STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215187	A. Building B. Wing	04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sterling Care Bethesda	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on interviews and record reviews, it was determined that the facility failed to accommodate a dependent resident's needs by not ensuring the resident's motorized wheelchair was in working condition. This was evident for 1(Resident #156) of 1 resident reviewed for reasonable accommodation of needs during the annual survey.The findings include:Resident #156 whose diagnoses include Quadriplegia, Contracture of the lower legs and Contracture of the left elbow and wrist, was admitted to the facility in 2014.On 4/20/26 at 11:10 AM in an interview Resident #156 stated that their customized motorized wheelchair had been broken for several months, and the facility neither repaired nor provided a substitute motorized wheelchair. As a result, the resident was unable to move around in the facility.The surveyor interviewed the Director of Rehab on 4/21/26 at 2:10 PM. She stated that the wheelchair had been broken since last year. On 09/26/25, the vendor submitted invoices totaling $441.34 for the repairs. However, the facility did not pay the invoices, which resulted in the wheelchair remaining inoperable.On 4/22/26 at 8:30 AM, the Director of Nursing (DON) stated that the facility did not repair the wheelchair because the resident's condition had declined, and the resident was no longer capable of operating a motorized wheelchair.A review of the resident's clinical record on 4/22/26 at 1:00 PM revealed Resident #156 was assessed by Rehab on 4/13/26 and deemed on that date to be incapable of using a motorized wheelchair. The clinical records did not reveal that the resident was incapable of using a motorized wheelchair prior to 4/13/26.On 04/22/26 at 2:15 PM, the Director of Rehab stated that she also checked the clinical records and confirmed the surveyor's findings. Further, the surveyor noted Resident #156's motorized wheelchair had been broken since 09/26/25. The clinical record also lacked documentation to indicate that the facility provided a substitute motorized wheelchair during the inoperable period.On 04/27/26 at 7:26 AM, the surveyor notified the DON of the findings.

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