

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Encore at Turf Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 11150 Resort Road Ellicott City, MD 21042	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49148</p> <p>Based on record review and interviews with staff, it was determined that the facility failed to ensure the Minimum Data Set (MDS) assessments were accurately coded. This was evident for 1 (Resident #87) out of 25 residents reviewed during the investigative portion of the survey.</p> <p>The findings include:</p> <p>On 5/13/2025 at 9:45AM, during a review of Resident #87's electronic medical record, the Surveyor discovered that the resident was admitted to the facility on [DATE] for rehab after hospitalization for a right revision total knee replacement and infection associated with internal right knee prosthesis with a wound vac in place.</p> <p>MDS section GG0115 is Functional Limitation in Range of Motion. Residents are coded for limitation that interfered with daily functions or placed the resident at risk of injury in the last 7 days. Coding for 0=no impairment, 1 = Impairment on one side, and 2 =Impairment on both sides. Code boxes A. Upper extremity (shoulder, elbow, wrist, hand) and B. Lower extremity (hip, knee, ankle, foot).</p> <p>On 5/13/2025 at 10:00AM, a review of Resident #87's Admission MDS assessment dated [DATE] revealed that in Section GG0115, Functional Limitation in Range of Motion, the resident was coded 0, which indicated no impairment, in box B lower extremity (hip, knee, ankle, foot). Further review revealed the resident needed substantial/maximal assistance during the admission performance of lower body dressing, rolling left to right, sit to lying, lying to sitting on the side of the bed, sit to stand, chair/bed-to-chair transfer, and toilet transfer.</p> <p>On 5/13/2025 at 11:55AM, during an interview conducted with Physical Therapy staff #17, the Surveyor was informed that the resident had impairment of the right lower extremity due to surgery on the right knee. The resident had limited range of motion (ROM) at -10 degree's extension and 72 degree's flexion, with a goal to increase the right lower extremity ROM 10 degrees by discharge.</p> <p>A review on 5/13/2025 at 12:10PM of Resident #87's occupational therapy evaluation from 8/19/2024, revealed that under the section for Musculoskeletal ROM, the right lower extremity was impaired and under the section for pain, the resident experienced pain in the right knee.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/13/2025 at approximately 12:45PM, during an interview conducted with the MDS Coordinator #8, the Surveyor confirmed that Resident #87 had functional impairment of the right lower extremity due to right knee surgery. The resident should have been coded in section GG0115 for 1, impairment on one side, in box B for lower extremity.</p> <p>On 5/14/2025 during an interview with the Director of Nursing (DON), the Surveyor expressed the concern that Resident #87 had not been coded for functional impairment of the right lower extremity during the Admission MDS assessment done on 8/19/2024.</p>		