STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215297	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South River Rehabilitation and Wellness Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview, record review, and facility policy review, the facility failed to ensure a resident's comprehensive care plan specified the level of assistance the resident required for bathing and the resident's frequent refusals of showers for 1 (Resident #2) of 3 sampled residents reviewed for activities of daily living. Findings included: A facility policy titled, Refusal of Care, dated 04/2026, indicated, It is the policy of [facility name] to respect and uphold each resident's right to refuse treatment, medication, or any aspect of care. The policy specified, The care plan will be updated to reflect the refusal pattern. An admission Record revealed the facility admitted Resident #2 on 03/29/2026. According to the admission Record, the resident had a medical history that included a diagnosis of primary osteoarthritis of the right shoulder. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/31/2026, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. Resident #2's Care Plan Report included a focus area initiated 03/29/2026, that indicated the resident had activity of daily living self-care performance. There was no evidence on the Care Plan Report to specify the level of assistance the resident required for bathing or refusal of care. Resident #2's shower sheets dated 04/01/2026, 04/04/2026, 04/08/2026, 04/11/2026, 04/15/2026, 04/18/2026, 04/22/2026, 04/25/2026, and 04/29/2026 revealed Resident #2 refused their shower but accepted a bed bath on all days, with the exception of 04/18/2026. During an interview on 05/14/2026 at 11:03 AM, Certified Nursing Assistant #2 stated he cared for Resident #2 a couple of times, and the resident refused care frequently. During an interview on 05/15/2026 at 11:51 AM, Licensed Practical Nurse (LPN) #1 stated Resident #2 refused showers. LPN #1 stated she would expect refusals to be care planned if it became a pattern. During an interview on 05/15/2026 at 12:21 PM, the Unit Manager (UM) stated a resident's refusals should be care planned. The UM confirmed Resident #2 refused showers and confirmed the resident's care plan did not include the resident's refusal. During an interview on 05/15/2026 at 1:16 PM, the MDS Coordinator stated if a resident refused care or showers, it should be added to the resident's care plan. Per the MDS Coordinator, if Resident #2 refused care offered by the floor staff, they would have been responsible for updating the resident's care plan with that information. During an interview on 05/15/2026 at 2:09 PM, the [NAME] President of Clinical Operations (VPCO) confirmed she was filling in for the Director of Nursing. The VPCO stated she would expect refusals to be care planned and the nursing team was responsible for updating the resident's care plan. During an interview on 05/15/2026 at 2:15 PM, the Administrator stated refusals of care should be care planned by the nursing department.

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