

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observations and interviews it was determined that the facility failed to provide a resident with a reasonable accommodation of need. This was found evident of 3 out of the 4 observations made in Resident #1's room.</p> <p>The findings include:</p> <p>On 4/10/25 at 11:42 AM, the surveyor interviewed Resident #1. During the interview Resident #1 stated that his/her clock was not working and that the time had been off for some time. He/She further stated that he/she had asked a staff member to fix it but they had not fixed it yet.</p> <p>On 4/11/25 at 12:48 PM, the surveyor observed Resident #1's clock not working again. The surveyor asked the Nursing Home Administrator (NHA), who was in the hallway, to observe the clock not working. The NHA stated that he would have the clock fixed.</p> <p>On 4/14/25 at 12:17 PM, the surveyor observed Resident #1's clock. Again, the clock was not working. The surveyor informed the Director of Nursing (DON) about the Resident #1's clock not working. The DON stopped the Maintenance Director in the hall and informed him about the clock. The Maintenance Director stated that he would fix the clock and that he had another clock to fix, too.</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: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |
| 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, it was determined the facility staff failed to provide housekeeping and maintenance services necessary to maintain a safe, clean, comfortable and homelike environment. This was evident for 2 ([NAME] view and [NAME]) of 4 units observed during the annual survey.</p> <p>The findings include:</p> <p>1a) On 4/10/25 at 9:36 AM, the surveyor observed crumbs, debris, and mouse dropping along the back corner wall for Resident #68's room located on the [NAME] View Unit.</p> <p>On 4/11/25 at 12:31 PM, the surveyor interviewed the Nursing Home Administrator (NHA). The surveyor asked if housekeeping had cleaned the resident's room yet. He stated he believed so. Next the surveyor escorted the NHA to Resident #23's room. The NHA observed the crumbs, debris, and mouse droppings that the surveyor observed the day before. The NHA stated he would have the room cleaned up immediately.</p> <p>1b) On 4/10/25 at 11:25 AM, the surveyor observed room [ROOM NUMBER] in the [NAME] Unit and noted a rectangular cardboard like plank board placed over cracked drywall, and a wooden board above the air conditioning unit in the wall.</p> <p>On 2/15/25 at 8:31 AM, the surveyor observed room [ROOM NUMBER]'s air conditioner wall unit (on the [NAME] Unit). On observation there was a gap at the top of the air conditioner where the surveyor could see light coming in from the outside.</p> <p>On 2/15/25 at 8:33 AM, the surveyor observed room [ROOM NUMBER]'s air conditioner wall unit (on the [NAME] Unit). The surveyor observed a rough notch protruding from the metal edging along the perimeter of the air conditioner unit.</p> <p>On 4/17/25 at 9:04 AM, the surveyor informed the Nursing Home Administrator (NHA) about the observations. The NHA stated that the facility would be assessing all air conditioner units in the facility for needs of repair.</p> <p>1c) On 4/15/25 at 8:29 AM, the surveyor observed the bathroom in room [ROOM NUMBER] in the [NAME] Unit. During the observation the surveyor noted the vent in the ceiling had a collection of what appeared to be accumulated dust.</p> <p>On 4/17/25 at 9:04 AM, the surveyor asked the Nursing Home Administrator (NHA) to observe room [ROOM NUMBER] and room [ROOM NUMBER], both which had a layer of accumulated dust in the bathroom vents. The NHA agreed that the vent should be cleaned and stated he would take care of the issue.</p> <p>2a) On 4/11/25 at 10:04 AM, an observation was made in room [ROOM NUMBER]. On the wall there was a thermostat that was uncovered with wires/coils exposed.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |
| 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 4/14/25 at 10:30 AM, an interview with the Maintenance Director (Staff #1) was conducted. When asked about the thermostats on the walls of the resident rooms, Staff #1 stated that the thermostats are not operable and that residents cannot control or change the temperature using the thermostats. Staff #1 stated that there should not be any thermostats in the resident rooms. When asked if the uncovered thermostat in room [ROOM NUMBER] was supposed to be there, Staff #1 stated, No and that the thermostat serves no purpose. Staff #1 stated they were going to remove it right now.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interviews, it was determined the facility failed to notify the Ombudsman of resident's transfers. This was found evident of 3 (Resident #4 #16 & #96) of 3 residents reviewed for hospitalization during the survey.</p> <p>The findings include:</p> <p>1a) On 4/11/25 at 8:11 AM, the surveyor reviewed Resident #4's medical record. The review revealed that Resident #4 had a change in condition on 1/12/25 and was sent to the hospital.</p> <p>On 4/15/25 at 12:21 PM, the surveyor asked the Nursing Home Administrator (NHA) for records to demonstrate that the Ombudsman was notified of Resident #4's transfer.</p> <p>On 4/17/25 at 8 AM, the surveyor conducted a follow-up interview with the NHA. During the interview the NHA confirmed that there was no notification made to the Ombudsman for Resident #4's transfer.</p> <p>2a) On 4/14/25 at 9:27 AM, a review of Resident #16 and #96's chart was conducted. Resident #16 was transferred to the hospital on [DATE] and 12/24/24. Resident #96 was transferred to the hospital on 3/13/25.</p> <p>On 4/14/25 at 12:10 PM, an interview with the Director of Nursing (DON) was conducted. The DON was asked to provide evidence of ombudsman notification for Resident #16 and #96's hospital transfers for 10/3/24, 12/24/24, and 3/13/25.</p> <p>On 4/17/25 at 8:00 AM, an interview was conducted with the Administrator. The Administrator stated that they were unable to provide evidence that the Ombudsman was notified of the residents' transfers and discharges.</p> |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |
| 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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assess the resident when there is a significant change in condition</p> <p>Based on record review and staff interview, it was determined that the facility failed to comprehensively assess a resident who has had a significant change in status using the CMS-specified Resident Assessment Instrument (RAI) process and weight change. This was evident for 2 (Resident #101 and #16) out of 55 residents reviewed for change of condition.</p> <p>The findings include:</p> <p>The Resident Assessment Instrument (RAI) helps nursing home staff in gathering definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan.</p> <p>1a) Review of Resident #101's medical record on 4/11/25 at 8:45 AM revealed that Resident #101 had two significant functional changes: significant weight loss and a decrease in functional feeding ability from independent to dependent. Continued review of Resident #101's medical record on 4/11/25 at 9:30 AM revealed the MDS record showed no significant changes in the resident's functional ability at any time during the resident's stay.</p> <p>MINIMUM DATA SET The MDS is a federally mandated assessment tool used by nursing home staff to gather information on each resident's strength and needs. Information collected drives resident care planning decisions. MDS assessments need to be accurate to ensure each resident receives the care they need.</p> <p>Surveyor interview with the MDS Coordinator on 4/16/25 at 9:00 AM confirmed that the facility failed to update the MDS record during the resident's stay.</p> <p>Surveyor interview with the Administrator on 4/17/25 at 10:00 AM confirmed that the facility MDS team failed to update the MDS record correctly during the resident's stay.</p> <p>2b) On 4/11/25 at 9:18 AM, Resident #16's weights were reviewed. On 10/11/2024, the resident weighed 135.8 lbs. On 04/02/2025, the resident weighed 109 pounds which is a 19.73 % loss over 6 months.</p> <p>On 4/14/25 at 10:21 AM, a review of Resident #16's progress notes was conducted. A Dietitian progress note dated 10/29/2024 at 10:59 AM, stated</p> <p>that Resident #16 had a new weekly weight on 10/25/24 of 125.4 pounds with a Body Mass Index of 22.2. The Dietician stated that the weight loss was significant and documented that the interdisciplinary team, Medical Director, and Resident Representative was made aware of the significant weight loss.</p> <p>On 4/14/25 at 10:35 AM, a Review of the Minimum Data Set was conducted. Section GG - Functional Abilities 00130. Self-care A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident was reviewed and coded as follows:</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/12/24 this section was coded as 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. On 1/1/25 this section was coded as 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.</p> <p>On 4/16/25 at 11:12 AM, an interview with the Minimum Data Set Coordinator (Staff #4) was conducted. Staff #4 was asked when Resident #16 had a significant weight loss and changes to Activities of Daily Living in between assessments, should there have been a significant change coded in the Minimum Data Set. Staff #4 stated they would take a look into the resident's chart to see why there was not a significant change of status assessment conducted in the Minimum Data Set.</p> <p>On 4/17/25 at 9:34 AM, an interview was conducted with Staff #4. Staff #4 stated that they reviewed the resident's chart thoroughly and had missed documenting the significant change of status assessment.</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, record review, and interviews it was determined that the facility failed to ensure that a resident received treatment to promote healing of a pressure ulcer. This was found evident in 1 (Resident #4) out of 2 Residents reviewed for pressure ulcers.</p> <p>The findings include:</p> <p>On 4/15/25 at 9:34 AM, the surveyor reviewed Resident #4 ' s medical record. The review revealed that Resident #4 had two, Stage 4 pressure ulcers. (Stage 4 being the most severe type of pressure ulcer, characterized by full-thickness skin and tissue loss, with exposed or fascia, muscle, tendon, ligament, cartilage, or bone) One to the right hip and the other in the sacral area.</p> <p>Next the surveyor reviewed a wound note written by the in-house wound consult physician Staff #13 dated 4/7/25. The note described that a debridement (procedure to remove dead, damaged, or infected tissue from a wound to promote healing) was completed to the sacral wound. The note ends with treatment goals and treatment recommendations: The sacral wound to be cleansed with 0.5% of Dakin solution and given the change of the wound bed as described, the patient will need to change the dressing to santyl with calcium alginate and cover with 4 x 4 and apply the silicone border gauze piece. The note further stated the right hip wound would require further wound dressing to be done with santyl with calcium alginate and then covered by a 4 by 4 and apply a white foam border gauze on follow-up.</p> <p>On 4/15/25 at 10:12 AM, the surveyor reviewed treatment orders for Resident #4 ' s wounds.</p> <p>The sacral wound had orders to apply collagenase power to sacrum topically every shift. The instructions stated, to cleanse wound with normal saline and pat dry and apply collagen and cover with a foam dressing. This order was last written on 3/18/25. The order was not updated to the recommendation that Staff #13 wrote after the debridement on 4/7/25. There was no cleanse with Dakin solution or no calcium alginate ordered.</p> <p>The right hip wound order was to apply santyl external ointment (collagenase) every shift with instructions to cleanse the right hip wound with normal saline, pat try and apply santyl with silver alginate, cover with dry dressing daily and as needed. This order was written on 3/18/25. Again this order was not updated to the recommendations from Staff #13 from the evaluation on 4/7/25. There was no order for calcium alginate.</p> <p>On review of the April Treatment Administration Record the surveyor noted that the wounds were documented as treated with the older orders from 3/18/25 from 4/1/25- 4/14/25.</p> <p>On 4/15/25 at 12:17 PM, the surveyor interviewed the Director of Nursing (DON). During the interview the surveyor asked how the wound recommendations from Staff #13 are reviewed and implemented. The DON stated that the unit manager rounds with the Staff #13 and is responsible for updating the orders. The DON further stated she was not sure why the orders were not updated but should have been.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |
| 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observations, medical record review and interviews it was determined that the facility failed to 1) ensure that a resident's room was free from hazards and 2) adequately monitor a resident with known behaviors. This was found evident for 1 (Resident #68) out of 3 residents reviewed for accidents and 1 (Resident #23) out of 3 Residents reviewed for behaviors.</p> <p>The findings include:</p> <p>1) On 4/10/25 at 9:36 AM, the surveyor observed Resident #68 ' s bed plugged into an outlet on the other side of the room. On further observation a power-strip was plugged into the second plug and was resting on the floor. An extension cord was then plugged into the power strip.</p> <p>Next the surveyor interviewed Resident #68. During the interview the Resident #68 stated that approximately 4 months ago the outlet on his/her side of the room blew and that he/she had not been able to use the outlet since. Resident #68 stated that currently his/her roommate was in the hospital so he/she could use the outlet, however he/she needed the extension cord to plug charging cords into.</p> <p>On 4/11/25 at 12:31 PM, the surveyor observed Resident #68 ' s room with the Nursing Home Administrator (NHA) and the Director of Maintenance. During the observation the surveyor asked when the roommate returns from the hospital can the bed be plugged into the power-strip. The surveyor also asked if the power strip should be on the floor and an extension cord be plugged into the power-strip. The Maintenance Director stated that the power-strip had been secured to the wall at one point but must have fallen off. He further stated he would look into the power-strip to bed power situation and would look for the bed manual for the surveyor.</p> <p>On 4/15/25 at 7:38 AM, the surveyor conducted an interview with the NHA. During the interview the NHA stated that a new outlet was established for Resident #68 and now Resident #68 had access for his/her bed to be plugged in as well as charging needs without the powers-strip and extension cord use.</p> <p>2) On 4/17/25 at 2:13 PM, the surveyor reviewed the Resident #23 medical record. The review revealed a care plan that was initiated on 4/10/24 that stated Resident #23 has a behavior problem related to sexual inappropriateness with a female staff. One of the interventions listed was to monitor behavior episodes and attempt to determine underlying cause. Also to consider location, time of day, persons involved, and situations and to document behavior and potential causes.</p> <p>Next the surveyor reviewed Resident #23 ' s psychiatric evaluation dated 2/18/25. The note stated, patient was seen per facility ' s request with noted inappropriate sex behavior. The Resident exhibited his/her private area to others. The note documented that Resident #23 knows what he/she did but he/she was not able to explain why.</p> <p>An additional psychiatric evaluation dated 2/24/25 stated, Resident #23 was seen per facility ' s request due to increasing inappropriate sexual behavior. Per staff he/she is trying to expose self to other people his/her private area. In the plan section it stated, Can not exclude hypersexual personality disorder but needs more monitoring.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |
| 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The surveyor reviewed the February Treatment Administration Record for February 2025. The TAR had an area to monitor for elopement behaviors. A check mark was checked all three shifts everyday for the month of February. No indication that sexual behaviors were happening even though the psychiatric evaluations stated the facility reported incidences of inappropriate sexual behaviors were happening.</p> <p>The surveyor reviewed progress notes and change of condition evaluations. There was no documentation of these behaviors in the record until a change of condition was written on 2/28/25. The notes stated, Resident has had hypersexualized behavior (touching and exposing him/herself to both staff and other residents on an almost constant basis despite staff redirecting him/her).</p> <p>On 4/18/25 at 1:10 PM, the surveyor interviewed the Nurse Practitioner (NP) working with Psychiatry NP #10. During the interview the surveyor reviewed the 2/24/25 evaluation. The surveyor asked what needs more monitoring meant. Staff #10 stated she was monitoring lab values for the potential start of medications and potentially undiagnosed disorders due to a lack of past medical history. The surveyor reviewed the collaboration section where it stated, discussed patient ' s behavior with staff and recommended to document patient ' s behavior. Staff #10 stated she would expect that Resident #23 ' s behaviors be documented for review. She further stated that she looks for documentation in the progress note section.</p> <p>On 4/18/25 at 1:10 PM, the surveyor reviewed the March 5th 2025 TAR documentation with the Director of Nursing (DON). During the interview the surveyor reviewed the concern that the TAR had yes to behaviors but there was no documentation to what the behavior was. The surveyor reviewed the concern that the behaviors of Resident #23 We are inconsistently or not being documented.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |

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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>Based on record review and interviews, it was determined that the physician failed to document a note addressing a resident's significant weight loss. This was evident for 1 out of 2 residents reviewed for nutrition.</p> <p>The findings include:</p> <p>On 4/11/25 at 9:18 AM, Resident #16's weights were reviewed. On 10/11/2024, the resident weighed 135.8 lbs. On 04/02/2025, the resident weighed 109 pounds which is a 19.73 % loss over 6 months.</p> <p>On 4/14/25 at 10:21 AM, a review of Resident #16's progress notes was conducted. A Dietitian progress note dated 10/29/2024 at 10:59 AM, stated</p> <p>Resident #16 had a new weekly weight on 10/25/24 of 125.4 pounds with a Body Mass Index of 22.2. The dietician stated that the weight loss was significant and documented that the interdisciplinary team, Medical Director, and Resident Representative was made aware of the significant weight loss.</p> <p>On 4/14/25 at 10:28 AM, a review of Resident #16's physician notes was conducted. There were no physician's notes in Resident #16's chart that addressed the resident's weight loss from 10/25/24.</p> <p>On 4/14/25 at 11:00 AM, an interview was conducted with the Director of Nursing (DON). The surveyor requested the physician's documentation that addresses Resident 16's significant weight loss on 10/25/24 and a copy of the facilities weight loss policy.</p> <p>On 4/14/25 at 12:30 PM, an interview with the DON and a review of the facility's Weight Monitoring policy was conducted. The DON provided a copy of the provider note from November 1, 2024, but the note does not address the resident's weight loss. In the facility's policy it states that providers should be encouraged to document the diagnosis or clinical conditions that may be contributing to the weight loss when a significant weight loss is identified. When asked if the physician should have documented a note regarding this significant weight loss. The DON stated there was not a note regarding the weight loss on 10/25/24 but stated that the physician had worked with dietician to address the weight loss.</p> <p>On 4/16/25 at 1:52 PM, an interview was conducted with the Medical Director (Staff #13). When asked what the expectation for a provider was when they are notified of a resident who has a significant weight loss, Staff #13 stated that Resident #16's weight loss was expected but undesirable. Staff #13 stated that in terms of documentation the expectation is for the physician to document the updated plan of care for a resident with an undesirable significant weight loss.</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |
| 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on record reviews, and interviews from resident and staff, it was determined that the facility failed to ensure medications were administered to a resident as ordered. This was evident for Resident #62 in 2 out of the 4 months reviewed for Metformin administrations.</p> <p>The findings include:</p> <p>On 4/10/25 at 1:53 PM the surveyor conducted an interview with Resident #62. During the interview Resident #62 stated that on several occasions he/she was not provided his/her prescribed metformin (a medication used to treat type 2 diabetes) due to the facility running out.</p> <p>On 4/16/25 at 1:16 PM, the surveyor reviewed Resident #62 ' s Medication Administration Records (MAR) in 2025. The review revealed that on Resident #62 ' s February MAR, the medication metformin was marked 9 on 2/11/25 and 2/12/25 and on the March MAR, metformin was marked 9 on 3/14/25, 3/15/25, and 3/16/25. The code for 9 was, see progress notes. The surveyor asked the Director of Nursing (DON) for the corresponding progress notes for the dates marked as 9.</p> <p>On 4/16/25 at 1:59 PM, the surveyor conducted a follow-up interview with the DON. During the interview the DON confirmed that in February Resident was not given his/her metformin on 2/11/25 due to the staff documenting they were waiting for the pharmacy to deliver the medication however, it was delivered on 2/12/25 and given. The DON stated that on 3/14/25 it was documented that again that staff were waiting for delivery, however, it was not documented on 3/15/25 or 3/16/25 why the medication was not given. The surveyor reviewed the concern that Resident #4 ' s medication appeared to not be available for several days due to the facility waiting for medication delivery even though these medications were not new.</p> <p>The surveyor reviewed the Unavailable Medication policy. The policy stated that the facility shall follow established procedures for ensuring residents have a sufficient supply of medications.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215022 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/21/2025 |
| NAME OF PROVIDER OR SUPPLIER King David Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4204 Old Milford Mill Road Baltimore, MD 21208 | |

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews it was determined that the facility failed to have an effective pest control program. This was found evident in one room on the [NAME] View Unit.</p> <p>The findings include:</p> <p>On 4/10/25 at 9:36 AM, the surveyor observed crumbs, debris, and mouse dropping along the back corner wall for Resident #68's room.</p> <p>On 4/11/25 at 12:31 PM, the surveyor took the NHA to Resident # 68's room. The NHA observed the crumbs, debris, and mouse droppings that the surveyor observed the day before. The NHA stated he would have the room cleaned up immediately. The surveyor requested pest management documentation.</p> <p>Next the surveyor reviewed the pest problem log book for the [NAME] View unit. The log book revealed that Resident #68's room was reported to have mice concerns in September of 2024 and treated.</p> <p>On 4/15/25 the surveyor reviewed the treatment invoices for the pest management company that serviced the facility for 2025. The treatments were described at weekly service to inspect and treat for mice and roaches. Treatment dates and time between treatments were as follows:</p> <p>1/13/25 (8 day gap), 1/22/25, (18 day gap) 2/10/25, (8 day gap) 2/19/25, (6 day gap) 2/26/25, (13 day gap) 3/12/25, (4 day gap) 3/17/25, (8 day gap) 3/26/25, (13 day gap) 4/9/25.</p> <p>At the time of exit the surveyor reviewed the concern that Resident #68's room had been identified as having a mouse concern in the past and was observed as having concerns again. The review of the pest management treatment records revealed inconsistent timing between treatments even with them describing the treatments as weekly.</p> |