

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/31/2026
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, and interview, the facility failed to maintain a resident's dignity by failing to ensure a resident's meal was protected from environmental contaminants in accordance with the resident's expressed preference to have the meal covered when not actively eating. This deficient practice affected 1 (#42) of 12 residents reviewed for dignity and had the potential to compromise the resident's dignity and dining experience. Findings include: During observational rounds conducted on 07/30/2026 at approximately 11:00 a.m., Resident #42 was observed in bed with eyes closed and appeared to be sleeping. The resident's breakfast tray remained on the overbed table with the food uncovered. Multiple flies were observed flying around and landing on the resident's uncovered food. At the time of the observation, the surveyor asked GNA#21 why the resident's meal had been left uncovered. GNA #21 stated the resident had refused to allow staff to remove the breakfast tray. The resident was interviewed and stated that although it takes time to eat and the resident prefers to keep the meal in the room, the resident routinely asks staff to cover the meal tray when it is delivered because of the fly/gnat problem. Despite the resident's expressed preference, the breakfast tray remained uncovered while flies landed on the food. The Director of Nursing (DON) was informed of the observation on 07/30/2026 at approximately 11:45 a.m. The DON stated she would investigate the incident. During an interview on 07/31/2026 at approximately 9:00 a.m., the DON and Administrator stated the facility had since provided in-service education to staff regarding assisting residents with meals and ensuring residents' meal trays are covered when residents choose to keep meals in their rooms.		

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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