

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215137</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BAYLEIGH CHASE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>501 DUTCHMAN'S LANE EASTON, MD 21601</b>	
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 0687  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate foot care.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, medical record review and interview, the facility failed to obtain a podiatry consultation as ordered by the physician for Resident #1. This is evident for 1 of 3 residents selected for review during the COVID-19 Focused Survey. The findings include: Resident #1 who has a [DIAGNOSES REDACTED]. Resident #1 did not have on slippers or socks with gripper soles. Resident #1 had discolored toenails greater than 1/4 inch over the nail bed on both feet. Resident #1's care plans were reviewed and indicated that Resident #1 has impaired cognition and usually needs assistance dressing. The care plans further stated Resident #1 required skin inspections and to report any changes. Review of Resident #1's medical record on 9-14-2020 revealed that on 8-12-2020 the physician ordered podiatry consult and treat as needed. The facility staff failed to obtain a podiatry consultation as ordered by the physician to treat Resident #1's toenails. This finding was confirmed by the DON on 9-14-2020 at 10:50 AM.		

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

TITLE

(X6) DATE

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.