STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215174	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ginger Cove	4000 River Crescent Drive Annapolis, MD 21401

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Number of residents sampled: Number of residents cited: Based on record review and staff interview, it was determined that the facility failed to report an allegation of misappropriation of property in a timely manner. This was evident in 1 out of 3 facility reported incidents reviewed during the recertification survey. The findings include: On 11/20/2025 at 2:08 PM, a review of incident #347813 was conducted. The facility reported that Resident #43's family member alleged that the facility misplaced Resident #43's ring. On 11/21/2025 at 11:08 AM, a review of the facility's investigation was conducted. The facility was made aware of the missing ring on 3/26/2025 and the facility made the initial report to Office of Health Care Quality on 4/3/2025. On 11/21/2025 at 12:02 PM, an interview with the Director of Nursing (DON) was conducted. This surveyor questioned the DON on the submission dates for Incident #347813. The DON acknowledged the delay in reporting in a timely manner and stated that the facility realized on 4/3/2025 that the incident should have been reported within 24 hours of when the ring was reported missing.

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