NORTHAMPTON MANOR NURSING AND REHABILITATION CENTE

Report ID: CCN 215217
Generated: 2026-07-23T17:37:21.062Z

§ 1 Facility Identity

Facility	NORTHAMPTON MANOR NURSING AND REHABILITATION CENTE
CCN	215217
Location	200 EAST 16TH STREET, FREDERICK, MD, 21701
Ownership type	For profit - Corporation
Certified beds	196

§ 2 CMS Federal Record

Civil money penalties on file	$16,562
Deficiency citations — current cycle	34 (3300% vs prior 24 months (1))
Deficiency citations — prior 24 months	1
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	SFF candidate
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	$16,562
MD state average	$22,972 (this facility is 0.7× the MD average)
National average	$31,239 (this facility is 0.5× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 34 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F730	Observe each nurse aide's job performance and give regular training.	F	Standard survey
F732	Post nurse staffing information every day.	F	Standard survey
F880	Provide and implement an infection prevention and control program.	F	Standard survey
F887	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.	F	Standard survey
F941	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.	F	Standard survey
F942	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.	F	Standard survey
F944	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.	F	Standard survey
F949	Provide behavior health training consistent with the requirements and as determined by a facility assessment.	F	Standard survey
F607	Develop and implement policies and procedures to prevent abuse, neglect, and theft.	F	Complaint
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	F	Complaint
F610	Respond appropriately to all alleged violations.	F	Complaint
F835	Administer the facility in a manner that enables it to use its resources effectively and efficiently.	F	Complaint
F943	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.	F	Complaint

F641	Ensure each resident receives an accurate assessment.	E	Standard survey
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	E	Standard survey
F759	Ensure medication error rates are not 5 percent or greater.	E	Standard survey
F580	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.	E	Complaint
F740	Ensure each resident must receive and the facility must provide necessary behavioral health care and services.	D	Complaint
F584	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.	D	Standard survey
F679	Provide activities to meet all resident's needs.	D	Standard survey
F685	Assist a resident in gaining access to vision and hearing services.	D	Standard survey
F688	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.	D	Standard survey
F692	Provide enough food/fluids to maintain a resident's health.	D	Standard survey
F712	Ensure that the resident and his/her doctor meet face-to-face at all required visits.	D	Standard survey
F758	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.	D	Standard survey
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals	D	Standard survey

	must be stored in locked compartments, separately locked, compartments for controlled drugs.		
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	D	Standard survey
F842	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.	D	Standard survey
F908	Keep all essential equipment working safely.	D	Standard survey
F940	Develop, implement, and/or maintain an effective training program for all new and existing staff members.	D	Standard survey
F945	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.	D	Standard survey
F600	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	D	Complaint
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	D	Complaint
F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	D	Complaint

§ 5 Ownership & Chain Context

Ownership record	Chain: FUNDAMENTAL HEALTHCARE (68 facilities); Owner on file: MARYLAND LONG TERM CARE LLC (organization)
Ownership chain	FUNDAMENTAL HEALTHCARE (68 facilities)
Penalties vs chain average	$16,562 vs $34,076 (0.5× the chain average)
Current deficiencies vs chain average	34 vs 9.7 (3.5× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 3.1 · US avg 3)
Health inspection	1 / 5 (state avg 2.8 · US avg 2.8)
Staffing	4 / 5 (state avg 3.2 · US avg 2.9)
Quality measures (QM)	3 / 5 (state avg 3.9 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/215217
Snapshot SHA-256	a7b27e1f31483e53e352baf5c8928b6e94f141a2c7b28a0f74d29c7f5b819f2a
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 215217.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash a7b27e1f3148.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

CareSentinel operates as an independent legal-advertising service, not a law firm, and does not recommend, endorse, or vouch for any attorney (ABA Model Rule 5.4). This document restates the public federal record only; it is not legal advice and forms no attorney-client relationship. Inspection findings are point-in-time CMS survey results, not a determination that any specific resident was harmed.