

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2026
NAME OF PROVIDER OR SUPPLIER  South River Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE  144 Washington Road Edgewater, MD 21037	
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility staff interviews and surveyor record review it was determined that the facility failed to provide notification of room change when a Resident was transferred to another room in the facility. This finding was found to be evident in 1 (Resident #107) out of 10 Residents reviewed for notification of room change. The findings include: The surveyor conducted a record review of the closed medical record for Resident #107 on 3/13/2026 at 6:50 AM related to a complaint that was submitted online to the Office of Healthcare Quality (OHCQ). Review of the medical record revealed that Resident #107 was transferred from room [ROOM NUMBER]-A on station 2 nursing unit to room [ROOM NUMBER]-B on station 1 nursing unit on 2/4/2026. Further review of the medical record revealed that there was no documentation that indicated that Resident #107 and/or Responsible Party were notified of the room change. In an interview with the Director of Nursing (DON) at 8:38 AM on 3/13/2026 the surveyor conveyed that Resident #107 was transferred from room [ROOM NUMBER]-A to room [ROOM NUMBER]-B on 2/4/2026, and that there was no documentation in the medical record that Resident #107 and/or Responsible party were notified of the room change. The DON stated that she would look for the room change notification for Resident #107. In a follow-up interview with the DON at 9:20 AM on 3/13/2026 the DON stated that she was unable to locate documentation of notification of room change for Resident #107, but she was still looking for it. The surveyor asked what the expectation was for the facility to document notification of a room change to the Resident and/or Responsible Party. The DON stated that it was the expectation of the facility to notify the Resident and/or Responsible party of the room change and to document in the medical record the notification of room changes. At the time of survey exit no information was provided by the facility for notification of room change for Resident #107.</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, it was determined that the facility failed to perform accurate Minimum Data Set (MDS) assessments. This was found to be evident for 3 (#3, #45, and #107) of 18 residents observed for coding accuracy of MDS assessments. The findings include: The MDS, is a federally mandated assessment tool, that helps nursing home staff members gather information on each resident's strengths and needs. The information collected drives resident care planning decisions. Accurate MDS assessments ensure each resident receives necessary care.</p> <p>1) On 3/9/2026 at 11:30 AM the surveyor observed Resident #45 who was sitting in wheelchair in Resident room with left arm in a sling. Resident #45 stated that he/she was going to physical therapy here at the facility because he/she fell at home and broke shoulder.</p> <p>The surveyor conducted a record review of Resident #45's medical record on 3/10/2026 at 2:20 PM. Review of the medical record revealed that Resident #45 fell in the walk-in closet at home and sustained a closed left scapular fracture. Further review of the medical record revealed that the 2/13/2026 Admission/Medicare &amp;ndash; 5 Day Minimum Data Set (MDS) assessment Section J1800/1900 was coded that Resident #45 had falls since admission and that one fall was coded as no injury and that another fall was coded as major injury. Continued review of the medical record revealed that Resident #45 did not have any falls in the facility.</p> <p>In an interview with the Director of Nursing (DON) at 2:35 PM on 3/10/2026 the surveyor asked if Resident #45 had fallen in the facility and the DON stated that the Resident did not have any falls in the facility since admission. Resident #45 was admitted to facility from the hospital on 2/9/2026 with a fractured scapula. The DON was notified that Resident #45's Admission/Medicare &amp;ndash; 5 Day MDS assessment was inaccurately coded for falls.</p> <p>The surveyor conducted an interview with the Lead Registered Nurse MDS Coordinator at 2:45 PM on 3/10/2026. The surveyor conveyed to the MDS Coordinator that Resident #45 did not fall in the facility since admission on [DATE] and that Resident was admitted with a fractured shoulder due to a fall at home. The surveyor reviewed Resident #45's 2/13/2026 Admission/Medicare &amp;ndash; 5 Day MDS assessment with the MDS Coordinator and stated that the MDS assessment was coded that the Resident had 2 falls in the facility since admission, one fall with no injury and one fall with major injury. The MDS Coordinator acknowledged the surveyor and stated that the 2/13/2026 Admission/Medicare &amp;ndash; 5 Day MDS was coded inaccurately for falls as Resident #45 did have any falls in the facility and further stated that she would complete a correction to the admission MDS as that was the facility's policy for inaccurate coding of MDS assessments.</p> <p>In a follow-up review of Resident #45's medical record on 3/10/2026 at 3:20 PM it revealed that there was a 2/13/2026 Modification of Admission/Medicare &amp;ndash; 5 Day MDS assessment completed on 3/10/2026 at 2:52 PM Section J1800/1900 which was coded that Resident had no falls since admission.</p> <p>On 3/12/2026 at 7:52 AM the surveyor conducted a record review of Resident #107's closed medical record. Review of the medical record revealed that Resident #107 had 2 falls in the facility, one on 2/11/2026 with no injury and one on 2/16/2026 with injury (except major). Further review of the medical record revealed that there were the following MDS assessments completed: 2/1/2026 Admission/Medicare &amp;ndash; 5 Day, 2/20/2026 End of PPS Part A Stay, 2/25/2026 Quarterly &amp;ndash; (continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>None PPS, and 2/28/2026 Discharge Return Anticipated. The 2/20/2026 End of PPS Part A Stay MDS Section J1800/1900 was coded that Resident #107 had a fall with no injury and had a fall with injury (except major) which would include the 2 falls on 2/11/2026 and 2/16/2026. However, further review of the MDS assessments revealed that the 2/28/2026 Discharge MDS was coded that Resident #107 had one fall with no injury and one fall with injury (except major). There was no documentation that Resident #107 had any additional falls in the facility.</p> <p>In an interview with the Director of Nursing (DON) at 11:30 AM on 3/12/2026 the surveyor reviewed Resident #107's falls. The DON confirmed that Resident #107 had only 2 falls, one on 2/11/2026 with no injury and one on 2/16/2026 with injury (except major). Additionally, the surveyor conveyed that the 2/28/2026 Discharge MDS was coded that Resident had 2 falls, however, these falls were already coded on the 2/20/2026 End of PPS Part A Stay MDS assessment.</p> <p>In a follow-up review of Resident #107's medical record on 3/12/2026 at 1:50 PM it revealed that there was a 2/28/2026 Modification of Discharge Return Anticipated MDS assessment completed on 3/12/2026 at 12:02 PM Section J1800/1900 which was coded that Resident had no falls since prior MDS assessment.</p> <p>At 3:10 PM on 3/12/2026 the surveyor reviewed with the Director of Nursing (DON), Licensed Nursing Home Administrator (LNHA) and the Regional Director of Clinical Services the concern with Resident #107's falls and inaccurate coding on the 2/28/2026 Discharge Return Anticipated MDS assessment.</p> <p>2) On 03/11/2026 at 9:11 AM, the surveyor reviewed Resident #3's Quarterly MDS assessment dated [DATE]. The assessment read: Section N - N0350 Insulin, A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days. The number was 7. The electronic medical record did not contain any orders for insulin.</p> <p>The surveyor interviewed the MDS Coordinator on 03/11/2026 at 9:37 AM. When the surveyor questioned the coding, the Coordinator stated, I coded Ozempic as an insulin, but that is an error. I will prepare a modification now.</p> <p>On 03/11/2026 at 9:42 AM, the Administrator acknowledged the incorrect coding and stated it would be corrected.</p>		