

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Sterling Care Bethesda		STREET ADDRESS, CITY, STATE, ZIP CODE  5721 Grosvenor Lane Bethesda, MD 20814	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>51788</p> <p>Based on resident family interviews and facility record reviews, it was determined that the facility failed to prevent residents from being physically abused. This was evident for 1 (Residents #85) out of 20 residents reviewed during the survey.</p> <p>The findings include:</p> <p>On 02/27/25 at 08:04 AM, the surveyor attempted to interview Resident #85. During the interview, the resident was non-verbal when asked questions regarding his/her stay at the facility and questions about the Facility Reported Intake MD00208175.</p> <p>On 02/27/25 at 10:27 AM, the resident 's medical record was reviewed. The resident medical record review revealed that Resident #85 had a medical diagnosis of Alzheimer 's Disease and schizophrenia.</p> <p>On 02/28/25 at 10:53 AM, Resident #85's daughter was interviewed. During the interview, Resident #85's daughter stated that Resident #85 was physically assaulted by a facility staff member in July 2024.</p> <p>On 03/03/25 at 09:36 AM, the facility's records were reviewed. The facility record review revealed that the facility's initial Facility Reported Incident and the follow-up Facility Reported Incident (MD00208175) indicated that, on 07/26/24 at 02:45 PM, the Business Office Director #23 and the Admission Director #26 observed Geriatric Nursing Assistant #27 hit Resident #85 with small, gray bag. The facility's follow-up Facility Reported Incident indicated that after the facility conducted an investigation, the facility substantiated the allegations of abuse against Resident #85 and on 7/26/24 Resident #85 was assessed and showed no signs of pain and trauma, skin discoloration or psychological trauma. Also, facility's follow-up Facility Reported Incident indicated that Nursing Assistant #27 was suspended pending the investigation and was terminated after the investigation, and on 8/5/24, the facility submitted a complaint to the Maryland Board of Nursing regarding Geriatric Nursing Assistant #27.</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
---	-------	-----------