

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER The Nursing and Rehab Center at Stadium Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 East 33rd Street Baltimore, MD 21218	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER The Nursing and Rehab Center at Stadium Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 East 33rd Street Baltimore, MD 21218	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observations, record reviews, and interviews, it was determined that the facility failed to ensure adequate nursing staff coverage as required and failed to ensure that call bells were answered in a timely manner. This deficient practice was evident for all four nursing units during the complaint survey. The findings include: On 10/16/25 at 8:07AM, during the initial observation of the second-floor unit (unit two of four total floors and units), the surveyor asked Geriatric Nursing Assistant (GNA) #1 a question. The GNA responded to the question and then continued assisting residents on unit 2. The surveyor then proceeded to the third-floor unit. At 8:33AM, during the observation of the third floor, the surveyor observed GNA #1 assisting residents. When asked which unit she is assigned to, the GNA stated that the facility was short-staffed, and she was covering multiple floors. A review of the facility's staffing sheet for 10/16/25, for day shift for all four units indicated that the facility had one Registered Nurse (RN), one Licensed Practical Nurse (LPN), and three GNA's on duty. The staffing sheet was reviewed with the Director of Nursing who confirmed the facility's staffing. When asked how the facility staffs its units, the DON stated that one nurse covers two floors and four GNAs are assigned to each floor. When asked about the required RN coverage, the DON stated that the facility requires a minimum of 8 hours of RN coverage per day. On 10/16/25 at 8:38 AM, during an interview with Resident #307, the surveyor asked whether they had to wait a long time for staff to respond to their call bell. The resident stated that they have waited more than 30 minutes for staff to respond. A review of complaint intake #2563259 on 10/16/25 at 9:00 AM, revealed that the complainant stated Resident #300 reported pressing the call bell, but staff did not respond. The complainant mentioned the dates of 07/01/25, 07/05/25, and 07/06/25 as examples of when this occurred. The complainant also indicated that the facility is consistently understaffed. Review of the facility's staffing sheets for the month of July 2025 revealed that, out of 31 days, the facility staffed only three GNA's for 21 days instead of four as stated by the DON. The review also showed that on the following dates, the facility did not have 24-hour RN coverage as required. 07/05/25 day, evening and night shift- no RN 07/13/25 day, evening and night shift- no RN 07/19/25 day, evening and night shift- no RN 07/20/25 day, evening and night shift- no RN. Review of the facility staff call bell response time in July 2025 revealed the following wait times: 07/05/25- 29 minutes(m) 47 seconds(s), 27m 56s, 25m 58s, 19m 56s 07/06/25- 25m 45s, 17m 29s, 07/13/25- 27m 59s, 26m 4s, 21m 14s, 17m 16s, 07/19/25- 18m, 55s, 16m 15s, 15m 58s 07/20/25- 27m, 47s, 25m 49s, 24m 52s, 20m 59s, 20m 30s, 19m 55s, 19m 8s, 19m 2s, 15m 46s. On 10/16/25 at 1:41 PM, an observation was conducted on the second-floor unit to assess staff response to call bells. At the time of arrival, the surveyors noted that no nurses or GNA's were present on the unit. The surveyors remained on the unit until 2:01 PM; during this time, no nursing staff arrived. The surveyor asked a dietary staff about the nurse and GNA assigned to the unit. The staff member stated that the GNA #1 was in therapy with a resident and that the nurse assigned to this unit was covering the first-floor unit. On 10/17/25 at 9:33 AM, during an interview with the DON, the surveyor asked what the expected staff response time is for call bells. The DON stated that she expects staff to respond to call bells within 15 minutes. She further stated that there are times when residents may wait longer than expected; however, her expectation is that call bells be answered within 15 minutes or less. The surveyor discussed call bell response times and staffing concerns for July 2025, and the DON acknowledged the issue. The findings were revealed to the Administrator on 10/17/25 at 11:30 AM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER The Nursing and Rehab Center at Stadium Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 East 33rd Street Baltimore, MD 21218	
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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on record reviews and interviews, it was determined that the facility failed to ensure that the facility's assessment accurately reflected the facility's staffing requirements. This deficient practice was evident during the complaint survey. The findings include: During an interview with the Director of Nursing (DON) on 10/16/25 at 11:54 AM, the surveyor reviewed the facility assessment with her. The DON stated that she participates in the facility assessment process. When asked if the assessment was up to date, she stated that she believed it was. The surveyor informed her that the date on the facility assessment was August 2024. The surveyor and the DON discussed the staffing requirements outlined in the facility assessment which indicated the following: one nurse and Geriatric Nursing Assistant (GNA) to each unit (4 units) on the day shift; one nurse covering two units and one GNA assigned on the evening shift; and one nurse with three GNA's splitting coverage across the units on the night shift. The DON stated the information on the facility assessment was incorrect. She reported that one nurse covers two floors during the day, evening, and night shift; one Certified Medication Aide (CMA) covers the entire building during the day and evening shifts, with no CMA coverage at night; and four GNAs are scheduled for day, evening and night shift. The surveyor informed the DON that based on the staffing numbers she provided, and staffing sheets reviewed for July 2025, the facility is operating below the staffing levels indicated in the facility assessment. The DON acknowledged this concern. During an interview with the Administrator on 10/16/25 at 12:38 PM, the surveyor reviewed the facility assessment he had provided earlier in the day. When asked if the facility assessment was up to date, the Administrator stated that it was. The surveyor informed him of the staffing ratios listed in the facility assessment, and the Administrator stated that the information was incorrect. The Administrator then provided the surveyor with a second copy of the facility assessment, which was also dated August 2024. However, the section regarding staffing requirements was blank on the second copy. The Administrator stated that the staffing ratios reported by DON are the facility's current expected staffing requirement. The surveyor asked the Administrator if there was an updated facility assessment for 2025. The Administrator stated that the most recent assessment available was dated August 2024.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER The Nursing and Rehab Center at Stadium Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 East 33rd Street Baltimore, MD 21218	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of complaint #2611976, record reviews, and staff interviews, it was determined that the facility failed to ensure a resident's clinical record was accurately documented regarding the date and acquisition of pressure injuries. This was evident for 1 out of 2 complaints reviewed during the complaint survey. The findings include: Section M of the Minimum Data Set (MDS) is a part of the Resident Assessment Instrument used in long-term care facilities to document the risk, presence, appearance, and changes of skin conditions, primarily pressure ulcers. It also tracks other skin ulcers, wounds, lesions, and related treatments to ensure a comprehensive approach to skin care, prevention, and treatment. On 10/16/2025 at 9:50 AM, review of complaint #2611976 showed that on 09/09/2025, the resident's family filed a complaint with the State Agency stating concerns regarding Resident #301's wounds and care while the resident was at the facility. On 10/16/2025 at 10:12 AM, review of Section M of the Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #301 had no pressure sores upon admission but was at risk for developing pressure ulcers and used a pressure-reducing device for the bed and review of Section M of the MDS assessment dated [DATE] showed that the resident had unhealed pressure injuries that were unstageable and identified as Deep Tissue Injuries (DTI) to both heels. On 10/07/2025 at 10:21 AM, review of Resident #301's electronic medical record showed weekly skin assessments were completed from 07/28/2025 through 09/01/2025. The assessment dated [DATE] documented the resident's skin as intact. The next assessment, dated 09/08/2025, indicated the presence of unstageable pressure injuries to the right heel and deep tissue injury to the left heel. On 10/07/2025 at 10:41 AM, review of the wound assessment note dated 09/08/2025, completed by the Wound Nurse Practitioner (Staff #9), revealed documentation stating the wound was not acquired in house and listed the acquisition date as 07/19/2025. On 10/16/2025 at 1:13 PM, during an interview with the Director of Nursing (DON), she was asked whether Resident #301's wounds were avoidable. The DON stated that the wounds were unavoidable because Resident #301 was totally dependent upon admission and continued to decline. When asked to clarify how and when the wounds were acquired, the DON stated that the wounds were acquired in the facility and were first noted on 09/08/2025, the same day the resident was transferred to the hospital upon the Responsible Party's request. When informed of the discrepancy between her statement and the wound documentation, the DON stated she would inform Staff #9. On 10/16/2025 at 1:20 PM, the surveyor requested to speak with Staff #9 and the DON provided the surveyor with a phone number. On 10/16/2025 at 1:25 PM, the surveyor attempted multiple calls to Staff #9 but received no answer and left a voicemail message. On 10/16/2025 at 2:10 PM, the DON informed the surveyor that she had spoken with Staff #9 regarding the error in the wound documentation. The DON stated that Staff #9 acknowledged incorrectly documenting that the heel wounds were not facility-acquired and had entered an incorrect acquisition date of 07/19/2025. The DON further stated that Staff #9 agreed to write an addendum correcting the documentation to reflect that the wounds were facility-acquired with accurate dates. On 10/17/2025 at 8:08 AM, Staff #9 called the surveyor and stated that Resident #301 had incontinence-associated dermatitis (IAD) on the buttocks and pressure injuries to both heels. When informed that the acquisition and date of the wounds were incorrectly documented, Staff #9 confirmed that the documentation error was hers and that she had written an addendum correcting the information following her discussion with the DON. On 10/17/2025 at 8:29 AM, the DON was informed that inaccurate wound documentation was a concern. The DON acknowledged the issue and stated that she would conduct a facility-wide audit of all residents with wounds to verify the accuracy of wound acquisition documentation and prevent future errors.</p>		