STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215362	A. Building B. Wing	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Restore Health Rehabilitation Center	4615 Einstein Place White Plains, MD 20695

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews and record reviews, it was determined that the facility failed to report (1.) misappropriation of residents' property and (2.) an injury of unknown origin to the state agency. This was evident for 2 (Resident #78 and #91) out of 2 residents who were reviewed for reporting during the recertification survey.The findings include: 1. On 06/22/2026 at 9:37 AM, an interview with Resident #78 was conducted. They reported that they had lost a ring while at the facility about a month ago. The ring was worth about $680. On 06/23/2026 at 11:10, an interview with Staff #3, Activities Director and facility Administrator was conducted. They confirmed that they were aware that Resident #78's ring was lost. They further reported that upon the facility's internal investigation, they found out that the ring was given to a facility staff member who had left with the ring to go shopping but never came back with it. The facility's administrator stated that the resident's property should not have left the facility. On 06/23/2026 at 1:19 PM, a review of the internal investigation report was conducted. The review revealed that the facility became aware of the lost ring on 3/27/2026. On 06/23/2026 at 2:25 PM, during a brief follow-up interview with the administrator, when asked if the lost ring was reported to the state agency, the administrator stated that she did not report but had notified the local police after the incident. She further stated that at the time of the investigation, she did not consider the concern as misappropriation of property and therefore did not report the concern to the state agency 2. On 6/24/2026 at 11:16 AM, a review of the facility's investigation documentation regarding Resident #91's injury of unknown origin was completed. The facility became aware of Resident #91 having a new right upper forehead hematoma on 5/3/2026 at 9 AM. The facility initially reported the incident to the State Office of Health Care Quality (OHCQ) on 5/4/2026 at 6:07 PM. On 6/24/2026 at 2:18 PM, an interview with the Nursing Home Administrator (NHA) was conducted. The surveyor made the NHA aware that the submission of the initial report was past the 24-hour required reporting time. The NHA acknowledged and stated that they were aware that the initial reporting of this incident was submitted late.

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