventions related to hemodialysis care. However, there was no physician directed intervention indicating that scheduled morning medications should be administered before hemodialysis treatments.</p> <p>On 7/9/26 at 11:15 AM, during an interview, the Director of Nursing (DON) acknowledged concerns regarding Resident #4 and Resident #26 receiving routine scheduled morning medications before hemodialysis without an expressed physician or consulting nephrologist order. The DON further acknowledged that the hemodialysis communication documentation accompanying residents to the hemodialysis center did not document medications administered before hemodialysis treatments.</p> <p>On 7/14/26 at 10:40 AM, the Assistant Director of Nursing acknowledged concerns about professional standards of practice related to residents receiving hemodialysis.</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>215365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/14/2026 |
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| <p>F 0756</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on medical record review and interview it was determined that the facility failed to have an effective system in place to ensure monthly pharmacy review recommendations were addressed by the providers in a timely manner. This was found to be evident for two (Resident #12 and #7) out of the five residents reviewed for unnecessary medications. The findings include:</p> <p>On 7/7/26 at 11:31 AM the Director of Nursing (DON) was interviewed in regard to the process for the monthly medication regimen review (MRR). The DON reported that once the pharmacist sends the recommendations to the facility they are given to the unit nurse managers who then meet with the physician or nurse practitioner to make any needed changes. She confirmed that there is a paper recommendation form and reported it would be scanned into the electronic health record under the miscellaneous tab. The DON also reported that she keeps a binder with the recommendations as well. Surveyor requested the binder for review. 1)On 7/7/26 at 12:40 PM review of Resident #7's medical record revealed a progress note written by the pharmacist on 3/3/26 that stated: Medication Regimen Review_See report. Further review of the medical record failed to reveal documentation of the referenced report.</p> <p>Review of the facility's Medication Regimen Review policy, with a revision date of 2/17/26, revealed: The pharmacist shall document either that no irregularity was identified or the nature of any identified irregularities. Written communications from the pharmacist shall become a permanent part of the resident's medical record</p> <p>Review of the MRR binder provided by the DON revealed a Summary Recommendation Report for Medical Director for recommendations made on 3/3/26. For Resident #7, this report revealed that the resident was currently receiving the antipsychotic medication Quetiapine 25 mg at bedtime. This report also included: Within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, the facility must attempt a GDR [gradual dose reduction] in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, a GDR must be attempted annually, unless clinically contraindicated.If appropriate, please consider a GDR at this time to Quetiapine 12.5 mg HS [at time bedtime]. If not appropriate, please document rationale for contraindication.</p> <p>No documentation was found in the medical record to indicate this recommendation was addressed by the primary care provider.</p> <p>Review of the facility's Medication Regimen Review policy, with a revision date of 2/17/26, revealed in regard to timelines for responding to the Medication Regimen Review: Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities within 30 days.</p> <p>Further review of the medical record revealed a progress note written by the pharmacist on 4/2/26 that stated: Medication Regimen Review_See report. Review of the miscellaneous section of the electronic health record (EHR) revealed a Recommendations to Attending Physician/Provider form, (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>dated 4/2/26. This form revealed the same recommendation as found in the 3/3/26 Summary Recommendation Report for Medical Director about considering a GDR of the antipsychotic medication Quetiapine.</p> <p>Review of the facility's Medication Regimen Review policy, with a revision date of 2/17/26, revealed: The pharmacist does not need to document a continuing irregularity in the report each month if the attending physician has documented a valid clinical rationale for rejecting the pharmacist's recommendation.</p> <p>Further review of the 4/2/26 Recommendations to Attending Physician/Provider form found in the EHR revealed the Nurse Practitioner (NP) #7 wrote on 4/7/26 to refer to psych. At the bottom of the form the psychiatric NP #22 documented that she agreed with the recommendation and included a hand written order to discontinue the Quetiapine 25 mg at bedtime, and a new order for Quetiapine 12.5 mg at bedtime. Review of the orders in the EHR confirmed that a new order was put in place on 4/7/26 for the Quetiapine 12.5 mg.</p> <p>On 7/09/26 at 3:30 PM the DON reported that she had identified a concern regarding the MRR process in June and had developed a performance improvement plan but added that it is still an ongoing issue.</p> <p>On 7/14/26 at 11:24 AM surveyor reviewed with the DON the concern regarding the failure to ensure the pharmacy recommendations were reviewed and addressed by the primary care provider for Resident #7.</p> <p>As of time of survey exit on 7/14/26 at 3:10 PM the facility had not provided documentation to indicate the primary care provider, or the psychiatric provider, had reviewed the initial 3/3/26 recommendation for the gradual dose reduction.</p> <p>2) Review of Resident #12's medical record revealed a 5/5/26 Recommendation to Attending Physician/Provider form that including the following: A large, multinational observational cohort presented at the American Heart Association Scientific Sessions (2025) reported that adults with chronic insomnia who used melatonin for [greater than or equal to] 12 months had a higher hazard of incident of heart failure, higher heart failure hospitalizations, and an increased all-cause mortality over a five-year period compared with non-users. The study analyzed &gt; 100,000 patients and found roughly a near-doubling of some adverse cardiovascular outcomes among long-term users; however, it is observational and cannot definitively prove causation. Please consider discontinuing Melatonin.</p> <p>NP #7 had addressed the 5/5/26 recommendation on 5/20/26 by documenting: refer to psych.</p> <p>Review of the psychiatric NP #22 notes revealed she saw the resident on 5/19/26 and again on 6/23/26. Notes from both of these visits included documentation that the resident was taking Melatonin for a sleep cycle disorder, trazadone for depression and Xanax for anxiety. The notes included a generic statement about a GDR not being indicated because a dose reduction would decrease the patients quality of life. Neither of these notes indicated NP #22 was aware of the pharmacist 5/5/26 report or the recommendation to discontinue the Melatonin because of the cardiac concerns.</p> <p>(continued on next page)</p> |                                                                                       |                                                 |

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| F 0756<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>On 7/14/26 at 10:25 AM an interview was conducted with the psychiatric NP #22. In regard to the MRR recommendations, NP #22 reported that they do not always give her the paper [referencing the Recommendations to Attending Physician/Provider] but that she would include in her notes if there was a pharmacy recommendation. After reviewing her May and June notes for Resident #12, NP #22 stated: never addressed with me. Surveyor asked: did you review this recommendation, to which NP #22 responded: No.</p> <p>On 7/14/26 at 11:24 AM surveyor reviewed with the Director of Nursing the concern regarding the failure to ensure pharmacy recommendations were reviewed by the psychiatric provider, as per the primary care provider instructions for the 5/5/26 recommendation.</p> |                                                                                       |                                                 |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on medical record review and interview it was determined that the facility failed to ensure resident's were free from unnecessary medications. This was found to be evident for 2 (Resident #5 and #7) of 5 residents reviewed for unnecessary medications. The findings include: 1) Review of Resident #5's medical record revealed an order, in effect since 5/14/26, for oxycodone 5 mg give one tablet every 8 hours as needed for pain 8-10.</p> <p>Oxycodone is a narcotic pain reliever. Pain is rated on a scale from 1-10 with 10 being the worst pain.</p> <p>Review of the June and July 2026 Medication Administration Record (MAR) revealed an area for staff to document the resident's pain level and the time this medication was administered.</p> <p>On 6/11/26 at 7:04 PM the oxycodone was administered and the pain level was documented as 6. Review of the nurse's progress note revealed the follow up pain scale was 0.</p> <p>On 6/15/26 at 7:11 PM the oxycodone was administered and the pain level was documented as 6. Review of the corresponding nurse's progress note revealed: c/o [complaint of] of pain 6/10 and the follow up pain scale was 0.</p> <p>On 6/25/26 at 3:08 PM the oxycodone was administered and the pain level was documented as 3. Review of nurse's progress note revealed the follow up pain scale was 0.</p> <p>On 6/30/26 at 12:17 PM the oxycodone was administered and the pain level was documented as 4. Review of nurse's progress note revealed the follow up pain scale was 2.</p> <p>On 7/3/26 at 8:49 AM the oxycodone was administered and the pain level was documented as 5. Review of the corresponding nurse's note revealed the oxycodone was given for hip pain. The follow up pain scale was documented on 7/4/26 at 9:10 AM with pain rated at 1.</p> <p>On 7/5/26 at 1:28 PM the oxycodone was administered and the pain level was documented as 4. Review of nurse's progress note revealed the follow up pain scale was 0.</p> <p>On 7/09/26 at 11:21 AM Nurse #24 was asked about as needed pain medication administration for Resident #5. Nurse #24 reported prior to giving the medication she would massage and give the pain patch. She went on to report that today the resident had rated the pain an 8 out of 10 and that they had talked about how the pain could be controlled. When asked if she documented these interventions, Nurse #24 stated: yes ma'am.</p> <p>Further review of the MARs revealed an area for nursing staff to document non-pharmacological interventions used before PRN (as needed) Pain Medication. On the following dates staff documented the administration of the as needed oxycodone but no documentation was found on the MAR, or elsewhere in the medical record, to indicate non-pharmacological interventions were attempted prior to the administration of the narcotic: June 11, 15, 19, 22, 26 and July 3, and 5, 2026.<br/>(continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Review of the Controlled Drug Sheet for the oxycodone 5 mg for Resident #5 revealed documentation that one dose was removed on 6/29/26 at 11:40 AM. Review of the June MAR and the progress notes failed to reveal documentation to indicate the resident was in pain or was requesting pain medication at that time. No documentation was found on the MAR to indicate this dose was actually administered to the resident. On 7/09/26 at 2:02 PM the Director of Nursing (DON) was asked about the expectation prior to the administration of as needed pain medication. The DON reported she would expect a full assessment and the provision of non-pharmacological interventions. She confirmed that she expected these interventions to be documented. Surveyor then reviewed the concerns regarding the as needed oxycodone being administered without adequate indication for its use and reviewed the documentation of pain being rated less than 8 but the narcotic was administered and the failure to document non-pharmacological interventions. Surveyor also informed the DON that a dose of the oxycodone was removed from the supply on 6/29/26 but no documentation was found to indicate the resident had required or requested it at that time.</p> <p>On 7/14/26 at 11:24 AM during a discussion with the DON she indicated there was additional documentation regarding the oxycodone 5 mg that was pulled from the supply on 6/29/26. As of time of survey exit, on 7/14/26 at 3:10 PM, no additional documentation was provided regarding this concern.</p> <p>2) Review of Resident #7's medical record revealed an order, in effect since 12/5/25, for blood sugar finger sticks before meals and at bedtime. There is another order for Insulin Lispro (a rapid acting insulin), inject 3 units with meals for diabetes and to hold if blood sugar is less than 100.</p> <p>Review of the Medication Administration Record (MAR) revealed documentation of blood sugars (BS) at 6:30 AM, 11:30 AM; 4:30 PM and 9:00 PM.</p> <p>The MAR also included documentation of the administration of the Insulin Lispro at 8:00 AM, 12 noon, and 5:00 PM.</p> <p>On 7/08/26 at 12:51 PM Nurse 19 reported she had obtained the resident's blood sugar today prior to administering the lunch time dose of insulin. The nurse also reported that there was an order to hold the Insulin Lispro if the blood sugar was less than 100.</p> <p>Review of the June and July 2026 MARs revealed on the following dates the resident's blood sugar was below 100 and the staff administered the Insulin Lispro at the time of the corresponding meal:</p> <p>On June 8 at 4:30 PM the BS was 94. On June 10 at 6:30 AM the BS was 80. On June 14 at 6:30 AM the BS was 86. On June 15 at 6:30 AM the BS was 91. On June 15 at 4:30 PM the BS was 95. On June 25 at 6:30 AM the BS was 98. On June 29 at 6:30 AM the BS was 92. On July 2 at 6:30 AM the BS was 86.</p> <p>On 7/08/26 at 12:36 PM surveyor reviewed the concern with the Nurse Practitioner (NP) #7 regarding the BS being below 100 and the insulin being administered. NP #7 responded that: they are suppose to hold it. The NP also reported that the resident is followed by an endocrinologist and those are her recommendations.<br/>(continued on next page)</p> |                                                                                       |                                                 |

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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                 |
| F 0757<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>On 7/08/26 at 4:05 PM surveyor informed the Nursing Home Administrator of the concern regarding unnecessary medication related to multiple occasions when the resident's blood sugar was less than 100 and the insulin was administered.</p> <p>On 7/14/26 at 11:24 PM the surveyor reviewed the concern with the Director of Nursing regarding the administration of insulin when the blood sugar was below the parameter to hold the medication.</p> <p>As of time of survey exit on 7/14/26 at 3:10 PM no additional documentation was provided regarding this concern.</p> |                                                                                       |                                                 |

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| <p>F 0775</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Keep complete, dated laboratory records in the resident's record.</p> <p>Based on record review and interview it was determined that the facility failed to ensure abnormal laboratory results were uploaded into the resident's electronic medical record in a timely manner. This was evident for 1 resident (Resident # 48) of 1 resident reviewed for pressure ulcer care during the annual survey. The findings include:</p> <p>Resident #48 was frail and elderly and was admitted to the facility in January 2026, and had multiple medical conditions which included, but were not limited to, pressure ulcer and hyperkalemia [high blood potassium].</p> <p>On 7/08/26 at 1:45 PM a review of Resident #48's electronic record revealed two nurse practitioner (NP) progress notes dated the same day, 7/08/26, that were contradictory regarding treatment for the resident's high potassium level. One note was written by an on-call NP (Staff #34), who was contacted by the facility nurse by phone on the evening of 7/07/26 because the resident's Sodium Polystyrene Sulfonate [medication to lower blood potassium levels] was not available from the pharmacy. Staff #34's documentation indicated that she reviewed the laboratory results in the resident's record, a potassium level result on 6/29/26, which was normal, and that Staff #34 gave the nurse an order to hold [not give] the Sodium Polystyrene Sulfonate medication. The other NP note was written by the facility's nurse practitioner (Staff #7) on 7/08/26 at 1:33 PM and indicated that the resident had high potassium levels on 7/06/26 and 7/08/26 and she gave an order to continue the resident's Sodium Polystyrene Sulfonate and as well as another medication also used to treat high potassium levels. A review of the miscellaneous scanned documents revealed the most recent lab result in the record was for 6/29/26.</p> <p>On 7/08/26 at 1:57 PM an interview was conducted with the facility's Staff #7 to review the Resident #48's documentation and laboratory results in the electronic record. Staff #7 was asked where the resident's lab reports for 7/06/26 and 7/08/26 were and Staff #7 brought the surveyor to the receptionist's desk (Staff #8) to look for them. Staff #8 looked through a stack of resident documentation but said she did not have the lab reports in question. At 7/08/26 at 2:17 PM a continued interview with Staff #7, was conducted and the unit manager (Staff #16), and the Director of Nursing (DON) were asked to join the interview which was continued in Staff #8's office. The DON was informed that the resident's chart lacked the most current and accurate laboratory results and that an on-call NP had given orders based on an old laboratory result. The DON explained the system for how lab results were received and processed at the facility. She said that the local hospital processes labs for the facility, but they did not automatically transmit resident's lab results, someone at the facility had to access the hospital's portal to retrieve the results and that currently only the Assistant Director of Nursing (ADON, Staff #6) had access to do so. The DON further explained that once the lab results were retrieved (printed) they would be given to the unit manager who would in turn give them to the provider for that day (physician or NP) to review. Once reviewed, the lab result would be given to the receptionist (Staff #8) and she would then scan the lab results into each resident's medical record.</p> <p>The DON and Staff #16 said that the facility had been looking at this process as part of the facility's quality assurance (QA) activities, but they acknowledged that the issue they focused on was the (continued on next page)</p> |                                                                                       |                                                 |

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| F 0775<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>number of staff who had access to the hospital's portal, not the process of how lab results were handled once they were accessed. They acknowledged that Resident #48's abnormal labs results were available at the facility on 7/6/26 and 7/8/26 but were not in the resident's record when the on-call provider looked for them on 7/07/26 and were still not in the resident's record at the time of the interview. Staff #16 said she had the lab results on her desk and that the facility would work on their process for how lab results were entered into resident's records.</p> <p>On 7/09/26 at 9:49 AM an interview was conducted with Staff #6 to review the concern that Resident #48's abnormal lab reports from 7/06/26 and 7/08/26 for were not in the resident's record, even though they were available to be placed in the record. She was also informed that an on-call provider was contacted on 7/07/26 in the evening and the on-call provider referenced the old lab report dated 6/29/26 that had a normal lab value, and that the resident's more recent abnormal lab results were not in the record for the on-call provider to review. In response, Staff #6 also reported that the facility had an ongoing ad hoc QA project for lab results but she confirmed that the focus was on the concern that only she had access to the lab results from the hospital system. She acknowledged the concern that the lab result was available but not placed in the resident's record and could not explain why the record did not contain the most recent lab results.</p> |                                                                                       |                                                 |

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| F 0791<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide or obtain dental services for each resident.<br><br>Based on interview and record review it was determined that the facility failed to follow up on a resident's need for oral surgery. This was evident for 1 resident (Resident #11) of 1 resident reviewed for dental care during the recertification survey. The findings include: Resident #11 was admitted to the facility in May 2024 due to his/her need for assistance with all activities of daily living. The resident had medical diagnoses that included, but were not limited to, acute and chronic respiratory failure and diabetes. On 7/06/26 at 3:26 PM an interview was conducted with Resident #11 who said s/he had a dentist visit at the facility and was told that s/he needed to have teeth pulled but that no appointment had yet been scheduled. On 7/08/26 at 1:31 AM a review of Resident #11's medical record revealed a dental consult/exam/visit note dated 2/06/26, found in the scanned documents. The dental note indicated a recommendation for referral to an oral surgeon for surgical extraction of retained roots and gave the company name and phone number to call for the referral. On 7/09/26 at 1:35 PM an interview was conducted with the Assistant Director of Nursing (ADON, Staff #6) regarding the facility's process for how recommendations by dental providers were managed. She explained that the unit manager who received the paperwork that indicated the need for follow-up would contact the facility's scheduler by email and in the communications section of the medical records software program, although it was not part of the clinical record. When asked if the scheduler received communication from the unit manager that Resident #11 needed an appointment with an oral surgeon, Staff #6 said she did not know and that the unit manager for that unit was no longer at the facility. When asked if she was aware of the resident's need for follow-up with an oral surgeon, Staff #6 said that she was not aware of it. On 7/10/26 at 10:32 AM an interview was conducted with Staff #6 who said that the resident's follow up appointment with an oral surgeon was missed until it was brought to her attention by the survey team and that it was now scheduled. |                                                                                       |                                                 |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and review of facility documentation it was determined that the facility failed to have a qualified food service director. This was found to be evident for the one out of one food service director at the facility. The findings include: During the initial tour of the kitchen on 7/6/26 at 9:28 AM, Staff #15 introduced himself as the Dietary Manager. Later during the tour, Staff #15 reported he was not a Certified Dietary Manager (CDM) but that his boss has a CDM. Staff #15 went on to report that the CDM was there two to three times a week, and there is a dietitian four days a week. On 7/8/26 at 1:44 PM the facility's registered dietitian (RD) #17 was interviewed. RD #17 reported she works four days a week. When asked about her role in the kitchen, RD #17 reported she coordinates with the Dietary Manager, talks a lot about diet texture and supplements. RD #17 confirmed that she had no oversight or management of the kitchen. On 7/8/26 at approximately 4:00 PM surveyor requested the Dietary Manager's credentials from the Nursing Home Administrator (NHA). On 7/9/26 at 10:38 AM review of the documentation provided by the NHA revealed a CDM certificate for Staff # 47. An interview with the NHA revealed that Staff #15 is the Dietary Manager and that the CDM was for Staff #47 who is a corporate person who is only at the facility 1-2 days per week. The NHA went on to report that he thought it was acceptable since they have a full time RD. Surveyor informed the NHA of the interview with RD #17 who had reported working only 4 days per week and that she had reported she has no oversight or management of the kitchen but rather coordination to ensure residents received what they should. On 7/8/26 at 2:00 PM Staff #47 reported he is at this facility once or twice per week. If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. Full-time means working 35 or more hours a week. In States that have established standards for food service managers or dietary managers, the director of food and nutrition services must meet the State requirements for food service managers or dietary managers. The state of Maryland requires in a nursing home with more than 50 beds, overall supervisory responsibilities for the food service department and food production shall be assigned to a full-time qualified dietetic service supervisor. [See S0790]. Review of the definitions section of the state regulations revealed: Dietetic service supervisor means a person who: (a) Is a qualified dietitian; (b) Is a graduate of a dietetic technician program approved by the American Dietetic Association; (c) Is a certified dietary manager who has successfully completed the required course and maintains certification as required by the certifying board for the Dietary Managers Association; (d) Is a graduate of a State-approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian; or (e) Has training and experience in food service supervision and management in a military service equivalent in content to (b) and (d) of this regulation. On 7/14/26 at 11:24 AM surveyor reviewed with the Director of Nursing and the New NHA #10 the concern regarding the failure to ensure the food service director was a CDM. As of time of survey exit on 7/14/26 at 3:10 PM no additional documentation was provided to indicate the RD worked full time or had managerial duties in the kitchen. No credentials were provided for Staff #15. Cross reference to F 803 and F812</p> |                                                                                       |                                                 |

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| F 0803<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, review of menus and medical records and interviews it was determined that the facility failed to ensure menus were followed. This was found to be evident for one out of one pureed test tray observed and has the potential to affect any resident who requires pureed texture foods. The findings include: On 7/09/26 at approximately 4:50 PM observation of dinner tray line revealed three pureed items which were identified by the cook as mashed potatoes, spinach and turkey. Review of the dinner menu for 7/9/26 revealed it included winter blend vegetables and baked macaroni and cheese. Spinach and mashed potatoes were not found on the dinner menu or the alternative menu. On 7/09/26 at approximately 5:00 PM Corporate Chef #47 confirmed the puree vegetable for dinner is spinach and he pointed to the posted menu and reported that the spinach was also served at lunch. He stated it was made at lunch. Corporate Chef #47 also reported they are serving mashed potatoes rather than the mac and cheese for better consistency. Surveyor requested a small portion of the puree items to be provided for a tasting. On 7/09/26 at 5:25 PM taste test of the puree dinner confirmed that it was spinach, mashed potatoes and turkey. Observation and taste test of a regular consistency meal revealed the winter blend vegetables consisted of broccoli and cauliflower rather than spinach. The regular consistency meal also included macaroni and cheese, rather than mashed potatoes. The concern regarding the pureed items not being what was on the menu was discussed with the Corporate Chef #47 at 5:30 PM and with the Nursing Home Administrator on 5:45 PM. On 7/13/26 at 12:35 PM Resident #41's family reported a concern that the resident requires pureed food and that the resident doesn't get the same food as everyone else. The family member went on to state that the food has been all white on the meal tray on occasion. Review of Resident #41's medical record revealed that the resident has a diet order, in place since 6/26/26, for pureed texture. On 7/14/26 at 11:24 AM surveyor reviewed with the Director of Nursing and the New NHA #10 the concern regarding failure to ensure menus were followed.</p> |                                                                                       |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Complete Care at Hagerstown                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>14014 Marsh Pike<br>Hagerstown, MD 21742 |                                                 |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview it was determined that the facility failed to ensure food was stored and prepared in accordance with professional standards for food service safety. This has the potential to affect all residents. The findings include: 1) On 7/6/26 at approximately 9:30 AM surveyor observed a cutting board located by the tray line in the kitchen with multiple cut marks. On 7/10/26 at 10:05 AM surveyor observed, with the Corporate Chef, the cutting located along the tray line in the kitchen. The cutting board was approximately 12 inches x 48 inches and 3/4 inch thick. It was noted to have multiple cut marks on the entire board, and orange stains on both the top and bottom of the board. Corporate Chef acknowledged the cut marks and the stains and stated: can order a new one.2) On 7/6/26 at approximately 9:46 AM surveyor observed in the dishwashing area two trays of cups resting open side down on a flat tray. Upon looking at the inside portion of the cups three out of three cups observed were noted to be wet. The Dietary Manager #15 then instructed staff to put these cups back on a drying rack. On 7/08/26 at 2:00 PM during a follow up visit to the kitchen with Dietary Manager (DM) #15 and the Corporate Chef #47, surveyor again observed cups sitting open side down on a flat tray in the dishwashing area. DM #15 and the Corporate Chef reported these cups are drying, once dried they bring them over to area near tray line. Surveyor then observed cups sitting open side down on flat trays near tray line. Two out of three randomly chosen cups were found to have water inside the cup. Corporate Chef validated this observation.3) On 7/06/26 surveyor observed an ice machine located in the main dining room. No issues or concerns were identified in regard to the cleanliness of this ice machine. The Dietary Manager #15 reported dietary staff are responsible for cleaning this machine weekly. On 7/08/26 at 1:07 PM observation of the nourishment room on the 300 unit revealed an ice machine. Upon opening the ice machine surveyor noted along inner aspect of the door of the ice machine an area of reddish build up with several black splotches. On 7/08/26 at 1:32 PM observation of nourishment room on the 300 unit with Corporate Nurse # 16 also observed the inside of the ice machine with the reddish discoloration. Surveyor then requested documentation regarding when this ice machine was most recently cleaned. On 7/08/26 at 1:36 PM while preparing to empty out the 300-unit nourishment room ice machine, the Maintenance Director #12 reported maintenance cleans the part of the machine that produces the ice, but the kitchen staff cleans the ice bin. On 7/8/26 at 1:39 PM the Dietary Manager #15 reported that dietary staff does not clean the ice machine on the unit. Unit Nurse #16 was present at this time, and she confirmed that the facility only has two ice machines. On 7/08/26 at 2:00 PM during a follow up visit to the kitchen the Dietary Manager (DM) #15 provided a copy of an Ice Machine Cleaning and Sanitation of the BIN log that revealed weekly cleaning of the ice machine for 2025 thru June 2026. DM #15 reported these logs are just for the ice machine in the dining room. Surveyor reviewed the concern with the DM and Corporate Chef regarding the failure to ensure the ice machine on the unit was being cleaned.4) On 7/08/26 at 1:32 PM observation of nourishment room on the 300 unit with corporate nurse # 16 revealed that the refrigerator contained several unlabeled, undated containers of food. Review of the facility policy Food Brought in from Outside Sources and Personal Food Storage revealed that Foods and beverages brought in from outside sources that require refrigeration or freezing will be labeled with the patient/resident's name and date and stored in the refrigerator/freezer apart from facility food. On 7/14/26 at 11:24 AM surveyor reviewed with the Director of Nursing and the New NHA #10 the concerns regarding failure to ensure: cutting board was in good repair; dishes dried completely before storing; the unit ice machine was kept clean and that food in the nourishment room refrigerator was labeled and dated.</p> |                                                                                       |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews it was determined the facility staff failed to ensure MOLST (Medical Orders for Life Sustaining Treatment) forms were voided and filed in the resident records and to ensure medical records were complete and accurately documented. This was evident for 1 (#94) of 4 residents reviewed for Advance Directives and for 1 (Resident #10) of 6 reviewed for accidents. The findings include:</p> <p>1). The MOLST is a portable and enduring form for orders about cardiopulmonary resuscitation and other life-sustaining treatments. It translates the individual's personal health goals into legally binding medical orders that all healthcare providers must follow across all settings. It outlines specific actions for resuscitation, ventilation, intubation, and other life-sustaining treatments and must be filled out and signed by a licensed physician, nurse practitioner, or physician assistant.</p> <p>The Maryland MOLST form consists of 3 pages. Section/page 1 - identifies Cardiopulmonary Resuscitation (CPR) wishes.</p> <p>Sections 2 &amp; 9/page 2 - apply to choices for life sustaining measures other than CPR.</p> <p>Page 3 - instructions for the form which include but are not limited to:</p> <p>Location of Form: Health care facilities and programs shall maintain this order form (or a copy of it) with other active medical orders or in a section designated for MOLST and related documents in the patient's active medical record.</p> <p>To void this medical order form, the physician, NP, or PA shall draw a diagonal line through the sheet, write VOID in large letters across the page, and sign and date below the line. Keep the voided order form in the patient's active or archived medical record.</p> <p>Resident #94's Electronic Medical Record (EMR) was reviewed during investigation of complaint #'s 3012813 and 3066988 on [DATE] at 8:26 AM and revealed:</p> <ul style="list-style-type: none"> <li>- A hyperlink on the Resident #94's face sheet labeled Code Status opened an active MOLST form dated [DATE] and signed by Certified Registered Nurse Practitioner (CRNP) #7. The MOLST indicated NO CPR, Option A-1.</li> <li>- The physician orders revealed an order for FULL CODE written on [DATE].</li> <li>- A MOLST form dated [DATE] signed by Hospital Physician #30 during the resident's most recent hospitalization. This MOLST indicated Resident #94's wishes were Attempt CPR. This MOLST was scanned in the Miscellaneous section of the EMR.</li> </ul> <p>Resident #94 was readmitted to the facility on [DATE].<br/>(continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>The facility failed to ensure the MOLST form dated [DATE] was voided when Resident #94 was readmitted from the hospital with a new MOLST form on [DATE].</p> <p>During an interview on [DATE] at 10:50 AM Respiratory Technician (RT) #31 was asked how she would determine the resident's CPR status if there was more than 1 MOLST form in their medical record. She indicated they are kept by date so it would be the newest one in the EMR. She reviewed Resident #94's EMR with the surveyor and confirmed it contained 2 active, conflicting MOLST forms.</p> <p>An interview was conducted with the Director of Nursing (#2) and Corporate Nurse (#5) on [DATE] at 11:45 AM. When asked to explain the process for MOLST forms, Corporate Nurse #5 indicated: when a resident came from the hospital the practitioner would discuss the MOLST with the Resident/Representative and revise it if needed. The MOLST was scanned into the EMR and the paper copy was put into a MOLST binder located on the unit Crash Cart. She added that the resident's records are completely electronic and the facility does not have paper resident records. She indicated old MOLST's were deleted from the EMR, and the paper copy was removed from the MOLST binder, voided, and placed in a binder maintained by the Social Worker in her office.</p> <p>When asked to clarify when the voided MOLST forms were put into the resident's medical records the DON indicated: we don't keep them in the resident's physical record, they're kept in the Social Work binder. When asked how the MOLST's were retained as part of the resident's medical record, Corporate Nurse #5 replied while looking at the DON: maybe they're uploaded into the shared drive? When asked, Corporate Nurse #5 confirmed that the shared drive is not part of the resident's medical record.</p> <p>They were shown Resident #94's MOLST forms and made aware that the prior MOLST form was not voided when the new MOLST was created; and the facility failed to retain prior (voided) MOLST forms as part of the residents active or archived medical record as required.</p> <p>The Administrator was made aware of these concerns on [DATE] at 3:15 PM.</p> <p>2). Review of Resident #10's medical record revealed the resident sustained a fall on the morning of [DATE] and was sent to the hospital for evaluation.</p> <p>Review of the eInteract Change in Condition Evaluation form, with an effective date of [DATE], revealed it was Struck Out by the Assistant Director of Nursing (ADON #6) on [DATE] at 6:16 PM due to Incomplete documentation. Review of the form revealed it was completed and signed by Nurse #45. This form included, but was not limited to, blood pressure, pulse, and respirations that were obtained on [DATE] at 11:17 AM.</p> <p>On [DATE] at 2:20 PM, the surveyor asked the Director of Nursing (DON) why the [DATE] change in condition evaluation was struck out. DON did not know why and indicated she would have ADON #6 speak with surveyor.</p> <p>On [DATE] at 9:47 AM surveyor review the [DATE] change in condition form with the ADON and (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>asked if she could explain why the assessment was struck out. ADON responded that she was not sure why it was struck out, stating: when I looked through it I couldn't find anything that was incomplete. I believe it was struck out in error. When asked how this would occur, the ADON responded: I don't remember striking it out, I bet there was an incident report that was not completed, if you strike that out it would strike out any assessments imbedded. That is the only other thing I can think about.</p> <p>Further review of the medical record revealed a SNF/NF [skilled nursing facility/nursing facility] to Hospital Transfer Form that was completed by Nurse #45. This form included documentation that a report was called in to the emergency room nurse on [DATE] at 11:42 AM.</p> <p>Review of the hospital discharge paperwork revealed it was printed on [DATE] at 7:46 PM. This indicates the resident was sent back to the facility during the evening of [DATE].</p> <p>During the interview with the ADON on [DATE] at 9:47 AM she confirmed the fall occurred on the morning of [DATE] and that the resident was transferred out in the AM.</p> <p>Further review of the progress notes revealed a note by Physician #46 for a visit conducted on [DATE] at 8:42 PM CT (9:42 PM eastern time). The Primary Chief Complaint was Return from ER.</p> <p>Further review of the SNF/NF [skilled nursing facility/nursing facility] to Hospital Transfer Form revealed documentation that the resident was sent to the hospital on [DATE] at 23:36 (11:36 PM). Review of the Key Clinical Information section revealed vital signs, including blood sugar; blood pressure; heart rate; respiratory rate; temperature; and oxygen saturation levels that were dated [DATE] at 8:00 AM. This form did not include the vital signs that were recorded on the change in condition form on [DATE] at 11:17 AM, which included a low blood pressure of 83/63.</p> <p>On [DATE] at 2:20 PM, the surveyor reviewed with the DON that the [DATE] hospital transfer form, for the fall on [DATE], included vital signs from [DATE]. The DON reported the system pulls the most recent vital sign, not sure why it has pulled the vital signs from the next day.</p> <p>Further review of the EHR revealed the hospital transfer form was initiated on [DATE] but was not locked until the morning of [DATE].</p> <p>On [DATE] at 11:24 AM surveyor reviewed with DON the concern regarding the failure to ensure accurate medical records related to the struck out assessment and the hospital transfer form including documentation of vitals that were obtained after the day after the event.</p> |                                                                                       |                                                 |