STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215203	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Riverview	1 Eastern Boulevard Essex, MD 21221

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility investigation and staff interviews, it was determined that the facility failed to ensure that a resident remained free from verbal abuse. This deficient practice was identified for 1 of 1 residents (Resident #85) reviewed for abuse during the annual survey. The findings include: On 06/11/2026 at 1:27 PM, a review of Facility Reported Incident (FRI) #3009635 revealed an allegation of verbal/mental abuse involving Resident #85 and Staff #35, a Geriatric Nursing Assistant (GNA). According to the resident, on 05/07/2026 at approximately 6:30 PM, Staff #35 entered the resident's room, stood over the resident's bed with her hands on her hips, and stated, You tried to get me in trouble with [NAME]. Resident #85 reported feeling threatened by the interaction and stated they thought Staff #35 was going to hit them.Further review of the facility's investigation on 06/11/2026 at 1:35 PM revealed that the resident consistently reported that Staff #35 entered their room the evening following a complaint regarding care and yelled at them about getting in trouble. The resident stated they felt threatened and intimidated by the interaction and no longer wished for Staff #35 to participate in their care.The investigation further revealed that the resident's roommate reported hearing staff in the hallway state words to the effect of, they are trying to get me in trouble and they are not even assigned to me. The roommate stated the staff member sounded angry and subsequently entered the room, where the roommate heard a similar conversation occur with the resident.The facility investigation substantiated the allegation based on the consistency of the resident's statements, corroborating witness information, and confirmation that Staff #35 entered the resident's room and spoke with the resident. The facility determined the interaction constituted intimidation and verbal/mental abuse.On 06/12/2026 at 11:58 AM, during an interview, the Administrator and Director of Nursing confirmed that the facility substantiated the allegation and determined that Staff #35's actions constituted verbal/mental abuse.

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