

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2026
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Homewood		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 Bellona Avenue Baltimore, MD 21212	

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on Observation, record review, and interview it was determined that the facility failed to ensure that residents were free of significant medication errors as evidenced by facility staff failing to administer medications in accordance with professional standards. This was evident for 1 (#5) of 8 resident reviewed for medication administration. The findings include: Medication is to be administered according to the five rights of medication administration: right person, right medication, right route, right dosage, and right time. On 1/9/2026 at 9AM, a review of Complaint #2695708 revealed that Resident # 5 medication was not given as prescribed by the physician. A record review of Resident # 5's medication administration audit for 12/6/25 revealed Resident # 5 had received medication that was not prescribed by the physician for a urinary track infection. On 12/6/25 at 6PM, the following medication was administered meropenem which is a broad-spectrum carbapenem antibiotic used to treat severe bacterial infections instead of cefepime, a potent, broad-spectrum, fourth-generation cephalosporin antibiotic used to treat serious bacterial infections, as ordered by the physician. The nurse administered the incorrect medication, and the error was promptly reported. Resident # 5 had no negative outcome from receiving meropenem. On 1/9/26 at 12 PM, the facility policy for Medication Errors was reviewed and it was noted that the facility staff followed the Medication Errors procedure. On 12/8/2025 the administration of the wrong medication was reviewed in QAPI (Quality Assurance and Performance Improvement). The Nurse Educator completed education with licensed staff on the medication administration policy and the six rights of medication administration. On 1/12/26 at 9:30 AM, the findings were discussed with the Director of Nursing and the Administrator which confirmed the findings of the medication error.

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: 215074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2026
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Homewood		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 Bellona Avenue Baltimore, MD 21212	

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 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.</p> <p>Based on medical record review and interview, facility nursing staff failed to follow a physician's order for an upper right quadrant ultrasound for a resident (Resident #6). This was evident for 1 of 7 residents reviewed during a complaint survey. The findings include: On 1/12/26, the State of Maryland's Office of Health Care Quality received a complaint which alleged the facility failed to monitor Resident #6's status and well-being during his/her stay in the facility. Review of Resident #6's medical record on 1/12/26 at 8:46 AM revealed that Resident #6's labs in 9/2025 found elevated liver enzymes. The physician ordered a right upper quadrant ultrasound on 9/18/2025. Further review of Resident #6's medical records revealed no evidence of the results from the right upper quadrant ultrasound. Interview with the Director of Nursing on 1/12/25 10:40 AM revealed that the facility's nursing staff failed to complete the physician ordered right upper quadrant ultrasound. The surveyor explained that this is a concern due to failure to follow a physician's order.</p>