

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 02/05/2026
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to provide 3 (R24, R25, and R26) of the 3 sampled residents' meals at the designated normal mealtimes and in accordance with their needs, preferences, and requests. The facility census was 174. Record review of the facility's dietary policy, last revised 10/2022 and titled Frequency of Meals, documented that at least three daily meals will be provided, at regular times comparable to normal mealtimes in the community. The policy described the procedures as follows: Dietary Procedures: The Dining Service Director coordinates with the residents, Administrator, and/or Director of Nursing Services to establish the meal and snack times that are comparable with normal times in the community. A schedule of meal service times will be provided to the nursing staff and available in resident/patient care areas. The Dining Services Director will ensure that each meal is served within the designated time frame unless there is an emergency or a resident's request. During observations and interviews of the Chesapeake dining room area on 2/2/2026 from 12:15 PM to 1:00 PM, approximately three residents, R24, R25, and R26, were waiting for lunch to be served. Residents were in the dining room from 12:10 PM until 1:00 PM. A notice on the dining room entrance read Chesapeake Lunch Meal from 12:15 pm to 12:30 PM. Continued observations showed two other residents walked out of the dining room and did not return. R24 sat in their chairs and stated they had been waiting for at least 45 minutes. Some Residents started walking back to their rooms. One of the residents, R24, raised his/her voice and stated He/she was tired of waiting and that something must change. 1. Record review of R24's Face sheet showed that R24 was admitted on [DATE]. R24's diagnoses included type two Diabetes Mellitus with Hyperglycemia, Pancreatitis, Disorder of the lung, and Acute Kidney failure. Disorder of Mineral Metabolism. Record review of R24's annual Minimum Data Set (MDS) dated 12/30/2025, revealed R24 had a Brief Interview of Mental Status (BIMS) score of 14. The BIMS score indicated that R24 was cognitively intact. During an interview on 2/2/2026 at 12:20 PM, R24 revealed he/she had been waiting for lunch for over forty minutes. R24 stated staff never brought food on time and explained it was frustrating, as lunch was his favorite meal. During an interview on 2/2/2026 at 12:50 PM, the Director of Nursing (DON) 2 stated that mealtimes should be observed as stipulated and that she would have staff start serving lunch on the Chesapeake ward immediately. During an interview on 2/2/2026 at 1:46 PM, the Dietary Manager (DM) 9 stated that he ensured food was brought to the hallways in time and explained that it's up to the nursing staff to pass the food trays in a timely manner. Further observations on 2/3/2026 at 9:46 AM showed that ADON 33 brought a tray full of breakfast; she stated the kitchen staff were late, and he/she stated the kitchen staff may be experiencing logistics problems. Observations of the Potomac dining room showed breakfast was served from 8:45 AM to 9:00 AM. 2. Record review of R25's Face sheet showed that R25 was admitted on [DATE]. R25's diagnoses included unspecified</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 215187	If continuation sheet Page 1 of 5

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Displaced Fracture, Central Cord Syndrome, Sequela, and anxiety disorder. Record review of R25's annual Minimum Data Set (MDS) dated 12/7/2025, showed R25's BIMS score was 15, the BIMS score indicated R24 was cognitively intact. During an interview on 2/2/2026 at 12:45 PM, R25 revealed he/she had been waiting for lunch for over 45 minutes and explained that staff never served meals on time. R25 stated that weekends were worse and explained that by the time staff served Residents their meals, the food was usually cold. R25 concluded that staff always seemed to get upset and agitated when he/she asked for his/her meals to be warmed. 3. Record review of R26's Face sheet showed that R25 was admitted on [DATE], with diagnoses that included Anxiety disorder, Depression, and Hypo-Osmolality (refers to a lower-than-normal concentration of solutes in the blood, often leading to hyponatremia, which is characterized by low sodium levels in the blood). Record review of R26's Quarterly MDS dated [DATE] showed R26's BIMS was 15. The BIMS indicated that R26 was cognitively intact. During an interview on 2/4/2026 at 9:26 AM, R26 revealed he/she was the Resident Council President. R26 stated that for the last six months, staff have been serving meals late. R26 explained that staff rarely served meals to Residents on time. R26 further stated that, at times, staff served Residents cold food. According to R26, when Residents attempted to get their food, reheated staff would display a negative or disrespectful demeanor. During an interview on 2/4/2026 at 10:12 AM, Dietary Aide (DA) 32 revealed that, most of the time, Resident meals were not brought to the floor on time due to staff shortages. During an interview on 2/4/2026 at 2:05 PM, Dietary District Manager (DDM) 31 said food has been running late due to staffing shortages and explained that the facility was working to ensure the dietary department had the right staffing levels. During an interview on 2/5/2026 at 9:30 PM, Facility Administrator 1 revealed that the dietary department was not directly administered by the facility and concluded that his understanding was that the dietary department was taking measures to hire additional staff. Observations showed that there were sufficient nursing and non-nursing staff to assist dietary staff when needed.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, records reviews and staff interviews, the facility failed to provide a functional, sanitary and comfortable environment for 5(R#3, R#20, R#21, R#22 and R#23) of 5 sampled residents when a toilet had rust and black mold around the seal of toilet along with leakage with water. The facility census was 174. Findings include: Record review of facility policy Resident/Patient Room Cleaning dated 2/2025, revealed Healthcare Services Group, Inc (HCSG) is committed to providing a safe, clean, and hygienic environment for residents, staff, and visitors in accordance with regulatory guidance and industry best practices. Restrooms will be regularly cleaned and disinfected with a particular focus on disinfecting high-touch surfaces such as light switches, the wall near the toilet, trash cans, grab bars, the sink, and the toilet (including the seat and handle). Record review of facility policy Safe and Homelike Environment dated 1/2026, revealed in accordance with resident rights, the facility will provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal items to the extent possible. 3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment. Record review of R#3: Face sheet documented the admission date as 7/13/22. Medical diagnosis included Type II diabetes, dysphagia, hyperlipidemia, depression, hypertension, and gastroesophageal reflux disease (GERD). Record review of R#3 quarterly Minimum Data Set (MDS) dated [DATE]. Section C score of 13/15, indicating cognitive intactness for the interview. Set up for eating, supervision, toileting, oral hygiene, and partial assistance with showering. Section H: Frequent incontinence for bowel and bladder. Record review of care plan dated 7/21/25 of R#3, indicated history of falls related to sliding off the bed. Intervention has a call light in reach and wears nonskid socks. R#3 is dependent on staff for emotional, intellectual, physical, and social needs. Intervention 1:1 bedside/in-room visits. Record review of R#20: Face sheet documented the admission date as 4/26/25. Medical diagnosis included Type II diabetes, dysphagia, hyperlipidemia, dementia, hypertension, gastroesophageal reflux disease (GERD), and chronic kidney disease stage III. Record review of R#20 quarterly Minimum Data Set (MDS) dated [DATE]. Section C scored 12/15, indicating moderately cognitive intactness during the interview. Section GG wheelchair mobility device used. The resident Depended on staff on with eating, toileting, oral hygiene, showering, and dressing. Section H: Frequent incontinence for bowel and bladder. Record review of the care plan dated 11/18/25 for R#20 indicates a fall related to poor balance, poor safety awareness, and unsteady gait. Intervention indicated that resident require staff assistance with toileting and transfers. Record review of R#21: Face sheet documented the admission date as 10/1/25. Medical diagnosis included Type II diabetes, hypertension, and chronic kidney disease stage III. Record review of R#21 quarterly Minimum Data Set (MDS) dated [DATE]. Section C score of 13/15, indicating cognitive intactness for the interview. Section GG wheelchair mobility device used. Supervision with all eating. Depending on staff on toileting, oral hygiene, showering, and dressing. Section H Always incontinent for bowel. Record review of the care plan dated 10/1/25 for R#21 reveals an Activities of Daily Living (ADL) self-care performance deficit due to failure to thrive, hemiplegia, and right-hemisphere post-cerebral infarction affecting the right dominant hemisphere. Resident#21 require assistance with dressing, eating, and toileting, and two staff members assist with transfers. Record review of R#22: Face sheet documented the admission date as 10/9/23. Medical diagnosis included Type II diabetes, aphasia, hyperlipidemia, anxiety, hypertension, schizophrenia, bipolar disorder, and chronic obstructive pulmonary disease (COPD). Record review of R#22 quarterly Minimum Data Set (MDS) dated [DATE]. Section C score of 15/15, indicating cognitive intactness for the interview.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Section GG: No mobility device used. Set up with all the eating. Supervision with toileting, oral hygiene, and dressing. Section H: Frequent incontinence for bowel and bladder. Record review of care plan dated 11/30/25 of R#22 ADL self-care performance related to confusion. Intervention: residents require assistance from one staff member for bathing/showering, bed mobility, dressing, personal hygiene, toilet use, and transfer. Record review of R#23: Face sheet documented the admission date as 7/29/24. Medical diagnosis included hyperlipidemia, dementia, hypertension, gastroesophageal reflux disease (GERD), major depressive disorder, and dysphagia. Record review of R#23 quarterly Minimum Data Set (MDS) dated [DATE]. Section C score is blank, indicating no interview occurred. Section GG walker mobility device used. Set up eating and oral hygiene. Supervision with toileting and substantial assistance with showering and dressing. Section H: Frequent incontinence for bowel and bladder. Record review of care plan dated 1/20/26 of R#23 has poor ADL self-care related to dementia. The resident requires staff assistance with personal hygiene, dressing, bed mobility, toileting, and transfers. On 2/2/26 at 11:55 AM, observed toilet commode of R#3, R#20, R#21, and R#22 with a rust stain approximately five inches wide and seven inches long. The toilet commode seal was black, like mildew, and was missing caulk/sealant. The toilet commode was unsteady and shifted side to side. Water was leaking from the toilet because of missing caulk. On 2/3/26 at 10:25 AM, observed that the toilet commode in R#23 had caulking/sealant missing and water leaking in front of the toilet. Interview on 2/2/26 at 11:55 AM, with R#3 stated R#3 stated the toilet rust stain has been there for a while. R#3 stated that housekeeping supposedly cleans daily, and stains would still be present. R#3 stated that the toilet moves and water leaks due to the white tape (caulking) with mildew missing. R#3 stated that no one should live like this with a dirty bathroom. R#3 stated that they go to the bathroom alone. Interview on 2/3/26 at 10:25 AM with R#23 stated that the toilet leaks, and they could slip and fall. R#23 did not know how long the toilet had had a leakage problem. R#23 stated that they go to the bathroom alone. R#23 is ambulatory and uses a walker. Interview on 2/5/26 at 9:00 AM with Housekeeper (HK)21, who has worked at the facility for 16 years stated that they Clean and check the soap, the paper towel, the nightstand table, the bathroom, clean the toilet bowl, sweep and mop the back of the toilet. HK21 said that if they see any problems in the room, they report the concern to the supervisor. HK21 stated that the supervisor will put in the work order. HK21 stated they did not see the rust stain behind the toilet. HK21 stated they are assigned to clean the whole unit daily. HK21 stated they couldn't get the stain up and just left it. HK21 stated they will let the supervisor know when this happens again. Interview on 2/5/26 at 9:11 AM, Environmental Service Manager (EVSM) 20 stated that their expectation is to have the facility cleaned each day. EVSM20 stated that a complete daily check is conducted in about 10% of rooms. EVSM20 stated they had not seen any toilets with rust stains but did find some with caulk/sealant issues. EVSM20 stated they reported to maintenance right away. EVSM20 stated they will conduct training for staff in bathroom cleanliness and what to look for. Interview on 2/5/26 at 9:46 AM: Maintenance Supervisor (MS) 19 stated that the administrator does rounds every afternoon. MS19 has been at the facility for two months. MS19 stated they noticed the rust stain about two or three weeks ago. MS19 stated that he notified housekeeping to do another cleaning and also asked the tech to complete the caulking. MS19 stated they did not complete any follow-up to ensure it was done. MS19 stated they are working to get things up to task and just haven't had a chance to follow up. Interview on 2/5/26 at 9:57 AM. Administrator stated MS19, since the starting position has completed many tasks. Administrators' expectations are to meet the minimum standard for a homelike environment and what it takes to maintain it. The Administrator stated they will bring this issue to QAPI, and every Monday, the team reviews facility issues or concerns. The compliance program</p> <p>(continued on next page)</p>		

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