

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Sterling Care Riverside		STREET ADDRESS, CITY, STATE, ZIP CODE 1123 Belcamp Garth Belcamp, MD 21017	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview and record review it was determined the facility failed to: 1.) follow an active medical order in place for continuous oxygen for a resident, 2.) ensure the resident's care reviewed by the physician reflected the medical order in place, and 3.) ensure the respiratory care plan accurately reflected the medical order for oxygen. This was evident for 1 out of 1 resident (Resident #68) reviewed for respiratory care during the surveyor's review of a complaint and during the facility's recertification survey. The findings include: During the surveyor's review of investigation into a complaint, Resident #68 was observed by the surveyor on 8/18/25 at 10:53AM laying in bed with their oxygen concentrator on and set at 5 liters being delivered via nasal cannula to the resident. Review of the medical record at this time revealed Resident #68 had the following active medical order dated as beginning on 5/1/25: Respiratory: Oxygen- Continuous 4L via NC (nasal cannula), every shift. On 8/18/25 at 10:54AM the surveyor requested a dual observation of the concern with Unit Manager #26 who observed the oxygen concentrator of Resident #68 set at 5 liters, acknowledged the surveyor's concern, and after surveyor intervention, Unit Manager #26 was observed turning the oxygen concentrator from 5 liters down to 4 liters. On 8/18/25 at 10:56AM the surveyor shared the concern with the facility's Director of Nursing who acknowledged understanding of the concern. On 8/18/25 at 12:30PM the surveyor reviewed the medical record which revealed a progress note for Resident #68 documented by Nurse Practitioner #27 which indicated the resident was on oxygen via nasal cannula as needed on physical exam, and documented that the resident's assessment and plan included the resident being on chronic oxygen via nasal cannula at 3 Liters. On 8/18/25 at 12:30PM the surveyor reviewed the medical record which revealed a progress note for Resident #68 documented by Nurse Practitioner #27 which indicated the resident was on oxygen via nasal cannula as needed on physical exam, and documented that the resident's assessment and plan included the resident being on chronic oxygen via nasal cannula at 3 Liters. On 8/18/25 at 12:45PM the surveyor reviewed the care plan of Resident #68 and observed the following two simultaneous care plan interventions: 1.) Oxygen settings: 02 via 4L via NC, and 2.) Oxygen Settings: Humidified 02 via nasal prongs 3 L continuously. On 8/18/25 at 12:54PM the surveyor shared concerns with the Director of Nursing who acknowledged and confirmed understanding of the surveyor's concerns.</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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