

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER St. Mary's Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 21585 Peabody Street Leonardtown, MD 20650	

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 0684</p> <p>Level of Harm - Minimal harm 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>51490</p> <p>Based on complaint, review of medical records, and staff interview, it was determined that the facility failed to transcribe a physician's order that directed nurses to obtain a wound care consult for a resident. This was evident for 1 (Resident #313) out of 40 sampled residents reviewed during the survey.</p> <p>The findings include:</p> <p>Review of complaint MD00211390 and Resident # 313's medical record on 11/20/24 at 1:55pm revealed the following: A change in skin note dated 10/5/24, which stated moisture associated skin damage between buttocks. A new order was given by the physician to turn the resident every 2 hours and obtain a wound care consult.</p> <p>Further review of the medical record on 11/20/24 at 3pm failed to reveal a wound consultation was done.</p> <p>During interview with the Director of Nursing on 11/21/22 at 2pm she stated the nurse failed to carry over the order for the wound consultation; therefore, it was missed.</p> <p>During interview with the Quality Assurance Nurse on 11/21/24 at 2:10pm she stated all nursing staff were re-in serviced on the transcription of physician orders.</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
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