

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Ruxton		STREET ADDRESS, CITY, STATE, ZIP CODE 7001 Charles Street Towson, MD 21204	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on resident interviews, record reviews and staff interviews, it was determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice. This was evident for 1 resident (Resident #1) receiving medications late. The findings include: On 10/07/2025 at 2:40 PM, Resident #1 was interviewed. During the interview, Resident #1 stated that he/she has received medications several hours late. On 10/07/2025 at 3:37 PM, the surveyor reviewed the resident's records. The resident record review revealed that Resident #1's Medication Admin Audit Report indicated that the resident received the following morning medications late on 10/2/25: 1. Metamucil 4 in 1 Fiber Oral Packet (Psyllium), for bowel regimen, was scheduled for 9:00 AM and was administered at 11:37 AM; 2. Lasix Oral Tablet 20 mg (Furosemide), for edema, was scheduled for 9:00 AM and was administered at 11:37 AM; 3. Buspirone HCl Oral Tablet 30 mg (Buspirone HCl), for anxiety, was scheduled for 9:00 AM and was administered at 11:37 AM; 4. Lamotrigine ER Oral /Tablet Extended Release 24 hour 50 mg (Lamotrigine), for bipolar disorder, was scheduled for 9:00 AM and was administered at 11:37 AM; 5. Bactrim DS Oral Tablet 800-160 mg (Sulfamethoxazole-Trimethoprim), for cellulitis, was scheduled for 9:00 AM and was administered at 12:55 PM; and 6. Mounjaro Subcutaneous Solution Auto-Injector 2.5 mg/0.5 mL (Tirzepatide), for diabetes mellitus, was scheduled for 9:00 AM and was administered at 2:23 PM. On 10/07/2025 at 03:53 PM, the Director of Nursing staff #2 was interviewed. During the interview, the surveyor mentioned to staff #2 that according to Resident #1's Medication Admin Audit Report, the resident received his/her morning medications late on 10/2/25. Staff #2 agreed that Resident #1's medications were administered late on the morning of 10/2/25, and she stated that it is possible that Resident #1's medications were administered on time; however, it could have been documented late. Also, staff #2 mentioned that the expectation is for staff to administer resident medications on time, and to document them in the Medication Administration Record at the time it was administered.</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 215077	If continuation sheet Page 1 of 1