

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Overlea		STREET ADDRESS, CITY, STATE, ZIP CODE 6116 Belair Road Baltimore, MD 21206	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on medical record review and resident's family and staff interviews it was determined the facility staff failed to ensure that dependent resident's personal hygiene needs were adequately met by offering and providing showers as scheduled. This was evident for 1 of 1 (101) residents reviewed during the survey process.</p> <p>The findings include:</p> <p>In an interview with Resident #101's son on 4/24/2025 at 12:00 PM, revealed that Resident #101 stated they don't give showers I get a bed bath every day. I would like a shower. The son stated that the resident had asked their spouse to take them to the shower, but the spouse was physically unable to do so and instead gave the resident a sponge bath. The Resident's son reported that both the water and the washcloth that had been used were black with dirt. The complainant also reported that the Resident had stated that they were itchy from lack of washing.</p> <p>Review of Resident #101's most recent MDS revealed that s/he is totally dependent for bathing requiring extensive assistance for all Activities of Daily Living (ADL).</p> <p>The Minimum Data Set (MDS) is a federally mandated assessment tool that helps nursing home staff gather information on each resident's strengths and needs. The information collected drives resident care planning decisions. MDS assessments need to be accurate to ensure each resident receives the care they need.</p> <p>Further review of Resident #101's shower schedule which is every Tuesday and Friday, as well as the Geriatric Nursing Assistant (GNA) task documentation on the Task Administration Record (TAR) revealed that from 3/25/2025 until 4/18/2025, Resident #101 received no showers.</p> <p>The Director of Nursing (DON) was made aware of this concern on 4/30/2025 at 1:30 PM and a request for documentation of the resident receiving a shower was made. The DON provided a copy of the TAR for April that confirmed that the resident had not been showered.</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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