

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Pikesville		STREET ADDRESS, CITY, STATE, ZIP CODE 7 Sudbrook Lane Pikesville, MD 21208	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>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 (#127) of 4 residents reviewed for medication administration.</p> <p>The findings include:</p> <p>Medication is to be administered according to the five rights of medication administration: right person, right medication, right route, right dosage, and right time.</p> <p>On 6/13/2025 at 11AM, a review of MD00188741 revealed that Resident #127's medications were not given as prescribed by the physician.</p> <p>A record review of Resident #127's medication administration audit for 2/6/23 revealed Resident #127 had received his/her medication late.</p> <p>On 2/6/23, the following medications were administered outside the 1-hour time frame:</p> <ol style="list-style-type: none"> 1. Garlic orals give 100 mg by mouth one time a day. It was scheduled for administration at 9AM, however this medication was administered outside the 1-hour time frame and administered at 3:30 PM. 2. Hydralazine HCL oral tab 50 mg give 1 tablet by mouth three times a day. It was scheduled for administration at 10 AM and 6 PM, however this medication was administered outside the 1-hour time frame and administered at 11:50 AM and 8:30 PM. 3. Zinc tablet 50mg by mouth one time a day. It was scheduled for administration at 10AM, however this medication was administered outside the 1-hour time frame and administered at 11:50 AM. 4. Magnesium oxide tablet 400 mg by mouth one time a day. It was scheduled for administration at 10 AM, however this medication was administered outside the 1-hour time frame and administered at 11:50 AM. 5. Naproxen 375 mg by mouth Two times a day. It was scheduled for administration at 2PM and 2 AM, however this medication was administered outside the 1-hour time frame and administered at 3:30 PM and 8 AM. <p>(continued on next page)</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
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. Forastor capsule 250mg give one capsule by mouth two times a day. It was scheduled for administration at 2PM, however this medication was administered outside the 1-hour time frame and administered at 3:30 PM and 8 AM.</p> <p>On 6/13/25 at 8:30 AM the findings were discussed with the Director of Nursing who did not have a response.</p>		