

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2025
NAME OF PROVIDER OR SUPPLIER Manokin Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 11974 Edgehill Terrace Princess Anne, MD 21853	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on medical record review and interview, it was determined the facility staff failed to maintain a medical record in the most accurate form. This was evident for 1 (Resident #100) of 6 residents reviewed for medical record accuracy during the recertification/complaint survey. The findings include: During a record review on 09/23/2025 at 09:20 AM of a Facility Reported Incident, it was noted that Resident #100 had an Emergency Petition (EP) transfer to the hospital for suicidal ideation on 9/9/2025. Upon further review of the record, the surveyor found a progress note dated 9/17/2025 documented as This visit was conducted with the use of an interactive audio and video telecommunication system with real-time communication between the patient and the provider. On 09/23/2025 at 9:23 AM, an interview with the unit manager, Staff #11 revealed that the resident was not in the facility on 9/17/2025 and could not explain why that progress note was written in the resident's medical record. An interview was conducted on 09/23/2025 at 10:17 AM with the medical record director, Staff # 7. When surveyor asked if the medical record entry notes are reviewed for correct dates, Staff # 7 said no, but if there was a late entry note, the note must indicate late entry and if note is written in error, it will indicate such lines drawn through the note. Staff #7 reviewed the progress note written on 9/17/2025 and could not find where a late entry annotation or a written in error indication were documented as part of the entry. The Director of Nursing (DON) was made aware of the concern on 9/23/2025 at 11:30 AM, who confirmed that the resident was not in the facility on 9/17/2025 to have a virtual visit with the physician.</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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