STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215189	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Calvert Manor	1881 Telegraph Road Rising Sun, MD 21911

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interviews, review of complaint #2719958, and medical record review, it was determined that the facility failed to ensure a grievance resolution was implemented and maintained as evidenced by the facility failing to enforce a resolution preventing Registered Nurse (RN) #23 from providing care to Resident #12 after a grievance resolution mandated RN #23 would not provide care to the resident. This was found to be evident in 1 (Resident #12) of 1 resident reviewed for grievances.The findings include:During telephone interview with Resident #12's family member on 5/20/2026 at 10:03 AM, the family member stated a grievance was filed with the facility in December 2025 regarding the care received by their family member (Resident #12) by RN #23. The family member stated that they had complained to the facility multiple times regarding RN #23 and stated that the resolution to the grievance filed in December 2025 was that RN #23 was not to provide care to Resident #12 in any capacity. On 5/20/2026 at 10:45 AM, review of the grievance showed it was initiated by the facility on 12/31/2025 at 4:30 PM. Under Corrective Action it stated, Nurse named in compliant is aware that he is to not treat resident per [daughter] request (routine care). The decision issued was dated 1/5/2026 on grievance form and was signed by the facility's Social Worker (SW) #22.On 5/22/2026 at 7:25 AM, Resident #12's medical record was reviewed. Under Resident #12's Medication Administration Record (MAR) and Treatment Administration Record (TAR), RN #23 had documented medication administration and/or assessments of Resident #12 on dates 1/9/2026, 1/19/2026, 2/8/2026, 2/12/2026, 4/23/2026, and 5/20/2026.Review of staffing assignment sheets on 5/22/2026 at 8:14 AM showed that RN #23 was assigned care of Resident #12 on 1/9/2026, 1/19/2026, 2/8/2026, 2/12/2026, 4/23/2026, and 5/20/2026. Additional review of Resident #12's medical record including the care plan did not show documentation that Resident #23 was not to provide care to Resident #12.On 5/22/2026 at 10:00 AM, the original copy of the grievance maintained by the facility filed on 12/31/2025 was reviewed and confirmed under Corrective Actions that RN #23 was not to provide care to Resident #12 and the decision was dated 1/5/2026.On 5/22/2026 at 10:15 AM, surveyor concerns were addressed with the Director of Nursing (DON) and SW #22. Both staff members confirmed that the grievance resolution was that RN #23 was not to provide care to Resident #12. The staff members stated they believe RN #23 was verbally made aware of not being allowed to care for the resident. The DON stated they were under the assumption that RN #23 was not providing care to Resident #12 since the date (1/5/2026) of the grievance resolution.

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