STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215228	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Althea Woodland Nursing Home	1000 Daleview Drive Silver Spring, MD 20901

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview with facility staff, it was determined that the facility failed to ensure clean, safe, and comfortable environment. This was evident in 3 (Rooms 5, 26 and 27) of 4 rooms reviewed during the annual survey. The findings include: On 06/15/2026 at 1:11 PM, the surveyor toured the facility with the Maintenance Director and observed that there was no airflow in the bathroom of room [ROOM NUMBER]. The bathroom ambient air temperature felt warm, and an odor remained in the bathroom. During an interview, the Maintenance Director acknowledged that the exhaust fan was nonfunctional and confirmed that the unit would be repaired or replaced promptly. On 06/18/2026 at 9:43 AM, the surveyor observed the footboards for Beds A and B in room [ROOM NUMBER] were torn, chipped, cracked, and pitted. At 9:55 AM, the surveyor observed water-damage at the bottom of the closet doors in room [ROOM NUMBER]. The closet doors showed signs of swelling, warping, and bubbling paint. At 10:01 AM, the surveyor notified the Maintenance Director of the findings and reviewed the damaged footboards in room [ROOM NUMBER] and the damaged closet doors in room [ROOM NUMBER]. During an interview, the Maintenance Director acknowledged that several other footboards throughout the facility were also in process of being replaced and confirmed that the footboards for Beds A and B were on the replacement list. The Maintenance Director also stated that new closet doors had been purchased and would be installed promptly.

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