STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215154	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Roland Park Place	830 West 40 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, it was determined that the facility failed to store food in a sanitary manner by ensuring opened food items were properly labeled with the date opened. This is evident for 1 of 1 kitchen areas reviewed.The findings include:On 06/15/2026 at 7:47 AM, an inspection of the spice shelf in the kitchen revealed containers of Montreal chicken spice, ground white pepper, Hungarian style paprika, and ground turmeric without dates indicating when the containers had been opened. Only one spice container was observed on the shelf to have had the opening date correctly labeled on the side of the container.During interview at the time of the observation, Staff #6 stated that opened spice containers should be marked with the date they were opened and confirmed that the dates were missing from the identified spices. On 06/15/2026 at 8:40 AM, the Director of Food and Beverage was informed of the concern regarding the undated spices.

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