STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215001	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Ballenger Creek	347 Ballenger Drive Frederick, MD 21701

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. Based on complaint and facility reported incident review, medical record review, and staff interview, it was determined the facility staff failed to ensure Minimum Data Set (MDS) assessments were accurately coded. This was evident for 5 (#16, #4, #10, #5, #3) of 16 residents reviewed during a complaint survey.The findings include: The MDS is part of the Resident Assessment Instrument that was Federally mandated in legislation passed in 1986. The MDS is a set of assessment screening items employed as part of a standardized, reproducible, and comprehensive assessment process that ensures each resident's individual needs are identified, that care is planned based on those individualized needs, and that the care is provided as planned to meet the needs of each resident.1a) On 6/2/26 at 9:40 AM a review of complaint 2672573 and Resident #16's medical record was conducted.A review of Resident #16's November 2025 Medication Administration Record (MAR) documented that Resident #16 received the antibiotic Clindamycin and the anticonvulsant Gabapentin.Review of Resident #16's MDS assessment with an Assessment Reference Date (ARD) of 11/16/25, Section N0415, High-risk drug classes, failed to capture the use of the antibiotic and the anticonvulsant.1b) Review of Resident #16's February 2026 MAR documented the resident received insulin injections every day and Maxitrol (antibiotic and steroidal) Ophthalmic Solution drops. Resident #16 also received Tylenol PRN (when needed) on 2/13/26.Review of Resident #16's MDS assessment with an ARD of 2/16/26, Section N0415, High-risk drug classes, failed to capture the use of the hypoglycemic and the antibiotic. Review of Section J0100B, received PRN (when necessary) pain medications or was offered and declined was coded, no. The facility failed to capture the PRN pain medication.1c) Review of Resident #16's May 2026 MAR documented the resident received Torsemide (diuretic) every day and the antibiotic eye drops Neomycin.Review of Resident #16's MDS assessment with an ARD of 5/14/26, Section N0415, High-risk drug classes, failed to capture the use of the diuretic and the antibiotic.On 6/4/26 at 9:50 AM the MDS assessments were reviewed with MDS Coordinator #11 who confirmed the findings.2a) On 6/3/26 at 7:52 AM a review of facility reported incident 2672641 and Resident #4's medical record was conducted.A review of Resident #4's annual MDS assessment with an ARD of 11/21/25, Section N0415, High-risk drug classes, coded that Resident #4 received an anticoagulant during the 7-day look back period.Review of Resident #4's November 2025 MAR documented that Resident #4 received Eliquis (anticoagulant), however it was stopped on 11/11/25. Resident #4 did not receive an anticoagulant within the look back period.2b) Review of Resident #4's February 2026 MAR documented that Resident #4 received insulin every day. Review of Resident #4's MDS assessment with an ARD of 2/21/26 failed to capture the hypoglycemic use.On 6/4/26 at 9:50 AM the MDS assessments were reviewed with MDS Coordinator #11 who confirmed the findings.3a) On 6/3/26 at 8:30 AM a review of facility reported incident #2734781 and Resident #10's medical record was conducted. A review of a 1/20/26 at 14:11 (2:11 PM) change in condition note documented that staff were called to Resident #10's room as the resident was observed kneeling against the bed with the upper body on the bed and the legs between the wheelchair. A 1/21/26 at 21:19 (9:19 PM) care plan progress note and evaluation documented IDT (interdisciplinary team) fall review 1/20/26, patient was observed kneeling against the bed with upper body on the bed and legs between the wheelchair. Review of Resident #10's admission MDS (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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assessment with an ARD of 1/21/26, Section J1800 any falls since admission/entry or reentry or prior assessment, was coded no. The facility failed to capture the fall on 1/20/26. Continued review of the 1/21/26 MDS assessment, Section J0100B, received PRN (when necessary) pain medications or was offered and declined was coded, no. Review of Resident #10's January 2026 MAR documented the resident received PRN Tylenol on 1/21/26 at 12:36 PM. Continued review of Resident #10's January 2026 MAR documented the resident received the medications glipizide, metformin, and Lispro injection which are medications to treat diabetes mellitus. Continued review of the 1/21/26 MDS assessment, Section N0415, High-risk drug classes - failed to capture hypoglycemic (low blood sugar) medications.3b) Review of Resident #10's MDS assessment with an ARD of 2/3/26, Section N0415, High-risk drug classes, also failed to capture the hypoglycemic (low blood sugar) medications.On 6/4/26 at 9:50 AM the MDS assessments were reviewed with MDS Coordinator #11 who confirmed the findings.4) On 6/3/26 at 10:54 AM a review of facility reported incident #3012483 and Resident #5's medical record was conducted.Review of Resident #5's March 2026 MAR documented the resident received insulin every morning for diabetes mellitus and Apixaban twice per day for atrial fibrillation. Atrial fibrillation, also known as AFib is a heart arrhythmia, causing the heart's upper chambers to be out of rhythm with the lower chambers. It requires medical management such as medication to prevent complications like blood clots and stroke.Apixaban is an anticoagulant used to prevent blood clots.Review of Resident #5's MDS assessment with an ARD of 3/19/26, Section N0415, High-risk drug classes, failed to capture the insulin (hypoglycemic) and the Apixaban (anticoagulant).On 6/4/26 at 9:50 AM the MDS assessment was reviewed with MDS Coordinator #11 who confirmed the findings.5a) On 6/4/26 at 9:10 AM a review of complaint #2672595 and Resident #3's medical record was conducted.Review of Resident #3's January 2026 MAR documented that Resident #3 received Aspirin (antiplatelet) every morning and insulin every day.Review of Resident #3's MDS assessment with an ARD of 1/4/26, Section N0415, High-risk drug classes, failed to capture the use of the antiplatelet and the hypoglycemic medications. 5b) Review of Resident #3's April 2026 MAR documented that Resident #3 received Mupirocin ointment (antibiotic) for an abscess on the inner thigh.Review of Resident #3's MDS assessment with an ARD of 4/4/26, Section N0415, High-risk drug classes, failed to capture the use of the antibiotic ointment.On 6/4/26 at 9:50 AM the MDS assessments were reviewed with MDS Coordinator #11 who confirmed the findings.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on medical record review and interview, it was determined the facility staff failed to administer medications and treatments as ordered by the physician. This was evident for 1 (Resident #1) of 5 residents reviewed for complaints during a complaint survey. The findings include:Review of Resident #1's medical record on 6/2/26 for Complaint 3016513 revealed the Resident was admitted to the facility in September 2025 following a hospitalization.Review of the Resident's February, March and April 2026 Medication and Treatment Administration Records revealed the facility staff failed to administer the following medications and treatments:1) Zosyn 3.375 grams intravenously every 8 hours for bacteremia on 2/1, 2/2 and 2/6/26 at 6 AM2) Methocarbamol 500 mg four times a day for muscle spasm on 2/1, 2/2, 3/7, 3/19, 4/11 and 4/16/26 at 6 AM3) Iodosorb to right medial toes/right lateral foot daily for wound care on 3/9 and 3/10/26Interview with the Director of Nursing on 6/4/26 at 11:30 AM confirmed the Surveyor's findings for Resident #1.