

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>44440</p> <p>Based on medical record review and interviews with facility staff, it was determined the facility failed to identify the responsible party (RP) and notify them of changes. This was evident for 3 (Resident #382, #66, and #101) out of 57 residents reviewed for resident rights during the facility's annual and complaint survey.</p> <p>The findings include:</p> <p>1. On 10/10/24 at 7:14 AM, the surveyor reviewed Resident # 382's medical record. The review revealed that Resident #382 was admitted to the facility in 2021 and had a past medical history that included, but not limited to, congestive heart failure, hypertension, paroxysmal atrial fibrillation, and altered mental status.</p> <p>Further review revealed on 2/23/24 at 9:35 AM, the Unit Manager, Staff #36 wrote a progress note that stated Resident #382 is alert and oriented with some confusion noted. The note further clarifies that Resident #382 remains his/her own health care decision maker at this time.</p> <p>A decisional capacity evaluation was performed by Psychologist Staff #38 on 3/38/24 at 12:22 PM. The evaluation determined that Resident #382 did not possess sufficient cognitive capacity to make relevant, valid and reliable decisions about health care and or finances. The note further stated Resident #382 however, did have the capacity to appoint an alternate decision maker.</p> <p>On 3/28/24 at 1:53 PM and order was placed for an increase in Resident #382's Semaglutide from 0.25mg injection weekly for diabetes control to 0.5mg injection. The surveyor could not find any notification that the Responsible Party (RP) was notified.</p> <p>A progress note written by Social Service Director Staff #16 on 4/2/24 stated that Resident #382 had a Health Care Agent (HCA) already in place and after Resident #382's capacity evaluation deemed him/her incapable of making healthcare decisions. The note further stated the Attending physician would have to discuss health care decisions with Resident #382's HCA.</p> <p>At the time of exit no documentation was provided that would indicate the RP was notified of the medication increase.</p> <p>47758</p> <p>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During an interview on 10/04/2024 at 8:12 AM, Resident #66's daughter stated she is the RP and the facility changed her mother's medications without discussions or notifications.</p> <p>A record review on 10/04/24 at 09:34 AM, did not reveal notification to the RP. The surveyor requested the facility provide notification to the RP of medication changes for Aricept.</p> <p>On 10/04/24 at 11:23 AM, the Administrator and 2nd Floor Unit Manager reported they were not able to find notification to Resident #66's RP for Aricept changes. The Administrator acknowledged the concern about lack of notification to the RP.</p> <p>3. On 10/7/24 at 1:02 PM, the surveyor received an email from Resident's #101's RP that there was no notification that Remeron was started. The surveyor did not find documentation in a record review and requested the facility provide documentation.</p> <p>During an interview on 10/09/2024 at 8:28 AM, the Assistant Director of Nursing (ADON) stated that no notification was found that Resident #101's RP was notified that Remeron was being ordered. The ADON stated that when medication changes are considered the expectation is that we discuss medication changes with the RP and make sure they agree. If we leave a message we still need to call back and discuss the changes. She further stated the facility discussed the importance of notifications to the RP with the Medical Director, and providers in the group were notified of this.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>51129</p> <p>Based on observation and interviews with facility staff, it was determined that the facility failed to provide the residents ' care with privacy and dignity when providing medications and administering care. This was found to be evident for 3 (Resident #111,114 and #143) out of 5 residents during medication administration.</p> <p>The findings include:</p> <p>Registered Nurse (RN) #20 was observed during medication administration, on October 3, 2024 at approximately 8:00 AM. It was observed that he did not close the patient door or draw the room divider curtain when he assessed the resident, provided treatments, and administered medication. This was observed while Registered Nurse #20 provided care to residents # 111, 114, and 143.</p> <p>An interview with RN #20 was conducted after the completion of medication administration on October 3, 2024 at approximately 9:20 AM. He stated he usually closes the door during assessments, medication administration, and treatments and was aware that maintaining the residents ' privacy and dignity was facility policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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>49148</p> <p>Based on record review and interviews with the residents and staff, it was determined that the facility failed to answer call bells timely to attend to the needs of dependent residents. This was evident for 3 (Resident # 81, #106, and #382) out of 6 residents call history reports reviewed during the annual and complaint survey.</p> <p>The findings include:</p> <p>1. On 9/30/2024 at 1:30PM, the Surveyor conducted an interview with roommates, Resident #81 and Resident #106 in their room. An interview with Resident #81 revealed that the resident had to wait over an hour last week for staff to answer the call bell and address his/her needs.</p> <p>On 9/30/2024 at 1:35PM, the Surveyor conducted an interview with Resident #106. The resident informed the Surveyor that one night last week, he/she used the call bell for assistance with incontinent care and had to sit and wait for hours before his/her needs were addressed.</p> <p>During an interview conducted with Nursing Home Administrator (NHA) #1 on 10/3/2024 at 7:43AM, the Surveyor was informed that when a resident uses the call bell, the call will be transmitted to all call system monitor screens located on each unit near the Unit Managers offices, there is a pager system that alerts the nursing staff, and a green light illuminates outside the residents door to let the staff know who needs assistance. Call bells should be answered within 10 minutes, anything longer than that would be unacceptable. Once staff has responded to the residents' call, the nursing staff should turn off the call bell.</p> <p>On 10/03/2024 at 8:00AM, during a review of call history reports from 9/01/2024 through 10/01/2024 for Resident #81's and Resident #106's room, the Surveyor discovered call times on 9/18/2024 at 6:56PM with a wait time of 1 hour, 9/21/2024 at 8:44AM with a wait time of 42 minutes, 9/21/2024 at 11:16AM with a wait time of 1 hour, 9/21/2024 at 12:55PM with a wait time of 2 hours, 9/22/2024 at 7:38PM with a wait time of 1 hour, and 10/1/2024 at 3:16PM with a wait time of 41 minutes.</p> <p>During a review of the facilities procedure for Answering the Call Light, the Surveyor discovered that all staff are to ensure timely responses to the resident's requests and needs.</p> <p>On 10/11/2024 at approximately 11:00AM during an interview conducted with NHA #1, the Surveyor confirmed that Resident #81's and Resident #106's call bell was not answered according to expectation on 9/18/2024, 9/21/2024, 9/22/2024, and 10/1/2024. NHA #1 stated that call bell audits are done every morning. Call bell follow-up sheets are completed by the Unit Managers to address the call bells that were not answered according to the expectation of 10 minutes.</p> <p>A review of the Call Bell Follow-up sheets for 9/18/2024 at 6:56PM, 9/21/2024 at 11:16AM, and 10/1/2024 at 2:35PM revealed that the nursing staff did not have their pagers at the time the call bell was activated.</p> <p>44440</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	

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>2. On 10/9/24 at 7:58 AM, the surveyor reviewed intake MD00202308. The intake described that Resident #382 had a call light unanswered during the evening into morning shift. The intake stated that the same morning Resident #382 was later discovered to have had a medical emergency.</p> <p>Next the surveyor reviewed the progress notes and discovered that Resident #382 was sent to the hospital for a medical emergency on 2/4/24.</p> <p>On 10/9/24 at 12:06 PM, the surveyor requested the call bell log response log for Resident #382's room from 2/3/24 through 2/4/24.</p> <p>On 10/11/24 at 2:19 PM, the surveyor conducted an interview with the Nursing Home Administrator (NHA) #1. During the interview the surveyor showed the NHA #1 that on 2/4/24 at 7:01 AM a call light from Resident #382's room was put on and the log revealed it was canceled at 8:09 AM, this was over an hour. The NHA #1 agreed that the response time was unacceptable.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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 - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47758</b></p> <p>Based on observations, interviews and record reviews, it was determined that the facility failed to maintain clean carpets. This was found to be evident in many carpeted areas of the facility.</p> <p>The findings include:</p> <p>On 09/30/24 at 08:38 AM, the surveyor walked into room [ROOM NUMBER] and observed that the floor was sticky, and shoes were sticking to the carpet.</p> <p>During an observation on 10/01/24 at 09:19 AM, the surveyor noted sticky carpet in room [ROOM NUMBER].</p> <p>During an interview with the Maintenance Director on 10/4/24 at 02:03 PM, the surveyor asked about the sticky carpets and floors. The Maintenance Director replied that the floors get sticky when staff use too much cleaning solution ratio to water. He later provided a Staff Education sign in sheet where employees were educated on proper dilution of chemicals to water for floor cleaning.</p> <p>A record review of the facility web based work orders from Technology Enhanced Learning and Science (TELS) log on 10/10/24 at 08:50 AM, revealed many requests for carpet cleaning by staff.</p> <p>On 10/10/24 at 9:45 AM, a complainant told the surveyor that the carpet in room [ROOM NUMBER] was sticky, dirty and needed to be replaced when Resident #381 was there in April of 2023. Another complainant for Resident #379 stated that the carpet was dirty in room [ROOM NUMBER] in 2023.</p> <p>During an interview on 10/10/24 at 11:00 AM, the Nursing Home Administrator (NHA) #1 acknowledged the carpet concerns and stated the facility is planning to replace the carpet during the upcoming renovations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>49148</p> <p>Based on review of a facility reported incident and interview with staff, it was determined that the facility failed to report the results of an alleged abuse investigation within five working days to the Office of Health Care Quality. This was evident for 4 (Resident #375, #29, #72, and #223) out of 12 residents investigated for abuse during the annual and complaint survey.</p> <p>The findings include:</p> <p>1. On 10/9/2024 at 8:58AM, the Surveyor reviewed Resident #375's facility reported incident of alleged abuse which occurred 11/28/2023.</p> <p>Additional review of the facility reported incident revealed that the facility initiated an investigation and submitted a self-report on 11/29/2023 to the Office of Health Care Quality. The final investigation report was completed and submitted to the Office of Health Care Quality on 12/12/2023.</p> <p>On 10/10/2024 at 1:15PM, the Surveyor conducted an interview with the Director of Nursing (DON) #2 and confirmed that the final investigation report was not submitted to the Office of Health Care Quality within five working days of the incident.</p> <p>42828</p> <p>2. On 10/03/24 at 1:30 PM surveyor review of the facility reported incident MD0020597 revealed that, on 5/21/24 Residents #29, #72 and #223 alleged that a staff member geriatric nursing assistant (GNA), Staff #24, was verbally abusive and rough with them while receiving assistance with cares.</p> <p>Review of the facility investigation revealed that the facility submitted the initial report to the Office of Health Care Quality (OHCQ) on 5/22/24 within 24 hours of the allegation as required. However, the final report was not submitted to the OHCQ until 5/31/24. The facility is required to complete the final investigation and submit the final report within 5 working days.</p> <p>On 10/4/24 at 11:20 AM the surveyor conducted an in-person interview with the Director of Nursing (DON) #2 and Unit Manager (UM) #23, to share the concerns that the final report related to MD0020597 was not received within five working days of the initial report. The DON #2 confirmed that she was aware of the late submission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49148</p> <p>Based on record review and interview with staff, it was determined that the facility failed to ensure the local Ombudsman was notified of a facility initiated resident discharge or transfer. This was evident for 1 (Resident #25) out of 3 residents investigated for hospitalizations during the annual survey.</p> <p>The findings include:</p> <p>On 10/2/2024 at 9:43AM, during review of Resident #25's electronic medical record, the Surveyor discovered that the resident had Physician orders to transfer to the emergency roiaognom on [DATE] for evaluation and treatment. The resident returned to the facility on [DATE].</p> <p>Long term care Ombudsmen are advocates for nursing home residents.</p> <p>On 10/3/2024 at 12:00PM, a review of the Admission/Discharge To/From Report for discharges from 6/1/2024 to 6/30/2024, provided to the Ombudsman, did not include Resident #25's discharge to the hospital on 6/19/2024.</p> <p>During an interview conducted with the Director of Nursing (DON) #2 on 10/3/2024 at approximately 12:30PM, the Surveyor requested documentation to show that a copy of the notice of transfer or discharge to the Ombudsman.</p> <p>On 10/3/2024 at approximately 2:00PM, DON #2 was unable to provide the Surveyor with documentation to show that a notice of transfer or discharge was sent to the Ombudsman for Resident #25. DON #2 confirmed that the facility was not sending the Ombudsman copies of notice of transfer or discharge provided to the residents or resident representatives.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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** 47758</b></p> <p>Based on observation, medical record review, and staff interview it was determined that the facility staff failed to code the resident's status accurately on the Minimum Data Set (MDS) assessment. This was found to be evident for 1 (Resident #63) out of 57 residents reviewed during the annual survey.</p> <p>The findings include:</p> <p>The MDS is a federally mandated assessment tool that helps nursing home staff members gather information on each resident's strengths 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>During a MDS record review on 09/12/2024 at 08:34 AM, the surveyor noted that Resident #63's current Annual MDS dated [DATE], Section E 0200 Behavioral Symptoms - Presence and Frequency was answered No. However, Resident #63 was noted in the record as having behaviors in the 7 day look back period.</p> <p>During an interview with the MDS Coordinator #15 on 10/02/24 at 12:16 PM, the surveyor asked the process for coding Section E for Resident #63. The MDS Coordinator #15 replied that she would need to look back 7 days to see what behaviors she had. After reviewing Resident's chart the MDS Coordinator #15 stated, We probably should have coded it differently. She further stated, I will do a modification.</p> <p>The MDS Coordinator #15 reported back to the surveyor that the MDS modification was completed on 10/02/24 at 12:46 PM. The surveyor confirmed that the MDS modification was made.</p> <p>The Nursing Home Administrator (NHA) #1 and Director of Nursing (DON) #2 confirmed that they were aware of the concern about the MDS coding 10/02/24 at 12:16 PM and they were looking into it.</p> <p>On 10/16/2024 at 7:45 AM, the surveyor interviewed the DON #2 and (NHA) #1 about the MDS coding concerns for behaviors. They confirmed that they had discussed this with the MDS Coordinator #15 and the modification had been submitted.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>44440</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, record review, and interview, it was determined that the facility failed to provide necessary services to maintain good personal hygiene for dependent residents. This was found evident in 1 (Resident #28) out of 3 Residents reviewed for Activity of Daily Living (ADL) cares.</p> <p>The findings include:</p> <p>On 10/3/24 at 8:55 AM, the surveyor observed Resident #28 sitting at the edge of his/her bed and noted the resident was only in a brief for incontinence. At 9:11 AM, the surveyor informed the Geriatric Nursing Assistant (GNA) of the observations. The GNA went to get new briefs and then went into the resident's room.</p> <p>Following the observation the surveyor review Resident #28's medical record. The review revealed that Resident #28 was admitted to the facility in late August 2024. On review of Resident #28's admission functional abilities assessment, Resident #28 was coded as dependent for the ability to bathe self.</p> <p>On 7/7/24 at 7:18 AM, the surveyor asked the Director of Nursing (DON) for shower records for Resident #28. On review of the shower records from 9/8/24-10/7/24 it was documented that Resident #28 was given a shower on 9/11/24, 9/23/24, 9/29/24 and 10/3/24. A complete bed bath was documented on 9/24/24. 4 showers were documented as given in 24 days along with one bed bath.</p> <p>On 10/7/24 at 1:37 PM, the surveyor interviewed the Nursing Home Administrator (NHA). During the interview the NHA stated the Resident should be getting showers twice per week. On review of the shower documentation the NHA agreed that Resident #28 appeared not to get a shower twice per week.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	

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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>44440</p> <p>Based on observations and interviews, it was determined that the facility failed to post updated staffing information daily. This was found evident in 2 of 12 days observed on the survey.</p> <p>The findings include:</p> <p>On 9/30/24 at 8:08 AM, the surveyor observed that the staffing information posted in the front lobby was dated Friday September 27th.</p> <p>On 10/7/24 at 9:20 AM, the surveyor observed the staffing information posted in the front lobby was dated 10/4/24.</p> <p>The surveyor next asked the front desk personnel who was in charge of posting staffing information. The surveyor was directed to the Staffing Coordinator Staff #25.</p> <p>On 10/7/24 at 9:23 AM, the surveyor interviewed Staff #25. During the interview Staff #25 stated that she was in charge of posting the staffing information. The surveyor reported the two observations in which the last two Mondays the staffing information that was posted was from the Friday before. Staff #25 stated she did not work the weekends and that the nursing supervisor was responsible for updating the staffing information on the weekend.</p> <p>The surveyor next conducted an interview with the Nursing Home Administrator (NHA). During the interview the NHA was made aware of the observations that staffing was not up to date on the last two consecutive weekends.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42783</p> <p>Based on review of the facility's Controlled Medication Shift Change Log and interview with staff, it was determined that the facility failed to ensure that an account of all controlled drugs was completed. This was found to be evident for 6 out of 14 logs reviewed during medication administration observation.</p> <p>The findings include:</p> <p>According to the National Institute of Health (NIH) a controlled substance are drugs or medications that possess the potential for being misused and are considered to be substances that have a substantially high risk of resulting in substance use disorder.</p> <p>A Controlled Medication Shift Change Log is a form that is used to document that an account for all controlled medications was completed for each shift change. The count of the controlled medications is completed by 2 licensed nurses.</p> <p>During an observation of the [NAME] medication cart conducted on 10/04/2024 at 11:25 AM, the Surveyors and Licensed Practical Nurse (LPN) #11 reviewed 14 Controlled Medication Shift Change Logs. The Surveyors and the LPN #11 identified 6 logs that showed that a count of the controlled medications was not completed for 31 shifts.</p> <p>During an interview conducted on 10/04/2024 at 11:26 AM, LPN #11 stated it is the facility's policy for the incoming licensed nurse and outgoing licensed nurse to complete a count of all the controlled medications locked in the medication cart.</p> <p>In an interview conducted on 10/04/2024 at 12:39 PM, the Director of Nursing (DON) reviewed the Controlled Medication Shift Change Logs and stated that it was unacceptable practices of her staff to not complete an account of the controlled medications. The DON further stated that she would conduct an in-service to provide education on the necessity and requirement to complete an account of the controlled medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42783</b></p> <p>Based on observations and staff interviews it was determined that the facility failed to: 1) maintain a safe and effective system for securing medication and treatment supplies and 2) properly store and dispose of medications. This was found to be evident for 1) 3 out of 10 medication carts and 2) 2 of 2 medication storage rooms observed during the annual survey.</p> <p>The findings include:</p> <p>1a. During a tour of the 2nd floor nursing unit conducted on [DATE] at 5:55 AM, this Surveyor observed a medication cart labeled ,d+[DATE] unlocked. The Surveyor was able to open each medication drawer that had labeled medications packets with the resident's name and room number, insulin pens, in-house liquid medications, eye drops and inhalers.</p> <p>Insulin is a naturally occurring hormone your pancreas makes that's essential for allowing your body to use sugar (glucose) for energy. If your pancreas doesn't make enough insulin or your body doesn't use insulin properly, it leads to high blood sugar levels (hyperglycemia). This results in diabetes. There are also manufactured types of insulin that people with diabetes use to manage the condition.</p> <p>On top of the medication cart there was a white basket that contained the following diabetic insulin supplies: 1 unopened Humalog Kwik insulin pen with no label of the resident's name dated [DATE] and had a pharmaceutical label that stated refrigerate until opened, 1 unopened Lantus insulin pen dated [DATE] for Resident #116 and had pharmaceutical label that stated refrigerate unit open, 1 opened Lantus insulin pen dated [DATE] with no label with Resident's name , 1 unopened Humalog Kwik insulin pen for Resident #173 dated [DATE] with a pharmaceutical label that stated refrigerate until opened, 1 opened Humalog Kwik insulin pen dated [DATE] unlabeled with the resident's name, 1 opened Humalog Kwik insulin pen dated [DATE] unlabeled with the resident's name, 1 opened Humalog Kwik insulin pen dated [DATE] unlabeled with the resident's name, and 1 opened Humalog Kwik insulin pen dated [DATE] with the resident's name.</p> <p>During the continued observation the Surveyor observed Charge Nurse#19 come from around the corner and walk back to the unlocked medication cart at 5:59 AM.</p> <p>In the interview conducted on [DATE] at 6:03 AM, the Charge Nurse stated that the facility's expectation is that the medication cart and its medications are to be locked when unattended.</p> <p>During an interview conducted on [DATE] at 8:10 AM, the Director of Nursing (DON) stated she would provide education regarding securing the medication cart and proper storage of unopened insulin pens.</p> <p>49148</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1b) On [DATE] at 6:51AM, the Surveyor conducted a tour of the 2nd floor [NAME] nursing unit. During a tour of a wing with rooms ,d+[DATE], the Surveyor observed an unattended unlocked medication cart and 2 Geriatric Nursing Assistants (GNA) staff members walking down the hallway.</p> <p>During an interview conducted with Registered Nurse (RN) #39 on [DATE] at 6:53AM, the Surveyor was informed that she was the nurse on duty for the [NAME] unit. RN #39 and the Surveyor confirmed that the medication cart was unlocked and that the cart should not be unlocked when unattended by authorized staff. RN #39 locked the medication cart.</p> <p>On [DATE] at 6:55 AM during a continued tour of a wing with rooms ,d+[DATE], the Surveyor discovered another unattended and unlocked medication cart.</p> <p>During another interview conducted with RN #39 on [DATE] at 6:57AM, the Surveyor confirmed that the cart was unlocked and unattended. RN #39 locked the medication cart.</p> <p>On [DATE] at 7:05AM, the Surveyor informed the Director of Nursing (DON) #2 of the findings on the [NAME] nursing unit. The Surveyor expressed the concern that 2 medication carts on that unit was left unlocked and unattended with unauthorized staff members in the hallways. DON #2 informed the Surveyor that RN #39 and a Certified Medicine Aide (CMA) #40 authorized at that time on that unit to access the medication cart. DON #2 immediately educated RN #39 and CMA #40 on making sure the medication cart is locked and secure before walking away from it.</p> <p>51129</p> <p>2. On [DATE] at 12:55 PM, the surveyor and Unit Manager #30 observed the medication storage room on the third floor and revealed a bag of individual medications found in a drawer. The medication were: 2 tablets of Quetiapine, 7 tablets of Hydralazine 100 mg, 2 tablets of Amlodipine 5 mg, 2 capsules of Florastor 250 mg, 1 tablet of Amoxicillin 125 mg, 1 tablet Hydrochlorothiazide 25 mg x1, 1 tablet Spirolactone 25mg, 3 tablets Torsemide 10 mg, 2 tablets of Doxycycline 200 mg, 1 tablet of Carvedilol 6.25 mg, 2 tablets of Metoprolol 25mg, 2 tablets of Azithromycin 500 mg, 1 capsule of Gabapentin 300 mg, 1 tablet of Donepezil 10 mg.</p> <p>During the continued observation the Surveyor and Unit Manager found daily medication packs for Resident #5 dated [DATE], [DATE], [DATE]. The following medications were found: 4 tablets of Carvedilol 6.25, 2 tablets of Losartan 100 mg, 4 tablets of Metformin 500 mg, 2 caplets of Preservision Areds, 4 capsules of Gabapentin 300 mg, 4 tablets of Hydralazine 100 mg, 1 tablet of Levothyroxine 25mcg, 1 tablet of Levothyroxine 50 mcg.</p> <p>Also in that drawer was a daily medication pack for Resident #424. The medication found was 2 tablets of Quetiapine 50 mg.</p> <p>In an interview with Unit Manager #30, she stated that the medication should have been placed in a red biohazard bag and disposed of.</p> <p>On [DATE] 12:23, the surveyor and Unit Manager #23 observed the medication storage room on the second floor. During the observation a box of Heparin Flush pre-filled syringes with the expiration date of [DATE] was found. Additionally, there were another 8 expired Heparin Flush pre-filled syringes found co-mingled in a box of unexpired Heparin pre-filled syringes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with Unit Manager #23, she said she would have them disposed of immediately.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	

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 0772</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have an agreement with an approved laboratory to obtain services, if on-site laboratory services aren't provided.</p> <p>44440</p> <p>Based on record review and interviews, it was determined that the facility failed to have a system in place that assured accurate entry was completed to enable the ability for laboratory specimens to be processed by an outside company. This was found evident in 5 out of 8 laboratory samples reviewed for Resident #28.</p> <p>The findings include:</p> <p>On 10/3/24 at 2:30 PM, the surveyor reviewed Resident #28's laboratory results. On 9/3/24 Resident #28 was ordered to have blood samples for a Comprehensive Metabolic Panel (CMP), Lipid Panel, Complete Blood Count (CBC) with differential, and a stool sample for Clostridioides difficile (C-diff). On review of the results a note was written by an outside laboratory company that stated, blood samples rejected/canceled due to wrong Date of Birth (DOB) on the specimen tubes. Confirmed the DOB with the Nurse but the date was not changed. It further stated the wrong DOB was on the specimen cup with the stool sample by the nurse and was also rejected/canceled.</p> <p>Next the surveyor reviewed the blood lab result for a CBC with diff for 9/23/24. The comment was rejected/canceled due to the wrong DOB. If further stated please enter a new order for any redraws pertaining to this sample.</p> <p>On 10/4/24 at 6:43 AM, the surveyor interviewed the Director of Nursing (DON). During the interview the DON stated the facility used an outside company for laboratory results. She further stated that the nurses enter the order into a web based system. When entering the resident's name they also would enter the resident's DOB. The DON reported that the only time a nurse labels the specimen would be when the nurse obtains the specimen themselves. The surveyor reviewed the multiple canceled labs with the DON. Both the samples, one by the outside lab and the other sample obtained by the facility's nurse were obtained and discarded due to the same error. DON agreed on both dates the labs were not obtained due to error.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51129</p> <p>Based on observation and staff interviews, it was determined that the facility failed to properly store food in a manner that maintains professional standards of food service safety. This practice had the potential to affect all residents eating food prepared by the facility's kitchen.</p> <p>The findings include:</p> <p>On 10/01/2024 at 9:45 AM the Surveyors and the Certified Dietary Manager (CDM) #8 conducted an initial tour of the kitchen. The Surveyors and the CDM #8 observed the following: in the walk-in freezer there was 1 frozen pork loin that was partially unwrapped that appeared to have freezer burn and was undated and a partial package of Polish Pork sausage that was in an opened plastic bag and was undated. In the walk in refrigerator there were 9 packages of bologna that had an expiration date of 9/29/2024 and no internal thermometer. In the dry storage room there were 3 boxes of bananas with the fruit wrapped in plastic and condensation inside the bags and on the bananas, and 9 boxes of Baker's Source [NAME] Cake Mix that did not have an expiration date.</p> <p>An interview was conducted with Certified Dietary Manager (CDM) #8 on 10/1/2024 at approximately 10:15 AM. During the interview the CDM #8 stated that it was the facility's policy to securely wrap food products and label with an open date and expiration date once opened. The CDM #8 further stated that she would contact the food supplier and obtain the expiration date for the Baker's Source [NAME] Cake Mix.</p> <p>The second tour of a food service area occurred on 10/4/2024 at approximately 10:30 AM in the third floor dining room. During the tour the Surveyors observed food stored in the Nursing Nutrition Refrigerator unlabeled. The Certified Dietary Manager #8 was made aware of the missing labels and stated she would have someone correct it.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  St. Elizabeth Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3320 Benson Avenue Baltimore, MD 21227	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51129</p> <p>Based on observations and staff interviews it was determined that the facility failed to ensure the staff sanitized medical equipment between residents. This was found to be evident for 4 out of 5 residents (Residents #111, #424, #426, and #114) observed for infection control.</p> <p>The findings include:</p> <p>During an observation of the medication administration conducted on 10/03/2024 at approximately 10:15 AM, the surveyor observed Registered Nurse (RN) #20, remove the upper arm blood pressure cuff from the monitor and thoroughly clean it with a disinfectant wipe. He obtained Resident #111's blood pressure and returned the cuff to the monitor without sanitizing the cuff or the monitor.</p> <p>RN# 20 was observed on 10/03/2024 at approximately 10:30 AM, obtaining blood pressure for Resident #424. He did not sanitize the blood pressure cuff and monitor before or after he obtained #424's blood pressure.</p> <p>RN #20 then proceeded to the next Resident #114's room on 10/03/2024 at approximately 10:45 AM where he obtained their blood pressure. The blood pressure cuff and monitor were not sanitized before or after Resident #114 's blood pressure was obtained.</p> <p>On 10/ 03/2024 at approximately 11:00 AM, RN #20 proceeded to take the blood pressure cuff and stand to Resident #426's room and the resident's blood pressure obtained. The blood pressure cuff and monitor were not sanitized before or after obtaining Resident #426's blood pressure.</p> <p>During an interview conducted with RN #20 on 10/03/2024 at approximately 11:20 AM, the RN acknowledged that he had not sanitized the blood pressure monitor and cuff between residents. RN #20 further stated that the facility's expectations was to sanitize all shared medical equipment after each use and between each resident.</p>