

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

Printed: 05/10/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>16218</p> <p>Based on review of medical records and other pertinent documentation and interviews, it was determined that the facility failed to ensure grievances regarding allegations of abuse were immediately reported to the administrator; and failed to ensure documentation of summary of investigation or follow up with the complainant. This was found to be evident for 2 (Resident #87 and #61) out of 37 residents reviewed for abuse during the survey.</p> <p>The findings include:</p> <p>1) Review of Resident #87's medical record revealed the resident was admitted in 2022. Review of a Concern Form, dated 10/5/23, revealed the resident reported missing money from his/her wallet that was kept in the resident's drawer.</p> <p>Review of the facility's form used for grievances revealed they were titled Concern Form and included an area on the top half of the form to document: date, name of resident, room number, name of family member, relationship to resident, person presenting the concern (a check off for: resident, family or other), and description of concern(with lines for text to be added). The bottom portion of the Concern Form had an area to document Notify: which included a check off area for the following: DON [Director of Nursing]; Nursing; Social Services; Housekeeping; Maintenance; Activities; Dietary; Business Office; Rehab; Receptionist; Admissions and Administrator. Following the Notification section was an area labeled Actions to resolve the concern: . which had lines for text to be added. At the bottom of the form there was a line titled Signature and another line titled Administrator's signature. Each of these lines had an area to document the date.</p> <p>No area was found on the Concern Form to document follow up with the resident.</p> <p>Further review of Resident #87's 10/5/23 Concern Form revealed in the Actions to resolve the concern section: lockbox and key to drawer provided. Reported to state and the police.</p> <p>The facility submitted an initial self report to the licensing agency on 10/6/23 regarding this allegation of misappropriation of money. Review of the facility documentation of the investigation revealed the majority of witness statements were obtained 10/11/23 and interviews with other residents were dated 10/12/23.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the Concern Form revealed the Social Service Director (SSD Staff #16) signed the form on 10/5/23, which was the day before the concern was reported to the state. And the Administrator (Staff #1) signed the form on 10/9/23 which was before the investigation was completed.</p> <p>On 12/21/23 at 1:04 PM, the Social Service Director (Staff #16) was interviewed in regard to the Concern Forms. The SSD reported all of the Concern Forms go to her, she makes a copy and puts it in a binder then gives the concern form to the department head and when the completed form was returned she would replace the copy with the original.</p> <p>Review of the facility's Resident Grievance policy, with an effective date of 1/12/2017, revealed in the Procedure section: 6. Resident Notification: The Grievance Official will meet with the resident and inform the resident of the results of the investigation and how the resident's grievance was resolved or will be resolved, if applicable.</p> <p>On 12/22/23 at 11:32 AM the SSD reported that follow up with a complainant would be in a progress note. The SSD also stated that she told the resident there would be an investigation. Review of Resident #87's progress notes revealed a social service note, dated 10/11/23, in which staff informed the resident's family member of the missing money and that there was an active investigation. Further review of the medical record failed to reveal documentation to indicate either the resident or the family member were informed of the outcome of the investigation.</p> <p>On 12/22/23 at 12:14 PM, surveyor reviewed the concern with the current Nursing Home Administrator (Staff #8) that there was no documentation or report that staff followed up with the resident after the investigation was completed.</p> <p>2) Review of Resident #61's medical record revealed the resident was admitted in 2022 and was her/his own responsible party. Review of a Concern Form, dated 10/16/23, revealed the resident reported that staff yelled at them. There were two versions of this Concern Form provided for surveyor review. These two forms were the same except for the documentation in the area to document Actions to resolve the concern: . Both were signed by the SSD in the section labeled Signature, but no date was documented for the SSD signature. Both were signed by the Administrator (Staff #1) on 11/7/23.</p> <p>The facility submitted an initial self report to the licensing agency on 11/8/23 regarding this allegation of verbal abuse. This was more than 3 weeks after the initial report was made by the resident. Review of the facility investigation documentation revealed that witness statements and interviews with other residents were obtained on 11/8/23.</p> <p>Further review of the first version of Resident #61's 10/16/23 Concern Form revealed significantly different hand writing in the Description of concern section and the Actions to resolve the concern section.</p> <p>On 12/21/23 during the 1:04 PM interview, the SSD reported her expectation was that whoever fills out the top portion of the Concern Form should sign in the Signature area. In regard to Resident #61's 10/16/23 Concern Form, the SSD reported that she wrote up the top portion and the unit nurse manager (Staff #3) completed the bottom section (Actions to resolve the concern).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Resident Grievance policy, with an effective date of 1/12/2017, revealed under the Procedure Section 5 Grievance Decision: Upon completion of the review, the Grievance Official will complete a written grievance decision that included the following: the date the grievance was received; a summary of the statement of the resident's grievance; the steps taken to investigate the grievance; a summary of the pertinent findings or conclusions regarding the resident's concerns; a statement as to whether the grievance was confirmed or not confirmed; whether any corrective action was or will be taken; if corrective action was or will be taken, a summary of the corrective action; If corrective action will not be taken, then an explanation of why such action is not necessary; and the date the written decision was issued.</p> <p>After review of the Concern Form, On 12/22/23 at 12:14 PM, the current Nursing Home Administrator (Staff #8) reported that the person completing the summary (Actions to resolve the concern section) should be the one that signs at the bottom of the form. Surveyor then reviewed that Resident #61's form was signed by SSD (Staff #16) but SSD reported the unit nurse manager was the one that wrote the summary.</p> <p>Further review of the medical record and the two versions of Resident #61's 10/16/23 Concern Forms failed to reveal documentation to indicate that facility staff followed up with the resident after the investigation was completed.</p> <p>Review of the facility's Resident Grievance policy, with an effective date of 1/12/2017, revealed: If the grievance included an allegation of abuse, neglect, mistreatment, exploitation or misappropriation of resident property, the Grievance Official will immediately notify the Administrator and the allegation will be reported, investigated and addressed in accordance with the facility's Abuse, Neglect, Exploitation & Misappropriation of Resident Property policy.</p> <p>On 12/21/23 during the 1:04 PM interview with the SSD, when asked if she considered the allegation in the 10/16/23 concern form to be an abuse allegation, the SSD reported she did not at the time but now knows that it was</p> <p>On 12/22/23 at 12:10 PM, surveyor reviewed with the current Nursing Home Administrator (NHA Staff #8) that the Concern Form, dated 10/16/23, indicated an allegation of abuse that was not reported to the licensing office or investigated until 11/8/23. After review of the Concern Form, which showed the 10/16/23 date and previous administrator's (Staff #1) signature on 11/7/23, the current NHA stated: No comment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>48470</p> <p>Based on record reviews and interviews, it was determined that the facility failed to protect a resident from abuse. This was evident for 1 (Resident #11) of 37 residents reviewed for abuse.</p> <p>The findings include:</p> <p>Resident #11 had been residing in the facility for more than a year. On 12/4/23 at 1:11 PM, Resident #11 was interviewed and reported that one geriatric nursing assistant (GNA staff #50) was mouthy and refused to change him/her. Resident #11 stated she looked in here and made an issue that she wouldn't change me, and she didn't. This was last Friday. Another girl came in and changed me.</p> <p>On 12/4/23 at 3:14 PM, the nursing home Administrator (NHA staff #1) reported to the surveyors that it was brought to his attention that there was an allegation of an employee to resident abuse and that a facility reported incident (FRI) has been initiated and the involved GNA was suspended pending investigation.</p> <p>On 12/11/23 at 10:21 AM, Resident #11's medical records were reviewed and revealed that the resident was cognitively intact, always incontinent for bowel and bladder, and required 2 or more persons for extensive physical assistance for toileting and transfers.</p> <p>On 12/19/23 at 12:51 PM, the investigation packet regarding the FRI was provided by the facility. A review of this investigation packet revealed a witness statement from the resident's roommate corroborating Resident #11's allegation and also identifying the same staff. Based on the facility's investigation, the allegation of abuse was substantiated and the GNA staff #50 was terminated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>48470</p> <p>Based on review of medical records and other pertinent documentation and interviews, it was determined that the facility failed to ensure allegations of abuse were reported in a timely manner. This was found to be evident for 3 (Resident #31, #61, #86) of 37 residents reviewed for abuse during the survey.</p> <p>The findings include:</p> <p>1) Resident #31 has been residing in the facility since 2021. On 12/15/23 at 9:12 AM, a facility reported incident (FRI) related to MD00190005 for misappropriation of resident property was reviewed and revealed that it was reported by Resident #31 him/herself on 3/1/23 using the facility's Concern Form. Based on this form, it was documented that the Nursing Home Administrator (NHA), Director of Nursing (DON), and Social Services (SS) were notified on the same day. The email confirmation sent by the NHA dates the initial report as being sent on 3/7/23 at 2:47 PM.</p> <p>On 12/18/23 at 3:41 PM, the current NHA (staff #8) was interviewed about his process when there was an allegation of misappropriation of resident property. Staff #8 indicated that he would report the incident within 2 hours, continue his investigation, and submit a 5-day follow up report. The investigation documents submitted by the facility were reviewed with Staff #8 and he affirmed that the initial report was sent on 3/7/23. The surveyors discussed the concern with the current NHA (staff #8) that he received the report of the allegation on 3/1/23 and had not submitted his initial report until 3/7/23. Staff #8 acknowledged the surveyor's concern and indicated that he would try to get more information regarding the incident.</p> <p>On 12/19/23 at 11:26 AM, Staff #8 reported no additional information regarding the incident was found and confirmed the submission of the initial report on 3/7/23.</p> <p>16218</p> <p>2) Review of Resident #61's medical record revealed the resident was admitted in 2022 and was her/his own responsible party. Review of a Concern Form, dated 10/16/23, revealed that the resident reported staff yelled at them. There were two versions of this Concern Form provided for surveyor review. Both were signed by the Social Service Director (SSD Staff #16) in the section labeled Signature but no date was documented for the SSD signature. Both were signed by the former NHA (Staff #1) on 11/7/23.</p> <p>The facility submitted an initial self report to the licensing agency on 11/8/23 regarding this allegation of verbal abuse. This was more than 3 weeks after the initial report was made by the resident. Review of the facility investigation documentation revealed witness statements and interviews with other residents were obtained on 11/8/23.</p> <p>On 12/21/23 at 1:04 PM, when asked if she considered the allegation in the 10/16/23 concern form to be an abuse allegation, the SSD reported that she did not know at the time, but is now aware that it was abuse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility Abuse, Neglect & Misappropriation Policy revealed in Section VII Reporting of Incidents and Facility Response 1a. If the events that cause the allegations involve abuse and/or serious bodily injury the self-report must be made immediately, but not later than two (2) hours after the allegation is made.</p> <p>On 12/22/23 at 12:10 PM surveyor reviewed with the current NHA (Staff #8) that the Concern Form dated 10/16/23 indicated an allegation of abuse but was not reported to the state or investigated until 11/8/23. After review of the Concern Form which showed the 10/16/23 date and the previous NHA (Staff #1) signature on 11/7/23, the current NHA stated: No comment.</p> <p>37276</p> <p>3) On 12/15/23 at 12:30 PM, a review of facility reported incident MD00199566 revealed that, on 11/7/23, Resident #86 reported to facility staff that his/her wallet, along with \$40 dollars and credit cards was missing. The facility's investigation included an Incident Initial Report Form that documented Resident #86 informed staff that his/her wallet was missing on 11/7/23 at 5:00 PM and the administrator was also notified at that time. The facility's initial self-report documented that the report was submitted to the state office on 11/8/23, and the email confirmation of the facility's initial self-report submission to the state office was dated 11/8/23 at 2:01 PM.</p> <p>The facility failed to ensure that an allegation of misappropriation of resident property was reported to the state office immediately, but not later than 2 hours after the allegation was made.</p> <p>The NHA (Staff #1) was made aware of the concerns related to the timely reporting of an allegation of misappropriation of property on 12/15/23 at 4:51 PM, and the NHA offered no further comments at that time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>48470</p> <p>Based on records review and interviews, it was determined that the facility failed to conduct a thorough investigation regarding a misappropriation of property allegation. This was evident in 1 (Resident #31) of 37 residents reviewed for abuse. The findings include:</p> <p>On 12/15/23 at 9:12 AM, a facility reported incident (FRI) related to MD00190005 was reviewed and revealed that an allegation of misappropriated property was reported by Resident #31 using the facility's Concern Form on 3/1/23. According to the Concern Form, the Nursing home Administrator (NHA), Director of Nursing (DON), and Social Services (SS) were all notified on the same day.</p> <p>On 12/15/23 at 9:21 AM, further review of the FRI revealed an interview conducted by the NHA (staff #8) with Resident #31 on 3/3/23. No other interviews were found regarding this allegation of missing property.</p> <p>On 12/18/23 at 12:30 PM, the Social Services Director (SSD staff #16) was interviewed about her process when she received a report about misappropriation of property or abuse. The SSD reported that she would notify the NHA and local authorities about the allegations and document her actions in the resident's progress notes, but in this particular case with Resident #31, the SSD indicated that she forgot to document in his/her progress notes.</p> <p>On 12/18/23 at 1:10 PM, further review of the medical record revealed a progress note with an effective date of 3/6/23, which was entered as a late entry on 3/20/23 by the Social Services Assistant (SSA staff #22) which stated, Resident turned in a list of missing items including a laptop. With the resident's permission the room was searched, no laptop was found. Upon further investigation the laptop was not inventoried, then resident stated No one knew that I had a laptop. Not able to substantiate missing items, resolution was communicated to the resident. Resident #31's medical record also revealed that s/he was out of the facility from 3/3/23 until 3/13/23. The SSA was interviewed about the progress note she had documented for 3/6/23. She reported that she was told by the NHA (staff #8) on what to document and stated, He told me what to say, so that's what I wrote in my note.</p> <p>On 12/18/23 at 3:41 PM, the investigation packet submitted by the facility was reviewed with the NHA (staff #8). He confirmed that he interviewed the resident on 3/3/23. Staff #8 was also asked if he interviewed any staff regarding Resident #31's missing belongings to which he replied, From my recollection, there was. The surveyors discussed the concern with Staff #8 that after reviewing Resident #31's medical records and the investigation documents provided by the facility regarding this allegation, no documentation was found to indicate staff or other resident interviews were conducted regarding this allegation. The NHA acknowledged the concern of the surveyors and indicated that he would try to get more information.</p> <p>On 12/19/23 at 11:26, the NHA (staff #8) reported that no additional information or interviews were found regarding this FRI. As of time of survey exit on 12/22/23 at 4:38 PM, no additional documentation was provided regarding this concern.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>37276</p> <p>Based on medical record review and resident and staff interviews, it was determined the facility 1) failed to ensure resident care plans were reviewed and revised by the interdisciplinary team after each assessment, and 2) failed to ensure that a resident and resident representative, if applicable, had the opportunity to participate in the development, review, and revision of the resident's care plan after each assessment. This was evident for 4 (#84, #81, #83, #26) of 5 residents reviewed for care plan timing and revision.</p> <p>The findings include:</p> <p>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. The resident's care plan must be reviewed by the interdisciplinary team (IDT) after each assessment, except discharge assessments, and revised based on changing goals, preferences and needs of the resident and in response to current interventions.</p> <p>Resident and resident representative participation in care planning can be accomplished in many forms such as holding care planning conferences (meetings), holding conference calls or video conferencing.</p> <p>The MDS (Minimum Data Set) is a complete assessment of the resident which provides the facility with the 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.</p> <p>1) Interviews conducted as part of the resident pool sample selection process of the survey, revealed residents who indicated they had not participated in care plan meetings and had not participated in the planning of their care plan.</p> <p>On 12/3/23 at 12:11 PM, during an interview, when asked if the resident participated in care plan meetings and planning his/her care plan, Resident #84 stated s/he did not think s/he had ever been to a care plan meeting.</p> <p>On 12/4/23 at 10:08 AM, during an interview, when asked if s/he participated in care plan meetings and planning his/her care, Resident #81 stated s/he could only recall attending a care plan in November 2022, and a meeting a couple months ago.</p> <p>On 12/5/23 at 10:16 AM, during an interview, when asked if s/he participated in care plan meetings and planning his/her care plan, Resident #83 stated that they had attended a care plan meeting this year, could not recall if s/he had been invited to any other care plan meetings since the resident's admission to the facility.</p> <p>On 12/5/23 at 10:26 AM, when asked whether the resident participated in care plan meetings and planning his/her care plan, Resident #26 indicated that as far as the resident knew, s/he had not attended care plan meetings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 12/11/23 at 1:53 PM, the Social Service Director (SSD Staff #16) stated she was responsible for scheduling and attending resident care plan meetings on the 2nd floor and Social Service Assistant (SSA staff #22), was responsible for the care plan meetings with residents on the 1st floor. the SSD indicated that capable residents were given a written invitation to their care plan meeting as well as any family members the resident wanted to invite. When the resident was not capable, the written invitation would be mailed to the resident's representative (RP) and the SSD would call the representative on the day of the care plan meeting. The nurse unit manager (UM Staff #4) stated that the resident's care plan meeting would be documented in the care conference notes in the resident's electronic medical record (EMR).</p> <p>When asked who was responsible for evaluating resident care plans, the SSD stated the social services evaluated social service care plans but wasn't sure how nursing evaluated their care plans.</p> <p>During an interview, on 12/11/23 at 2:40 PM, the SSA stated that she tried to hold a resident's care plan meeting every 3 months, that sometimes the meetings would be scheduled around the resident's assessment, and sometimes they were a little before or after the assessment. the SSA stated that social services, the resident, the RP, the UM, activities, the dietician, when available, and therapy, if applicable attended the care plan meetings and attendance records were kept and if the resident didn't want to attend the meeting, it would be documented. At that time, the guidance related to the timing of care plan conferences and evaluation of the care plan was discussed with the SSA.</p> <p>2) On 12/12/23 at 3:15 PM, a review of Resident #84's medical record revealed a quarterly assessment with an Assessment Reference Date (ARD) of 11/1/23 that documented Resident #84's Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was cognitively intact.</p> <p>Further review of Resident #84's medical record failed to reveal documentation to indicate that a care plan conference had been conducted with the resident and/or representative following Resident #84's quarterly assessment on 11/1/23. There was no documentation that Resident #84 and/or resident representative had been provided with a notice of a care plan conference or an explanation that it was not practicable for the resident or resident representative to participate in the development of the resident's care plan</p> <p>In addition, Resident #84's medical record failed to reveal documentation to indicate the resident's care plan had been reviewed by the IDT and revised based on changing goals, preferences and needs of the resident and in response to current interventions following the resident's 11/1/23 assessment.</p> <p>3) On 12/12/23 at 5:54 PM, a review of Resident #81's medical record revealed the resident's most recent quarterly assessment with an ARD of 9/16/23 that documented Resident #81's BIMS score was 15. Further review of Resident #81's medical record failed to reveal documentation to indicate a care plan conference had been conducted with the resident and/or representative following Resident #81's quarterly assessment on 9/16/23. There was no documentation that Resident #81 and/or resident representative had been provided with notice of a care plan conference or an explanation that it was not practicable for the resident or resident representative to participate in the development of the resident's care plan</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In addition, Resident #81's medical record failed to reveal documentation to indicate the resident's care plan had been reviewed by the IDT and revised based on changing goals, preferences and needs of the resident and in response to current interventions following the resident's 9/16/23 assessment.</p> <p>4) On 12/12/23 at 7:05 PM, a review of Resident #26's medical record revealed the resident's most recent assessment with an ARD of 11/8/23 documented Resident #26 had a BIMS of 15.</p> <p>Continued review of Resident #26's medical record failed to reveal documentation to indicate a care plan conference had been conducted with the resident and/or representative following Resident #26's quarterly assessment on 11/8/23.</p> <p>Continued review of Resident #26's medical record failed to reveal documentation to indicate that Resident #26's care plans had been reviewed by the IDT, with no nursing documentation found to indicate that Resident #83's care plans had been reviewed and revised as applicable in the time following Resident #26's 11/8/23 quarterly assessment.</p> <p>5) On 12/13/23 at 10:00 AM, a review of Resident #83's medical record revealed a quarterly assessment with an ARD of 7/25/23 that documented Resident #83's BIMS score was 15. Further review of Resident #83's medical record failed to reveal documentation to indicate a care plan conference had been conducted with the resident and/or representative following Resident #83's quarterly assessment on 7/25/23. There was no documentation that Resident #83 and/or resident representative had been provided with notice of a care plan conference or an explanation that it was not practicable for the resident or resident representative to participate in the development of the resident's care plan.</p> <p>Resident #83's medical record review failed to reveal documentation to indicate that in the time following the resident's 7/25/23 quarterly assessment, Resident #83's care plans had been reviewed by the IDT. There was no nursing documentation found to indicate that Resident #83's care plans had been reviewed by nursing and revised based on the resident's changing goals, preferences and needs and in response to current interventions.</p> <p>Further review of Resident #83's medical record review revealed a quarterly assessment with an ARD of 10/25/23 which documented Resident #83's BIMS score was 15. Continued review of Resident #83's medical record failed to reveal documentation to indicate a care plan conference had been conducted with the resident and/or representative following Resident #83's quarterly assessment on 10/25/23. There was no documentation that Resident #83 and/or resident representative had been provided with notice of a care plan conference or an explanation that it was not practicable for the resident or resident representative to participate in the development of the resident's care plan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/13/23 at 11:08 AM, during an interview, the UM (Staff #4) stated that a resident care plans would be reviewed during the resident's care conference and updated as changes occurred. Staff #4 stated that during the care plan conference, how the resident was doing would be discussed, and whether the resident had any plans for discharge. Staff #4 stated that concerns were discussed with the IDT, that nursing issues were discussed by nursing and activities were discussed by activity staff. When asked if all care plans were reviewed during the care conference and revised based on changing goals, preferences and needs of the resident, Staff #4 stated that not all of the resident's care plans would be reviewed during a care conference. Staff #4 stated that the care plan would be reviewed if there was a change in the resident's status, such as a fall, then the care plan would then be reviewed, and interventions added. Staff #4 stated that nursing did look at care plans, but not at any specific routine time, and that nursing did look at the resident care plans during the care conference meeting. At that time, Staff #4 stated that when nursing reviewed a resident's care plans, the nurse would document the care plan review in the resident's progress notes or in a care plan note.</p> <p>On 12/13/23 at 11:33 AM, Staff #4 was made aware of the above concerns related to failing to ensure resident care plans were reviewed and revised by the IDT after each assessment and failing to ensure that a resident and resident representative, if applicable, had the opportunity to participate in the development, review and revision of his/her care plan after each assessment.</p> <p>The above concerns were discussed with the Nursing Home Administrator (NHA staff #1), the Assistant Director of Nurses (ADON) and the Infection Preventionist were made aware of the concerns related to the timing of resident care plan conferences, and the evaluation of care plans on 12/15/23 at 4:51 PM. The NHA offered no further comments at that time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Hagerstown Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 750 Dual Highway Hagerstown, MD 21740	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>40927</p> <p>Based on record review and interview, it was determined that staff failed to ensure that residents were given assistance with activities of daily living (ADL which include but are not limited to showering, bathing, personal hygiene, dressing, and toileting) as needed. This was evident for 1 (#99) of 3 residents reviewed for ADL care.</p> <p>The findings include:</p> <p>An interview was conducted with a complainant on 12/5/23 at 1:22 PM regarding Resident #99's care. They revealed that, when they had visited the resident on several occasions at the beginning of the resident's admission to the facility, the resident appeared unkempt and had an odor. The complainant reported that she would take the resident home a couple times a week to allow the resident to get a shower and shave. She reported the resident was able to shower, dress, and shave independently, but needed a reminder to do so and determine which clothes were clean. The family member reported that the facility staff had hung a sign in the resident's room reminding him/her to take a shower, however, the resident still needed someone to tell him/her to do it.</p> <p>A medical record review on 12/19/23 at 3:28 PM for Resident #99 revealed a Minimum Data Set (MDS), with an assessment reference date of 6/27/23, that document in section C that the resident had severely impaired cognitive function. In section G, staff documented that the resident required staff supervision and cuing to bath, dress, and perform personal hygiene. A nurse practitioner's note, dated 12/9/23, revealed the resident had suffered a traumatic brain injury.</p> <p>On 12/21/23 at 1:13 PM, a review of the Geriatric Nursing Assistant (GNA) documentation for care provided for Resident# 99 revealed that, between 6/20/23 through 7/5/23, the resident had 4 bed baths and 1 shower. Staff had documented that the resident refused bathing on 6/24/23 and 6/30/23 and the remaining 9 days were marked N/A (not applicable) or left blank. Between 7/6/23 and 7/21/23, the resident had 1 bed bath and 1 shower. Staff documented 3 refusals of care on 7/6/23, 7/10/23, and 7/13/23, however, the other 11 days were left blank. Between the dates of 7/22/23 and 8/6/23, the resident had 4 showers and 1 bed bath. The remaining 11 days were left blank. Between 8/7/23 and 8/22/23, the resident had 4 showers, 1 refusal, and the remaining 11 days were left blank. Between 8/23/23 and 9/7/23, the resident had 2 showers, 3 refusals, and the remaining 11 days were either marked N/A or left blank.</p> <p>On 12/20/23 at 9:40 AM, the findings were reviewed with the Director of Nursing (DON). She reported that if staff had not documented that baths or showers were given then that meant they had not been given. Furthermore, she was made aware that family members were taking the resident home to provide showers and personal hygiene. The DON stated that this was unacceptable and that she would look into it. The DON had not reported any additional information by the time of exit.</p>		