

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER STELLA MARIS, INC.		STREET ADDRESS, CITY, STATE, ZIP 2300 DULANEY VALLEY RD TIMONIUM, MD 21093	
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 0919 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation it was determined that the facility failed to ensure that call lights were installed and maintained in operating order. This was evident for 3 resident rooms. The findings include: On 8/24/2020 an environmental survey of new construction located at (NAME) Maris Inc. was conducted. The tour included a test of all resident call light systems on floors 1 and 2 to ensure that all portions of the call light systems were functional. room [ROOM NUMBER] and room [ROOM NUMBER]'s shower emergency pull chords were not functional during the environmental survey. Additionally, room [ROOM NUMBER]'s shower emergency pull chord was difficult to pull and functioning intermittently. The Administrator was made aware of these issues as they were identified, as well as, during an exit conference on 8/24/20.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.