

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Parkville		STREET ADDRESS, CITY, STATE, ZIP CODE 8710 Emge Road Baltimore, MD 21234	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff interviews, it was determined that the facility failed to accurately complete a resident's skin assessment sheet and failed to follow a physician's order for wound treatment. This was evident for 1(Resident #142) of 1 resident reviewed for pressure ulcers during the recertification/complaint survey. The findings include: On 7/22/25 at 9:00 AM a review of a complaint intake #310260, had that Resident #142 had bedsores, but the family member was not sure if they were facility acquired or not and if they were the cause of the resident's death. A review of the resident's medical records on 7/22/25 at 9:12AM revealed that Resident #142 was admitted to the facility on [DATE] and had many comorbidities, was cognitively impaired and immunocompromised. On admission the skin assessment sheet documented 3 pressure ulcer (PU) areas to the Right gluteal fold 6.5cm x 4.5 cm, R thigh(rear) 6x5cm X 6cm and Coccyx 4.5cm x 4.0cmx 1.0cm, meaning that resident came in to the facility with multiple wounds. Review of the care plans related to skin integrity on 7/22/25 at 9:17AM had: Resident has actual impairment to skin integrity (Right hip, left hip, BLE and ankles, sacrum, l foot, left knee, left heel, right ischium) r/t fragile skin, boney prominences, incontinence, limited mobility Date Initiated: 09/10/2024 Revision on: 10/29/2024. On 7/22/25 at 9:30 AM a review of a wound care note revealed that Resident #142 had up to 15 wound areas, some with eschar that was debrided by the wound care doctor. Continued review of the admission/readmit screener documents, dated 6/8/24, showed that the wounds were assessed on admission, measured and documented indicating that the resident came in with them. Further review of the skin assessment sheet revealed that on 6/17, 6/18, and 6/25/24, the weekly skin eval was not completed to reflect the wounds. On 9/16/24, nothing was documented and on 10/22/24, no area was documented. A review of the June 2024 Treatment Administration Record (TAR) on 7/22/25 at 9:47AM, revealed an order for an antiseptic wound medication Oxychlorosene Sodium Powder 0.004 grams every day and evening shift for wound. It was ordered on 6/7/24. This wound treatment was not signed off as done on 6/11, 6/13, and 6/19- on the day shift and, on 6/15 and 6/20 evening shift. Also, the Left butt wound treatment was not ordered until 6/21/24. On 7/22/25 at 10:26 AM in an interview with the Director of Nursing (DON) she was asked about the skin assessment sheets and how often they should be completed and she said weekly. She was asked how to indicate that treatment was completed, and she said that the nurse should sign it off. She was made aware of the skin assessment sheets not completed and the wound treatment that was ordered late. She validated that nurses did not sign the TAR to indicate that treatments were done and did not thoroughly complete the skin assessment sheets.</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: 215129
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