

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  02/24/2026
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on medical record review and interview, the facility failed to update the resident's care plan after the resident had a change in condition. This was evident in 1 of 3 residents (Resident #3) reviewed during a complaint survey. The findings include: Surveyor review of complaint (2723293) alleging facility nursing staff failed to provide adequate colostomy care to Resident #3. Review of Resident #3's medical records on 2/24/26 at 12:45pm revealed the resident had orders for the care and maintenance of the resident's colostomy bag and the stoma. A progress note dated 2/18/26 revealed that the resident frequently manipulated his/her colostomy bag and removed the colostomy bag requiring facility nursing staff to change the bag frequently. The frequent manipulation of the colostomy bag and stoma also caused irritation at the colostomy site. Review of Resident #3's care plan revealed no evidence that the resident's behavior of manipulating the colostomy site were listed nor where there any interventions listed to prevent the behavior. Interview with the Director of Nursing (DON) on 2/24/26 at 2:15pm regarding Resident #3's colostomy care. The DON confirmed that the resident removes his/her colostomy bag frequently without understanding how to reattach the colostomy bag by him/herself. The surveyor pointed out that there was no evidence that the resident's care plan had an interventions for the resident's behavior of frequently removing his/her colostomy bag. The DON agreed and added the behavior and interventions to the care plan.</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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