

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2026
NAME OF PROVIDER OR SUPPLIER Resorts at Chester River Manor Corp		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Morgnec Road Chestertown, MD 21620	
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 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ staff that are licensed, certified, or registered in accordance with state laws. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure a licensed practical nurse (LPN) maintained her current credentials for 1 (LPN #1) of 8 licensed nursing staff reviewed for current credentials. This deficient practice had the potential to affect all residents who currently resided in the facility. Findings included: According to the Maryland Department of Health, LPN #1 nursing licensed expired on [DATE] and had not been renewed. LPN #1's Time Card Report for the timeframe [DATE] - [DATE], revealed LPN #1 worked 69 days in the facility. LPN #1's Employee Punch Report for the timeframe [DATE] - [DATE], revealed LPN #1 worked 67 days in the facility from [DATE] to [DATE]. LPN #1's Payroll Change Notice dated [DATE], revealed LPN #1 was removed from the facility's payroll effective [DATE]. Per the Payroll Change Form, LPN #1 informed the facility she was retiring. During an interview on [DATE] at 10:40 AM, LPN #1 stated she did not know her license lapsed. LPN #1 stated she worked multiple shifts without knowing there had been a lapse in her nursing license. During an interview on [DATE] at 3:02 PM, the Human Resources (HR) Director stated she was not aware that LPN #1's license had expired. The HR Director acknowledged LPN #1 worked 136 shifts between [DATE] and [DATE] without a nursing license. During an interview on [DATE] at 3:43 PM, the Director of Nursing (DON) stated she relied on the HR Director to ensure all nurses' licenses were current and not expired. The DON stated she was not aware LPN #1 did not have a current license after [DATE]. During an interview on [DATE] at 3:30 PM, the Administrator stated the HR Director kept a spreadsheet used to track when nurses' licenses expired. The Administrator stated he was not aware LPN #1 worked in the facility without a current nursing license.		

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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