

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/09/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>33610</p> <p>Based on observation it is determined the facility staff failed to provide Resident # 115 with the means to communicate to nursing when the Resident is in the room. This was evident for 1 out of 43 Resident investigated during the survey process.</p> <p>The Finding Include:</p> <p>The Resident is a quadriplegic due to multiple sclerosis. On 6/27/19 around 10:00 AM, while interviewing the resident during the first part of the survey, it was noted that the Resident uses a touch pad call bell in the room that enables clients with limited movement to summon help easily. Due to Resident #115's lack of mobility, the Resident uses the chin to touch the pad and summon nursing when needed. The call bell must be placed under the Resident's chin in order for the Resident to use it.</p> <p>The call bell was observed with the cord of the pad clipped to the Resident's left sleeve. The pad itself was lying on the sternum part of the Resident's body. When the surveyor asked the Resident how to summon the nursing staff, the Resident stated I use my chin, but I can't use it now because the pad is too far down to use it.</p> <p>The unit 3 charge nurse was notified on 6/27/19.</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: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>29735</p> <p>Based on observation, medical record review and staff interview it was determined the facility failed to ensure the medication error rate was less than 5%. Two administration errors were noted for Resident #102. This was evident for 1 of 4 residents observed while receiving medications.</p> <p>The findings include:</p> <p>On 7/2/19 beginning at 9:26 AM, staff nurse #1 was observed administering 8:00 AM and/or 9:00 AM medications to Resident # 102. She was observed applying a Lidocream Aspercream 4% patch on the resident's sternum (breastbone) and 1 on each knee. Lidocream Aspercream is used for pain and adheres to the skin when the backing is removed. Prior to placing the new patches on the resident, staff nurse #1 was observed removing patches dated 7/1 from the sternum and each knee.</p> <p>At about 10:30 AM, the medical record for Resident #102 was reviewed. It was noted there was the order was for Lidocream Aspercream patches 5%, not 4%. The order also stated to apply the patches in the AM and remove at bedtime. The resident received the wrong dose of medication (4% instead of 5%) and received the medication at the wrong time (patch was left on all night instead of being removed).</p> <p>Out of 28 opportunities for medication errors, 2 were made on this resident. Therefore, the medication rate for the facility was 7.14%. It is the responsibility of the facility to ensure the medication error rate is less than 5%.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>33610</p> <p>Based on Resident complaint and observation it was determined that the facility staff failed to maintain adequate lighting for Resident #33. This is evident during the interview/observation part of the survey.</p> <p>The Findings Include:</p> <p>On 07/01/19 around 01:35 PM while interviewing Resident #33, the Resident complained that the cord to the over bed light fixture was too short, therefore the light could not be used. Further review of the Resident's room revealed the Resident's bed to be in its highest position (resident's preference) and the pull to the fixture still could not be accessed.</p> <p>The maintenance manager was notified</p> <p>It is the facility's responsibility to ensure that Residents have access to lighting and provides Resident control.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>37585</p> <p>Based on review of resident medical records and interview with facility staff, it was determined that the facility failed to develop comprehensive pain care plans that included non-pharmacologic interventions for residents. This was evident for 1 (Resident #76) of 2 residents reviewed for pain.</p> <p>The findings include:</p> <p>Resident #76's medical record was reviewed on 7/1/19 at 10:42 AM. During the review, it was found that the resident had the diagnosis of a chronic pain condition and was receiving scheduled and as-needed pain medication for the condition. The resident's medication administration (MAR) was reviewed for the months of April and May, 2019, and it was found that the resident had high utilization of the as-needed pain medication. The resident received 93 doses of the as-needed pain medication in those two months.</p> <p>Concurrent review of the resident's pain management consultation notes revealed that the resident had received 9 pain management consultations in 2019 at that point. Each of the consultations stated, continue supportive modalities, referring to non-pharmacologic interventions.</p> <p>The National Institutes of Health stated in a position statement from 2018 that the standard of care for pain management includes the use of non-pharmacologic interventions.</p> <p>Resident #76's care plan was reviewed on 7/1/2019 at 10:50 AM. Although the review revealed a care plan topic that addressed the risks associated with the resident's use of narcotic analgesics, no care plan topic could be found that addressed the staff's non-pharmacologic efforts to relieve or mitigate the resident's pain.</p> <p>The Director of Nursing and Administrator were made aware of these concerns at time of survey exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29735</p> <p>Based on observation, medical record review and staff interview it was determined the facility failed to ensure dependent Resident #96 received personal care in a timely manner. This was evident for 1 of 43 residents investigated during the survey.</p> <p>The findings include:</p> <p>Beginning on 6/27/19 at 10:32 AM, the medical record for Resident #96 was reviewed. According to a Minimum Data Set (MDS) assessment dated [DATE], the resident is totally dependent on staff for transfers, dressing, eating, toileting and bathing and requires extensive assistance to move about in bed. The MDS report is a comprehensive assessment of a resident's functional capabilities and helps the long-term care facility identify health problems.</p> <p>On 6/28/19 at 9:34 AM, Resident #96 was observed lying in bed in a sitting position with the head of the bed up. He/she did not respond when spoken to and was not observed repositioning him/herself. His/her head was turned slightly to the right and saliva was dripping out of the right side of his/her mouth. The front of his/her hospital gown was wet around his/her neck and a towel had been laid over the wet part. Two hours later at about 11:38 AM, the resident was observed again. It appeared that no one had checked on the resident since first observed at 10:32 AM. The resident was in the same sitting position with saliva still dripping from the right side of his/her mouth. The towel was still covering the wet part of the hospital gown. Unit Manager #1 was with the surveyor and witnessed the finding.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>33610</p> <p>Based on medical records and staff interview, it was determined that the facility staff failed to respond to a consultant's response from a medical appointment for Resident #115. This was evident for 1 out of 2 residents investigated for a catheter during the survey process.</p> <p>The Findings Include:</p> <p>Resident #115 is a quadriplegic from multiple sclerosis and has a supra public catheter (tube that drains urine from your bladder), because of a neurogenic bladder (urinary conditions in people who lack bladder control due to a brain, spinal cord or nerve problem).</p> <p>The Resident has been hospitalized multiple times from urinary tract infections and sepsis (a potentially life-threatening condition caused by the body's response to an infection).</p> <p>The Resident saw a urologist on 5/14/19 who recommended the catheter be changed every 2-3 weeks in an attempt to cut down on the number of infections. Review of the medical records on 07/01/19 around 12:44 PM revealed that the Resident has a standing order to change the catheter once a month on the 27th of each month, along with an order to change whenever necessary.</p> <p>The DON was asked if the Resident's physician had seen the urologist's recommendation, and about the physician response. On 7/2/19 the DON and the Administrator informed the surveyor that the physician had seen the recommendation and decided to keep the order to once a month because he felt there would be less chances of infection.</p> <p>None of this information was documented in the Resident's chart until after the surveyor inquiry.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>37585</p> <p>Based on review of resident medical records and interview with residents and facility staff, it was determined that the facility failed to ensure that residents with as-needed pain medication regimens received pain medication according to physician prescribed parameters. This was evident for 1 (Resident #76) of 2 residents reviewed for Pain Management.</p> <p>The findings include:</p> <p>A numeric pain scale is a common tool to evaluate a resident's perception of his or her own pain. The resident is asked to rate pain from 0 (no pain) to 10 (worst pain of your life). The American Nurse's Association defines severe pain as number 7-10 on that scale. Other references include the numbers 6-10 as severe pain.</p> <p>Resident #76's medical record was reviewed on 7/1/2019 at 10:42 AM. During the review, it was noted that the resident was prescribed as-needed narcotic pain medication for severe pain. Resident #76's medication administration record (MAR) was reviewed for the months of May and June, 2019. The review revealed that the resident was administered the above as-needed narcotic pain medication 36 times for resident pain scores of less than 6. The resident even received the as-needed pain medication 3 times for a pain level of 0 (indicating no pain).</p> <p>Licensed Practical Nurses (LPN) #26 and #27 were interviewed on 7/1/2019 at 11:40 AM. Both LPN's confirmed that as-needed pain medication should not be given for a pain score of 0. When asked to define severe pain, they both stated that severe pain is a score of 7-10.</p> <p>An interview with the Director of Nursing (DON) was conducted on 7/1/2019 at 11:49 AM. During the interview, the DON noted the above occurrences when the medication that was ordered for severe pain was given for pain scores under 6. When asked about them, the DON stated that s/he believed they were mistakes.</p> <p>Resident #76 was interviewed on 7/1/2019 at 12:15 PM. During the interview, the Resident stated that s/he was never given pain medication at times when s/he did not have pain. However, s/he did say, I like them to keep me on a schedule because I am in pain all day, every day. Sometimes I hurt more and sometimes I hurt less when I ask for the medication, but I'm trying to stay ahead of the pain.</p> <p>A follow up interview was conducted with the DON on 7/1/2019 at 12:25 PM. The DON was asked why the resident was not on a regular schedule for this narcotic pain medication since the resident has been taking it regularly. The DON stated at that time that the resident was receiving pain management consultation and that they were deciding which orders to maintain for the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>29735</p> <p>Based on record review and staff interview it was determined the facility failed to have a process in place to ensure nursing staff were receiving competency evaluations. This was evident for 8 of 10 employee records reviewed during the survey.</p> <p>The findings include:</p> <p>On 7/2/19 at about 10:30 AM, the education records and competency evaluations were requested for Geriatric Nurse Aides (GNAs) #7, #8 and #9, #13, # 6, # 3; Licensed Practical Nurse (LPN) #15 and Registered Nurse (RN) #14. These records were randomly selected by a surveyor from a list of all nursing staff who had worked at the facility for more than a year. The term, nursing competencies, refers to routine evaluations of nursing staff capabilities and skills.</p> <p>At about 10:30 AM when the employee records were reviewed, documentation did not support that they received comprehensive competency evaluations over the past year as required per regulation. At 11:57 AM during an interview with the Administrator, she stated there was a plan going forward.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>29735</p> <p>Based on record review and staff interview it was determined the facility failed to ensure nurses' aides received education that corresponded with annual performance evaluations. This was evident for 3 of 3 employee records reviewed.</p> <p>The findings include</p> <p>On 7/2/19 at about 10:30 AM, the education records and competency evaluations were requested for Geriatric Nurse Aides (GNAs) #7, #8 and #9. These records were randomly selected by a surveyor from a list of all nursing assistants who had worked at the facility for more than a year. At 11:57 AM, the Administrator was asked if annual performance evaluations for GNAs included regular in-service education based on the outcome of these performance reviews. She stated this had not been done but will be done going forward.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2019
NAME OF PROVIDER OR SUPPLIER Sterling Care Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East McPhail Road Bel Air, MD 21014	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>29735</p> <p>Based on observation, medical record review and staff interview it was determined the facility failed to ensure the medication error rate was less than 5%. Two administration errors were noted for Resident #102. This was evident for 1 of 4 residents observed while receiving medications.</p> <p>The findings include:</p> <p>On 7/2/19 beginning at 9:26 AM, staff nurse #1 was observed administering 8:00 AM and/or 9:00 AM medications to Resident # 102. She was observed applying a Lidocream Aspercream 4% patch on the resident's sternum (breastbone) and 1 on each knee. Lidocream Aspercream is used for pain and adheres to the skin when the backing is removed. Prior to placing the new patches on the resident, staff nurse #1 was observed removing patches dated 7/1 from the sternum and each knee.</p> <p>At about 10:30 AM, the medical record for Resident #102 was reviewed. It was noted there was the order was for Lidocream Aspercream patches 5%, not 4%. The order also stated to apply the patches in the AM and remove at bedtime. The resident received the wrong dose of medication (4% instead of 5%) and received the medication at the wrong time (patch was left on all night instead of being removed).</p> <p>Out of 28 opportunities for medication errors, 2 were made on this resident. Therefore, the medication rate for the facility was 7.14%. It is the responsibility of the facility to ensure the medication error rate is less than 5%.</p>		