

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/03/2026
NAME OF PROVIDER OR SUPPLIER  Keswick Multi-Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 West 40th Street Baltimore, MD 21211	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility staff interviews and surveyor record reviews, it was determined that the facility failed to accurately complete Minimum Data Set assessments (MDS) on Residents. This finding was found to be evident in 2 (Resident #26 and #171) out of 9 Residents reviewed for accurate coding of MDS assessments. The findings include: Minimum Data Set (MDS) assessment is a federally mandated, standardized, comprehensive clinical assessment tool used in Medicare / Medicaid certified nursing homes to evaluate Residents' functional, medical and psychological status. Completed by interdisciplinary teams on admission, quarterly, annually, upon significant change and discharge. The MDS dictates care planning and reimbursement and is completed by trained clinical staff. Care Plan is a documented, living guide outlining a person's health, treatment goals, and necessary services, tailored to their physical, mental, and social needs. Created collaboratively by patients and providers, it includes medication lists, clear and actionable goals. It promotes consistent care and improves quality of life. The surveyor conducted a record review of Resident #26's medical record on 2/26/2026 at 11:15 AM. Review of Resident #26's medical record revealed that the Resident had an active physician order for an anticoagulant medication (blood thinner), Xarelto for atrial fibrillation (fast, irregular heart rhythm) as of 2/4/2026. Additionally, Resident #26 had a current care plan problem for anticoagulant therapy (Xarelto) for atrial fibrillation as of 2/5/2026. Further review of Resident #26's medical record revealed that the admission and Medicare 5-Day Minimum Data Set (MDS) assessments Section N - Medications dated 2/11/2026 was not coded that Resident was taking an anticoagulant medication. In an interview on 2/26/2026 at 12:05 PM the surveyor reviewed with the facility's MDS Consultant the MDS assessments dated 2/11/2026, the care plan and the physician orders for Resident #26. The surveyor conveyed to the MDS Consultant that Resident #26 had an active physician order, and a current care plan for Xarelto, and that an anticoagulant was not coded on the MDS assessments dated 2/11/2026. The MDS Consultant reviewed the MDS assessments, acknowledged the surveyor, and stated that he would notify the Licensed Nursing Home Administrator (LNHA) of the error in coding of the MDS assessments. In a follow up record review on 2/27/2026 at 1:00 PM of Resident #26's MDS assessments the review revealed that on 2/26/2026 at 1:43 PM and 1:44 PM a correction in coding was made to both MDS assessments dated 2/11/2026 which reflected that Resident #26 was taking an anticoagulant medication. The facility management provided the surveyor with copies of Section N of the MDS assessments dated 2/11/2026 indicating the modification and correction in the coding of anticoagulant medication for Resident #26. On 3/2/2026 at 8:50 AM the surveyor conducted a record review of Resident #171's closed medical record. Record review of the progress notes revealed that Resident #171 was discharged to the hospital on 1/22/2026. Further review of the medical record revealed that the Discharge - return not anticipated MDS assessment dated [DATE] revealed that Resident #171 was discharged home under care of organized home health service organization. In an interview with the Licensed Nursing Home Administrator (LNHA) at 9:25 AM on 3/2/2026 the surveyor conveyed to the LNHA that the Discharge MDS assessment dated [DATE] was coded that Resident #171 was discharged to home under home health services. However, according to documentation in the progress (continued on next page)</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>notes Resident #171 was discharged to the hospital. LNHA stated that Resident #171 was discharged to the hospital on 1/22/2026. In a follow up interview with the LNHA at 2:45 PM on 3/2/2026 s/he provided a copy of the correction to the modification of the MDS assessment completed at 12:47 PM on 3/2/2026 which was coded that Resident #171 was discharged to short term general hospital (acute hospital) on 1/22/2026.</p>		