

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  03/20/2026
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 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 interviews and clinical record review, the facility failed to ensure one (1) of 14 sampled residents was free from a significant medication error when Resident (R) #7 was prescribed and administered a medication that the resident was documented as being allergic to (acetaminophen). The findings include: Review of R#7's clinical record on 3/17/26 at 1:20 PM revealed the resident was admitted into the facility on 8/25/25 with diagnoses that included cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, conversion disorder with seizures or convulsions, anxiety disorder, borderline personality disorder, and vascular dementia. An admission Minimum Data Set (MDS) assessment was completed on 8/29/25. R#7 was severely cognitively impaired and required total assistance from staff for all activities of daily living (ADLs). Review of the resident's Progress Notes on 3/17/26 at 1:35 PM revealed R#7's allergy to acetaminophen was noted in the progress notes dated 8/25/25, 8/27/25, and 9/8/25. Continued review of the notes revealed a Physician's Progress Note dated 9/9/25 which documented Allergies: acetaminophen and eggs. Other chronic pain. Patient complains of generalized pain and discomfort to forehead. Starting scheduled Tylenol for pain management. Continuing tramadol 50 mg every 12 hours as needed increasing gabapentin from twice daily to every 8 hours for better pain control. On 3/16/26 at 1:38 PM, an in-person interview was held with R#7's daughter. The daughter who was R#7's Medical Power of Attorney (MPOA), said that the facility's Medical Director (MD) 17 prescribed her parent a drug that s/he was allergic to (acetaminophen). An interview on 3/17/26 at 3:25 PM with the Regional Director of Nursing (RD) 3 and the Director of Nursing (DON) 4 revealed that the medication error was brought to the facility's attention in January 2026 when R#7's daughter formally reported the incident from September 2025. When asked what the facility should have done in September 2025 when the resident was prescribed Tylenol in error, RD 3 said the facility should have identified and documented the error/incident. During an interview on 3/19/26 at 10:06 AM, the MD 17 said that it was practice to complete a chart review and obtain/review a resident's history before conducting an assessment. MD 17 said that on 9/9/25, he was not R#7's attending physician but saw the resident in another physician's place. The resident was experiencing discomfort and MD 17 prescribed the resident acetaminophen. MD 17 said, I missed it, I own it. MD 17 continued and stated that nursing staff also missed it and said that the pharmacy didn't pick it up. MD 17 said, I don't know how I missed it, in reference to prescribing R#7 a medication that the resident was documented as being allergic to.</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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