STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215074	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Homewood	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on reviews of clinical records, all pertinent facility administrative records, and interviews with the facility staff, it was determined that the facility nursing staff failed to 1) follow the physician's specific pulse and blood pressure parameters before administering cardiac medications to residents, and 2) failed to document an associated blood pressure before administering the cardiac medication. This was evident for 1 (Residents #6) of 9 residents reviewed during a complaint survey. The findings include: On 06/10/26 at 3 pm, a review of the facility policy Medication Administration, Section 7.1, under the heading of Policy Explanation and Compliance Guidelines: under #8, indicated the nursing staff must obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters. A review of Resident #6's clinical record on 06/10/26 revealed that Resident #6 was admitted to the facility on [DATE] with diagnosis that included Lupus, epilepsy, hypotension, and adult failure to thrive. A) Further review of Resident #6's clinical record revealed a physician's order dated 04/29/26 that instructed the nursing staff to administer the medication, Midodrine HCl, Oral Tablet, and 5 MG, give 1 tablet by mouth, three times a day for Orthostatic Hypotension. Hold the medication for systolic blood pressure (SBP) more than 130 mm/Hg. Midodrine hydrochloride is an alpha-adrenergic agonist used to treat symptomatic orthostatic hypotension. It works by constricting blood vessels, increasing vascular tone, and raising blood pressure upon standing. It requires a prescription and is typically used when lifestyle changes are insufficient. Further review of Resident #6's May 2026 medication administration records (MAR) on 06/10/26 revealed the nursing staff failed to withhold the dose of Midodrine when Resident #6's SBP was documented above 130 mm/Hg on the following dates and times: 05/02/26, 6:30 am dose, documented blood pressure: 134/76.05/04/26, 11:30 am dose, documented blood pressure: 132/80.05/06/26, 4:30 pm dose, documented blood pressure: 132/72.05/07/26, 4:30 pm dose, documented blood pressure: 132/76.05/10/26, 4:30 pm dose, documented blood pressure: 132/71.05/12/26, 4:30 pm dose, documented blood pressure: 136/70.05/25/26, 11:30 am dose, documented blood pressure: 132/70. On 05/26/26, Resident #6's physician wrote a new prescription for the medication Midodrine. B) Further review of Resident #6's clinical record revealed a new physician's order dated 05/26/26 instructing the nursing staff to administer the medication, Midodrine HCl, Oral Tablet, 5 MG, give 1 tablet by mouth every 8 hours as needed for Hypotension. Hold for systolic blood pressure (SBP) greater than 130 mm/Hg. Midodrine HCl, Oral Tablet, and 5 MG, give 1 tablet by mouth, three times a day for Orthostatic Hypotension. Hold the medication for systolic blood pressure (SBP) more than 130 mm/Hg. Midodrine hydrochloride is an alpha-adrenergic agonist used to treat symptomatic orthostatic hypotension. It works by constricting blood vessels, increasing vascular tone, and raising blood pressure upon standing. It requires a prescription and is typically used when lifestyle changes are insufficient. A review of Resident #6's May and June 2026 medication administration records (MAR) on 06/10/26 revealed the nursing staff failed to obtain and document Resident #6's blood pressure, between 05/26/26 through 06/10/26, every 8 hours, to see if the medication Midodrine was needed to be administered. In an interview with Resident #6's physician on 06/10/26 at 3:18 pm, Resident #6's physician stated that the medication (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Midodrine is written as needed but the nursing staff needs to obtain Resident #6's blood pressure to determine if the medication is needed to be administered.