

State-Owned Nursing Homes

Health General Article, Section 19-14C-02(b)

Office of Health Care Quality
Maryland Department of Health

January 14, 2025



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 9, 2025

The Honorable Wes Moore
Governor
100 State Circle
Annapolis, MD 21401-1925

The Honorable Bill Ferguson
President of the Senate
100 State Circle
Annapolis, MD 21401-1991

The Honorable Adrienne Jones
Speaker of the House
100 State Circle
Annapolis, MD 21401-1991

Re: Health-General Article §19-14C-02(b) - Office of Health Care Quality Report on State-Owned Nursing Homes (MSAR # 15441)

Dear Governor Wes Moore, President Ferguson, and Speaker Jones:

Pursuant to the requirements of Health-General Article §19-14C-02(b), the Maryland Department of Health (MDH) respectfully submits the Office of Health Care Quality's (OHCQ) report on State-Owned Nursing Homes - Deficiencies, Citations, and Fines - Reporting Requirements, resulting from SB712/HB938 from the 2024 legislative session.

On or before January 1 each year, beginning in 2024, the Department shall report to the Governor and the General Assembly on all federal and State: (1) Survey activities conducted during the immediately preceding 12-month period at each State-owned nursing home that is operated by a contractor; and (2) Enforcement actions imposed during the immediately preceding 12-month period on each State-owned nursing home that is operated by a contractor.

On behalf of the Maryland Secretary of Health, OHCQ issues state licenses that authorize the operation of certain health care facilities or programs in Maryland, such as nursing homes. The state licensure requirements establish the minimum health and safety requirements to obtain and maintain a license to operate in Maryland.

OHCQ reports that there is only one State-owned nursing home, Charlotte Hall Veterans Home (CHVH), that is operated by a contractor and is overseen by the Maryland Department of Veterans and Military Families (MDVMF). CHVH is located in St. Mary's County and is licensed by OHCQ.

During the 12-month time frame preceding this report, November 1, 2023, to November 1, 2024, OHCQ conducted a resident fund survey at CHVH on July 22, 2024. The Statement of Deficiencies and the Provider Plan of Correction from the resident fund survey is attached to this report. Please know that OHCQ has not issued any other enforcement actions to CHVH during this same time frame.

If you have any questions or comments concerning the report, please contact Sarah Case-Herron, Office of Governmental Affairs, at sarah.case-herron@maryland.gov

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott".

Laura Herrera Scott, MD, MPH
Secretary

cc: Nilesh Kalyanaraman, MD, Deputy Secretary, Public Health Services
Sarah Case-Herron, JD, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies)

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2024
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NAME OF PROVIDER OR SUPPLIER CHARLOTTE HALL VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 29449 CHARLOTTE HALL ROAD CHARLOTTE HALL, MD 20622
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S6480	<p>10.07.09.18 F (1) Protect res funds;estab res acct</p> <p>.18 Protection of a Resident's Personal Funds.</p> <p>F. Establishment of Resident Accounts. When a nursing facility manages a resident's financial affairs, the nursing facility shall establish and maintain a system that:</p> <p>(1) Ensures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the nursing facility; and</p> <p>This Regulation is not met as evidenced by: Based on a record review, the facility failed to maintain a full, complete accounting of funds according to generally accepted accounting principles of residential personal funds. This was evident for (6) negative interest-bearing accounts managed by the facility found on the Trial balance reports reviewed during the survey. This deficient practice affected 100% of the residential fund accounts managed by the facility.</p> <p>The findings include:</p> <p>On 7/22/24 at 10:26 am, the surveyor received (6) Trial Balance reports from the Administrator (ADMIN). The reports list residential accounts managed by the facility, and the (6) negative accounts reviewed during the survey revealed the following:</p> <p>A trial balance report dated 12/17/23- 2(out of</p>	S6480	<p>A deposit has been made into 6 Resident Fund Accounts reversing the negative balance. Lost interest in the trust account has been accounted for in the Resident Fund Accounts.</p> <p>All residents with trust accounts have the potential to be affected</p> <p>The Administrator or designee will in-service business office staff regarding the new policy.</p> <p>The Resident Trust Fund Specialist or designee will audit resident trust accounts monthly for six months to evaluate whether any trust account has incurred a negative balance and will initiate corrective action for any identified accounts.</p> <p>The results of these audits will be reviewed by the Business Office Manager or designee monthly for additional action if necessary. The Business Office Manager will provide the results of the monthly audit to the Quality Assurance Committee for review and action as appropriate for six months.</p>	08/05/2024

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

Donna Bailey Nelson

TITLE

Administrator

08/14/2024

Office of Health Care Quality

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S6480	<p>Continued From page 1</p> <p>158) accounts appeared with a negative.</p> <ol style="list-style-type: none"> Resident #1 had a negative balance of \$52.99. Resident #2 had a negative balance of \$5,550.58. <p>A trial balance report dated 11/30/23- 2(out of 160) accounts appeared with a negative.</p> <ol style="list-style-type: none"> Resident #1 had a negative balance of \$52.99. Resident # 2 had a negative balance of \$5,550.58. <p>A trial balance report dated 10/01/23- 2(out of 160) accounts appeared with a negative.</p> <ol style="list-style-type: none"> Resident # 3 had a negative balance of \$881.00. Resident #4 had a negative balance of \$3,581.32. <p>A trial balance report dated 01/01/24 - 2(out of 158) accounts appeared with a negative.</p> <ol style="list-style-type: none"> Resident #1 had a negative balance of \$52.99. Resident #2 had a negative balance of \$5,550.58. <p>A trial balance report dated 04/13/24- 3(out of 157) accounts appeared with a negative.</p> <ol style="list-style-type: none"> Resident #1 had a negative balance of \$52.99. Resident #5 had a negative balance of \$6,233.69. Resident #6 had a negative balance of \$1,382.52. <p>On 07/22/24 at 11:00 am, in an interview with the ADMIN, the surveyor asked for an explanation for the negative balances. The ADMIN consulted with</p>	S6480	This page has been intentionally left blank.	

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Office of Health Care Quality

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S6480	<p>Continued From page 2</p> <p>the Director of Financial Services and returned with Residential Statements for the negative accounts. The Residential statements: a listing of debits and withdrawals indicated debits returned due to insufficient funds for the (6) accounts.</p> <p>This deficiency was confirmed by the Director of Financial Services and acknowledged by the Administrator during the exit interview conference.</p>	S6480	This page has been intentionally left blank.	

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