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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215312	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sterling Care Bel Air	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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on record reviews and interviews, it was determined that the facility failed to update a resident's discharge plan to reflect the information received from home health services referral. This was evident for a discharged resident (Resident #3) during a complaint survey.The findings include: On 10/16/2025 at 7:59 AM A review of complaint #2602798 was conducted. The review alleged that Resident #3 was discharged home on 7/22/25 without home health wound care services arrangement and as of 8/28/25 the resident had no wound care services.On 10/16/2025 at 8:20 AM A review of Resident #3 medical records was conducted. The review revealed that the resident was initially admitted into the facility on 2/3/2024 and was discharged on 8/1/2025. The records indicated that the resident had a wound on the right Below Knee Amputation (BKA) stump and received wound care services while at the facility.Further review of the records indicated that on 7/22/2025, the facility contacted a home health agency to request services for Resident #3 post discharge. On 8/1/2025 at 1:39 PM, the facility was notified that the home health agency would not be able to provide services to Resident #3. On 8/1/25 at 14:37 PM Resident was discharged from the facility.On 10/16/2025 at 10:40 AM An interview with Staff #5 was conducted. The staff confirmed that they discharged Resident #3 home. When asked if the time of discharge was a late entry, Staff #3 stated that they documented the actual time when the resident was discharged from the facility. On 10/16/2025 at 10:44 AM Review of the records revealed a social service note dated 8/4/25 that stated the staff spoke with the resident regarding discharge planning follow up. The note also indicated that the resident was accepted for home wound care services. Further review of records revealed a wound care note that stated the resident was educated on performing wound care dressing and that if the wound vac seal broke, Resident #3 was to contact home health services. Additionally, A review of Resident #3's discharge summary written by the provider revealed an assessment and plan for the resident to have wound care Monday, Wednesday and Fridays, and to maintain the wound care therapy. Additionally, the note stated that the resident was discharged with home health services. On 10/16/2025 at 11:46 AM An interview with Resident #3 was conducted. The resident stated that at time of discharge they were told that the home health services were set up and that they were to be seen for wound care follow up every Monday, Wednesday and Friday.On 10/16/2025 at 11:57 AM An interview with the complainant was conducted. The complainant stated that the resident was discharged home with a wound vac machine, and no wound care arrangements were conducted. The complainant reported that the discharge instructions the resident was sent home with indicated that home health was set up. On 10/16/2025 at 1:50 PM An interview with the Social Services Director was conducted. When asked if she was aware that the home health services were declined prior to resident's discharge, she responded that she was aware. She also stated that a resident can be discharged from the facility without home health confirmation of a start of care date.On 10/16/2025 at 2:15 PM The Administrator was notified regarding the concern with discharge planning.On 10/17/2025 at 7:44 AM The surveyor received documentation from the Director of Nursing (DON) that indicated the medical director had a consultation with the Resident #3 prior to discharge. The note stated that the resident was educated on the risks of being discharged home without home health setup, but the resident preferred to be discharged home.On 10/17/2025 at 11:45 AM During the exit conference, the Medical Director stated that he spoke to the resident about the risks of leaving the facility without home health services and that the resident insisted on going home. When asked if the resident should have been discharged as Against Medical Advice (AMA), the Medical Director stated no. When asked if the resident's discharge plan should have been updated to reflect that the resident had no home health services and no wound care arrangements, he responded, yes, that the discharge instructions should have been revised.