STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215270	A. Building B. Wing	03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Solomons Nursing and Rehab Center	13325 Dowell Road Solomons, MD 20688

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 - Some	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** 37585 Based on observation and interview with facility staff, it was determined that the facility failed to maintain a homelike environment in resident rooms. This was evident for 7 of 7 resident rooms reviewed during the environmental survey. The findings include: On 3/4/25 at 9:20 AM, a tour was conducted of rooms 79, 10, 18, 17, 32, 33, and 16, all of which were being reviewed for an increase in occupancy. The tour was conducted with the Administrator and the Director of Maintenance. The tour revealed the following concerns: - room [ROOM NUMBER]: no towel hanger in the bathroom - room [ROOM NUMBER]: no towel hanger in the bathroom. Damage noted to the footboard of the bed - the protective outer layer of the footboard was damaged and peeling away, exposing the inner particle board. - room [ROOM NUMBER]: no towel hanger in the bathroom. Damage noted to the footboard of the bed nearer the door - the protective outer layer of the footboard was damaged and peeling away, exposing the inner particle board. - room [ROOM NUMBER]: damaged gasket inside the spud flange at the base of the flush connection of the toilet. Exposed bolt securing the toilet to the floor, requiring a cap for safety and rust prevention. - room [ROOM NUMBER]: pull cord too short for the overhead light of the bed nearer the window. Also, the night light over that bed did not work. Damage noted to the footboard of the bed nearer the window - the protective outer layer of the footboard was damaged and peeling away, exposing the inner particle board. The seat of the toilet was noted to be loose and off center, posing a safety risk for residents transferring onto and off the toilet. - room [ROOM NUMBER]: pull cord too short for the overhead light of the bed nearer the door. Damage noted to the footboard of the bed nearer the door - the protective outer layer of the footboard was damaged and peeling away, exposing the inner particle board. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Some	- room [ROOM NUMBER]: pull cord too short for the overhead light of the bed nearer the door. Damage noted to the footboard of the bed nearer the door - the protective outer layer of the footboard was damaged and peeling away, exposing the inner particle board. The wall plate of the overhead sprinkler was loose over the bed nearer the window. The Administrator and the Director of Maintenance were present throughout the tour and confirmed all of the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have enough outside ventilation via a window or mechanical ventilation, or both. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37585 Based on observation and interview with facility staff, it was determined that the facility failed to ensure that resident bathrooms had effective mechanical ventilation. This was evident for 5 of 7 resident rooms reviewed during the environmental survey. The findings include: On 3/4/25 at 9:20 AM, a tour was conducted of rooms 79, 10, 18, 17, 32, 33, and 16, all of which were being reviewed for an increase in occupancy. The tour was conducted with the Administrator and the Director of Maintenance. All rooms included a bathroom attached to the room that included a sink and a commode. As part of the tour, effective mechanical ventilation in the bathroom was tested by observing if a thin piece of paper was drawn towards and held against the ventilation intake on the ceiling. This test was performed by the Director of Maintenance. This test showed effective ventilation in the bathrooms of rooms [ROOM NUMBERS], but failed to show effective ventilation in the bathrooms of rooms 18, 17, 32, 33, and 16. The Director of Maintenance was interviewed during the tour and confirmed that ventilation was ineffective in the above five bathrooms. The Director stated that the rooms were all serviced by rooftop ventilation units. The Director of Maintenance stated that the motors of the units were likely nonfunctional and would require repair.