

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Edenwald		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Southerly Road Towson, MD 21286	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on a review of beneficiary protection notification reviews, and staff interview, it was determined that the facility staff failed to ensure proper notification of discontinued Medicare coverage was provided to the resident or their responsible party (RP). This was evident for 2 (Residents #91 and #92) out of the 3 residents reviewed for Beneficiary Protection Notifications during the recertification/complaint survey.</p> <p>The findings include:</p> <p>A review of three Beneficiary Protection Notifications for Residents #90, #91, and #92 was conducted on 6/17/25 at 8:30 AM. The documents were handed to the Administrator.</p> <p>The Administrator returned the three documents on 6/17/25 at 1:42 PM. For Residents #91 and #92, facility staff reviewed part one of the review form that asked, Was an SNF ABN [Advance Beneficiary Notice], CMS-10055 provided to the resident and then checked the box that said, If NOT issued and should have been.</p> <p>The Administrator was interviewed on 6/17/25 at 1:44 PM. She said, the residents did not get an ABN because we were adjusting to the new regs.</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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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. A review of Resident #27's clinical record revealed the resident was discharged twice to the hospital on 2/6/25 and 4/9/25. A review of the clinical record, including the electronic health record, failed to locate evidence that notification was sent to the ombudsman.</p> <p>The Administrator was asked to provide a list of residents whose discharge or transfer was forwarded to the ombudsman on 6/23/25. The list did not include Resident #27.</p> <p>The Administrator was interviewed on 6/23/25 at 1:34 PM. She was shown the provided list of transfers and discharges. This surveyor explained the need to inform the ombudsman when a resident is admitted to the hospital. She replied I understand. Those are the names I was provided as to who was discharged or transferred.</p> <p>Based on record review and interview, it was determined that the facility failed to notify the State Ombudsman in writing at least 30 days prior to the residents' discharge and failed to notify the State Ombudsman when a resident was admitted to the hospital. This is evident for 2 (Residents #39 and #27) of 23 residents records reviewed for appropriate discharge process during the recertification/complaint survey.</p> <p>Findings Included:</p> <p>1. On 06/23/2025 at 09:39 AM a review of Resident #39's closed record revealed that the resident had a planned discharge on [DATE]; however, the documentation provided indicated that the written notification of Resident #39's discharge was sent via email on 06/17/2025.</p> <p>On 06/23/25 at 01:07 PM, in an interview with the Nursing Home Administrator (NHA), the NHA was notified that the ombudsman notification was not submitted in a timely manner. When asked, the NHA stated that they provide a written notification to the ombudsman monthly; however, the facility does not have a lot of discharges and therefore, the late notification was an oversight.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on record review and staff interviews, it was determined that the facility failed to ensure a resident received medication according to the physician's order set parameters (a specific instruction given for administration of medication). This was evident for 1 (Resident #22) of 5 residents reviewed for unnecessary medications during the recertification/complaint survey.</p> <p>The findings include:</p> <p>On 06/17/2025 at 12:37 PM a review of resident #22's medical record revealed a physician's order dated 3/10/2025 for Midodrine 10 mg tablet three times a day (a medication used to treat orthostatic hypotension, caused by a sudden drop in blood pressure when standing up). The medication had parameters to hold if Systolic Blood Pressure (the top number in a blood pressure reading, representing the pressure in the arteries when the heart contracts and pumps blood out of the body) is above 130.</p> <p>Further review on 06/17/2025 at 2:02 PM of resident #22's Medication administration record (MAR) for the months of April, May, and June of 2025 revealed that Resident #22 received this medication on:</p> <p>04/15/2025 at 5:00 PM, Blood Pressure (B/P) was documented as 133/58</p> <p>04/16/2025 at 5:00 PM, B/P was documented as 136/61</p> <p>04/18/2025 at 12:00 PM, B/P was documented as 143/57</p> <p>04/19/2025 at 5:00 PM, B/P was documented as 131/69</p> <p>05/08/2025 at 8:00 AM, B/P was documented as 149/69</p> <p>05/13/2025 at 5:00 PM, B/P was documented as 132/62</p> <p>05/21/2025 at 5:00 PM, B/P was documented as 144/65</p> <p>06/05/2025 at 8:00 AM, B/P was documented as 140/70</p> <p>06/07/2025 at 5:00 PM, B/P was documented as 136/86</p> <p>In an interview on 6/18/2025 at 10:10 AM with Staff #11, a licensed practical nurse, she was asked the significance of the B/P parameters. She stated that, if the Systolic B/P was greater than 130, she would not give the medication because it might lead to a higher B/P which can cause a heart attack or stroke, a medical emergency that could lead to a lasting brain damage or injury.</p> <p>On 06/18/2025 at 1:38 PM the facility's Director of Nursing (DON) was made aware of the above concerns; she stated that she will look into it.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview it was determined that the facility 1) failed to store, prepare, distribute and serve food in accordance with professional standards for food service and 2) failed to maintain food service equipment in a manner that ensures sanitary food service operations. This was evident during the recertification/complaint survey and has the potential to affect all residents.</p> <p>The findings include:</p> <p>On 06/16/25 at 8:15 AM during the initial tour of the kitchen, an observation of the entrance of the kitchen revealed that there were no hair nets available at the entrance. When the surveyor asked for a hair net, Staff #14 had to go to the opposite side of the kitchen to obtain a hair net for the surveyor to wear.</p> <p>Upon entrance into the kitchen on 6/16/25 at 8:20 AM, Staff member #15 was observed handling lettuce by pouring it into a pan without any gloves on and was wearing a baseball cap with a long braid of hair not covered with a hair net. Staff member #16 was also observed wearing a baseball cap with hanging down braided hair to shoulders and not covered by a hair net. Staff member #14 was wearing a hat only with no hair net, and Staff member #12 entered the kitchen without applying a hair net.</p> <p>Observation of the refrigeration at 8:25 AM revealed a tuna salad in a steel 5x7 inch steel container dated 6/12 in a refrigerator. Approximately 50 mayonnaise, relish, and mustard in small 30 CC (Cubic Centimeter) containers with a clear lid with no dates of preparation were also observed.</p> <p>Further observations of a refrigerator labelled Grille and Desserts only revealed a 5x7 inch Steel containers of cherries dated 5/25, celery dated 6/10, lemons dated 6/11, and pudding dated 6/9. In the refrigerator for storage of food items was observed in steel containers, a crab cake mix dated 6/10, a large tray of grilled chicken dated 6/10, and 1 large tray of lettuce that had no date. The food items with dates were all expired. In a walk-in refrigerator there were 3 large trays of potatoes with no date and were not covered located on a 2-shelf pushcart.</p> <p>On a dry storage rack there were 45 large baking trays noted with black and brown substances on the edges. Hanging on the wall rack, there were 4 large/medium frying pans with visible rust like material inside the pans.</p> <p>In a large walk-in freezer the plastic flaps at the entrance were covered with frost material and broken ice at the left entrance of the freezer. Observation of the temperature reading above the freezer was noted to be -1 degrees.</p> <p>In the dry store area, 1 gallon of red-hot sauce and cattleman BBQ Sauce were observed with no date to indicate when opened. Further, in the dried food storage area there were 3 large bins labeled sugar, flour, and rice, no dates indicating when filled and various large cans of food items on rack with no expiration dates.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/16/25 at 2:02 PM review of the Temperature log dated 04/2025 of 31 days in the month of April revealed that on the 7th, 8th, 12th, 13th, 16th, 21st, 26th, and 30th were partially completed while the rest of the dates were incomplete.</p> <p>On 6/16/25 at 2:12 PM review of the dish machine and sanitizer log for April 2025 revealed that on 4/12, 4/13, 4/16, 4/21, 4/26, and 4/30 were completed while the rest of the days were not completed at all. A review of the March 2025 log had only 12 entries for the month and in May of 2025 there were 2 days on 5/1 and 5/12 that were not completed.</p> <p>On 6/16/2025 at 2:30 PM review of the walk-in Freezer temperature log for the month of April 2025 with a standard temperature range of 0-20 degrees documented temperatures for 4/4 to be -1, and 4/6 was -3.</p> <p>On 6/16/2025 at 9:10 AM in an interview with Staff #10 the Director of Culinary Services when asked regarding food storage and dating of food items he stated that food should be dated and is only good for three days. He was also made aware of the above findings, he stated that regarding the trays, the brown/black substance does not come off, he will have to get new trays, the frying pans need to be seasoned to remove the rusty material. He confirmed the temperature logs were not completed adequately; and verified staff should be wearing hair nets and gloves with handling of food items.</p> <p>On 6/17/2025 at 10:00 AM, the Director of Nursing (DON) was also made aware of the findings in the Kitchen.</p>		