

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Resorts of Augsburg		STREET ADDRESS, CITY, STATE, ZIP CODE 6811 Campfield Road Baltimore, MD 21207	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a facility reported incident #2623258, record review and interviews, it was determined that the facility failed to report the investigative results of an alleged resident-to resident interaction which resulted in serious bodily injury, to the Office of Health Care Quality (OHCQ) within 5 working days as required. This was true for 1 of 10 (#2623258) facility reported incident reviewed during the survey process. Findings Included: On 12/3/25 at 11:15 AM, a review of Intake #: 2623258 revealed that Resident #128 reported that Resident #136 punched him/her in the face and turned over his/her wheelchair. On 12/3/25 at 12:48 PM, a review of the facility's documentation related to the above-mentioned incident report revealed that approximately 11:45 PM on 9/19/2025 Resident #128 alleged that he/she was punched in the face by Resident #136. According to the report, Resident #128 requested to be sent to the hospital after the alleged incident and Resident # 136 was incoherent and denied the assault. A review of the Emergency Department (ED) notes on 9/20/2025 revealed that the resident presented to the ED with foot pain, able to bear weight following an alleged assault. A review of Resident #128's Discharge summary dated [DATE] showed that the resident had an acute fracture of the 5th metatarsal, based on Left Foot X-ray results. A review of the facility's incident folder revealed documented evidence that the Initial Report Form (39-555F) was submitted to OHCQ on 9/20/2025 at 2 PM; However, the Follow-up Investigation Report Form (39-556F) was submitted more than 5 working days later, on 9/29/2025 at 3 PM by the previous Director of Nursing (DON). On 12/4/2025 at 1:20 PM, in an interview with the Nursing Home Administrator (NHA), the surveyor notified the NHA that the follow-up report form was submitted late (more than 5 working days after the incident was identified). The surveyor also requested a confirmation email from OHCQ's Smartsheet submission portal for the above-mentioned incident that will show the date and time of submission. Documentation was later provided by the facility; however, they were unable to provide an email confirmation, as requested. The NHA stated that he did not receive an email confirmation after submitting the follow-up investigation report form to OHCQ. On 12/4/2025 at 1:55 PM, the NHA provided a second Follow-up Investigation Report Form for incident #2623258; however, the newly provided form showed that the report was submitted on 9/24/2025 at 2 PM by the previous DON. The NHA was asked to explain why there were two copies of the same document with different submission dates and time. The DON stated he was not sure why the date and time did not match. On 12/4/2025 at approximately 2:50 PM, the office was contacted to verify the date and time the facility submitted incident #2623258 to OHCQ and the office confirmed that the date of submission was 9/29/2025 at 3:18 PM. 12/4/2025 at approximately 3:00 PM. The Administrator was notified that the Follow-up Investigation Report submission date and time was clarified with OHCQ and report was received by OHCQ on 9/29/2025 at 3:18 PM, which was later than the 5 working days required.</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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