

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  10/22/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review and interviews, it was determined that the facility failed to provide treatments to assure proper care for Residents with suprapubic catheters. This was evident in 2 (Resident #5 and #11) of 2 residents reviewed for suprapubic catheter and Urinary Tract Infection (UTI) during the complaint survey. A suprapubic catheter (SPC) is a surgically created connection between the urinary bladder and the skin in the abdomen used to drain urine through a tube from the bladder to a collection bag in individuals with obstruction of normal urinary flow. The findings included: 1a) On 10/21/25 at 9:15 AM, the surveyor reviewed intake # 329288. The intake alleged that Resident #5's suprapubic catheter (SPC) was not cared for properly. On 10/21/25 at 9:32 AM, the surveyor reviewed Resident #5's medical record. The review revealed Resident #5 had a past medical history of benign prostatic hyperplasia without lower tract urinary symptoms and urine retention. On further review, a consultation was placed for a urology (provider that specializes in urinary tract system)/pelvic medicine specialist to see Resident #5 after being hospitalized for blood in the suprapubic tube. The blood was described as occurring after the suprapubic catheter was changed and the nurse flushed the tube later that day. The initial evaluation was completed on 8/13/25. The pelvic specialist recommended that due to frequent clogging more tests should be completed and for the catheter to be flushed with 100cc of fluid twice per day. It also stated that the SPC should be exchanged routinely every 4-6 weeks. Resident #5 was seen by the urology/pelvic medical team with recommendation instructions on 9/6/24, 10/6/24, 10/18/24 and 11/1/24. On these visits the instructions were to flush the catheter twice a day with 100cc of fluid to prevent the catheter from being clogged followed by, urology team would exchange the catheter. On 10/6/25 the progress note documented the procedure for the exchange was performed by the consulting provider. On 9/20/2024, 11/15/24, 12/13/24, 12/27/24 and 1/24/25 the flush recommendations were the same however, the instructions stated, Please perform routine exchange the SPC routinely every 4-6 weeks. On 3/5/25 and 3/26/25 the recommended flush was changed to 50 cc normal saline or sterile water, however the instructions for the exchange were the same as the prior visits. The surveyor next reviewed the Treatment Administration Records (TARs). Resident #5's SPC was documented as changed on 8/13/24, 9/20/24, 11/13/24 and 12/28/24. The January 2025 TAR had no changes documented and the TARs to follow had no order for the SPC catheter to be changed. No documentation could be found to indicate if and when the catheter was changed. Further review of the TARs revealed the twice a day 100cc flushing was last documented as completed on 1/7/25 and discontinued on 1/10/25. (The gap correlated with Resident #5's hospitalization stay) No flush was ordered when Resident #5 returned from the hospital on 1/10/25 until 4/15/25, when a flush of 50cc of normal saline every day was started. This was 2.5 months after the urology/pelvic team last evaluated the resident (1/24/25 on return from the hospital and made these recommendations). The surveyor reviewed Resident #5's suprapubic catheter care plan. A care plan intervention was created on 6/28/23 that stated Resident #5's indwelling catheter and draining system should be changed every 30 days. On 10/21/25 at 1:46 PM the surveyor conducted an interview with the Director of Nursing (DON). During the interview the surveyor requested documentation to show Resident #5's SPC flushes were done per recommendation in February, March and second half of April along with documentation of Resident #'s 5 SPC changes for January - May 2025. On 10/21/25 at 2:22 PM, the surveyor conducted a follow-up interview with the DON. During the interview the DON confirmed that no flushes were documented as administered for the later part of January, February, March and half of April 2025 even though the recommendations were to do so. She further stated that during that time different urology consult providers were coming into the building and that they all had different ways of communicating with the facility. She stated that SPC changes were performed when the urology consultation provider came in to do consultation visits. She confirmed that there was no documentation in Resident #5's medical record to indicate the SPC was changed after 12/28/25. The DON stated she would have to reach out to the providers to get documentation that the catheters were changed. On 10/22/25 at 12:18 PM, the surveyor conducted a telephone interview with urology/pelvic consult Provider Staff #6. During the interview Staff #6 indicated that there are only a few reasons why the providers would change the SPC on the consultation visits, such as an initial change after placement or a complicated catheter. He further stated that if the provider changed the catheter, it would be documented in the progress note from that visit. He confirmed that unless the providers indicated they were going to change the catheter then it is the expectation that the facility would change the catheters per the Resident's individual plan of care. At the time of exit no</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>(continued on next page)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review, consultation note review and interviews, it was determined that the facility failed to maintain medical records in accordance with acceptable professional standards and practices by keeping complete documentation. This was evident for 2 (Resident #5 &amp; #11) out of 11 residents reviewed during the complaint survey. A suprapubic catheter (SPC) is a surgically created connection between the urinary bladder and the skin in the abdomen used to drain urine through a tube from the bladder to a collection bag in individuals with obstruction of normal urinary flow. The findings included: On 10/21/25 at 9:15 AM, the surveyor reviewed intake # 329288. The intake alleged that the facility was unable to provide medical health information to the hospital emergency room staff upon Resident #5's transfer. On 10/21/25 at 9:32 AM, the surveyor reviewed Resident #5's medical record. The review revealed Resident #5 had a past medical history of benign prostatic hyperplasia without lower track urinary symptoms and urine retention and transferred to the hospital on 5/25/25. Next, the surveyor reviewed the hospital discharge paperwork for the 5/25/25 transfer. The progress notes stated that, Information from the facility has been very limited. It further stated per team Resident #5's catheter was changed on 1/26/25 and reported an infection in March, which means the catheter was changed at that time but was not documented. Resident #5 was seen by the urology/pelvic medical team on 9/6/24, 9/20/2024, 10/6/24, 10/18/24, 11/1/24, 11/15/24, 12/13/24, 12/27 and 1/24/25. The instructions from the visit on 1/24/25 were to flush the catheter twice a day with 100cc of fluid to prevent catheter from being clogged followed by, Please perform routine exchange the SPC routinely every 4-6 weeks. On the consult visits on 3/5/25 and 3/26/25, the recommended flush changed to 50 cc normal saline or sterile water and again with instructions, Please perform routine exchange the SPC routinely every 4-6 weeks. The surveyor next reviewed the Treatment Administration Records (TARs). Resident #5's SPC was documented as changed on 8/13/24, 9/20/24, 11/13/24 and 12/28/24. The January 2025 TAR had no changes documented and the TARs to follow had no order for the SPC catheter to be changed. No documentation was found to indicate if and when the catheter was changed after the 12/28/24 documentation. The surveyor reviewed Resident #5's suprapubic catheter care plan. A care plan intervention was created on 6/28/23 that stated Resident #5's indwelling catheter and draining system should be changed every 30 days. On 10/21/25 at 1:46 PM, the surveyor conducted an interview with the Director of Nursing (DON). During the interview the surveyor requested documentation to show Resident #5's SPC was changed from January - May 2025. On 10/21/25 at 2:22 PM, the surveyor conducted a follow-up interview with the DON. During the interview the DON stated that during that time different urology consult providers came into the building and all had different ways of communicated with the facility. She stated that SPC changes were performed when the urology consultation providers came in to do their consultation visits. She confirmed that there was no documentation in Resident #5's medical record to indicate the SPC was changed after 12/28/25. The DON stated she would have to reach out to the providers to get documentation that the catheters were changed. On 10/22/25 at 12:18 PM, the surveyor conducted a telephone interview with Urology/pelvic consult Staff #6. During the interview Staff #6 indicated that for several reasons the providers would change the SPC on the consultation visit, such as an initial change after placement or a complicated catheter. He further stated that if the provider changed the catheter, it would be documented in the progress note from that visit. He confirmed that unless the providers indicated they were going to change the catheter then it is the expectation that the facility change the catheters per the Resident's individual plan of care. At the time of exit no documentation was provided to support that the SPC was changed for Resident #5 for January-May 26 of 2025 (on 5/26/25 hospital records documented it was changed). Cross reference F684 1b) On 10/22/25 at 9:49 AM, the surveyor reviewed Resident #11's medical record. The review revealed Resident #11 had obstructive and reflux uropathy, and overactive bladder. Resident #11 had a suprapubic catheter (SPC). On further review an order was initiated on 12/30/22 that stated, change suprapubic foley (catheter) every 4 weeks on Friday night shift. Next, the surveyor reviewed Resident #11's Treatment Administration Records (TARs). November of 2024 Resident #11's catheter was documented as changed on 11/1/24 and 11/29/24. On the December 2024's MAR the order was discontinued on 12/9/24 and on 12/11/24 the order was changed to change as needed. There was no documentation of Resident #11's SPC being changed in January - July's TARs. The surveyor reviewed Resident #11's urology/pelvic medical team consultation notes from visits on 11/15/24, 12/13/25, 12/27/24, 1/24/25 and 3/26/25. All notes stated, Please perform routine exchange the SPC routinely every 4-6 weeks. Nowhere in the note did it state that the SPC</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations and interviews it was determined that the facility staff failed to ensure the shower rooms on the third floor were cleaned for the residents' use. This deficient practice was evidenced in 2 (#A, #B) of 2 shower rooms on the third floor assessed for cleanliness during the complaint survey. The findings include: On 10/21/25 at 8:30 am during observation rounds on the third floor the surveyor observed a large stain on the floor under the sink along with water &amp; stains around the commode in Shower Room B. In Shower Room A the surveyor observed multiple round brown stains on the floor in front of the sink and stains on the floor in the shower stall &amp; in the area where the commode is located. On 10/22/25 at 10:12 am the surveyor observed the same round brown spots on the floor in front of the sink in Shower Room A, the same spots from the previous day. The surveyor wet a paper towel with water and was able to remove one of the brown spots on the floor. On 10/22/25 at 10:14 am during an interview with Geriatric Nursing Assistant (GNA) #7 the surveyor asked how often the shower rooms are used by the residents. GNA #7 verbalized the showers are used daily; the residents either have a shower during the 7 am -3 pm shift or during the 3 pm - 11 pm shift. The schedule was written on the assignment board located near the nurse's station. On 10/22/25 at 11:28 am during an interview with EVS Director #9 the surveyor asked how often the showers are cleaned. EVS Director #9 verbalized the showers should be cleaned daily. A deep cleaning of the showers during the weekend. The mop heads are hard to get certain things off the floor. They are working on getting new mopheads to clean the floors in the shower rooms.</p>		

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<p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and interview it was determined that the facility staff failed to ensure that the handrails on the third floor were repaired and safe for the residents to use. This deficient practice was widespread on the third floor.</p> <p>The findings include:</p> <p>On 10/22/25 at 10:22 AM while on the third floor of the facility the surveyor observed multiple handrails with screws that were not flush with the handrail. The screws were sticking out with the potential to injure a resident's hand. The handrail near the elevator was separated by a gap. On 10:23 AM the surveyor observed a nail sticking out of the handrail outside of room [ROOM NUMBER]. The surveyor observed a hole in the handrail outside of room [ROOM NUMBER] &amp; the handrail had a yellow screw that was not flush to the surface. The surveyor observed two screws on separate sides of the handrail outside of the MDS Nurse's office that were not flush to the surface. On 10:26 AM the surveyor observed an unflushed screw in the handrail outside of room [ROOM NUMBER]. The surveyor observed unflushed nails in the handrail between the Storage Room &amp; EVS Room, and the handrail was not secured to the wall. The handrail shook when the slightest pressure was applied. The handrail near the Central Supply Room was loose with a screw that was not flush to the surface.</p> <p>On 10/22/25 at 11:16 AM the surveyor reported to the Administrator That there were multiple broken handrails and handrails that had screws that were not flush with the surface on the third floor. The Administrator verbalized they were trying to secure the handrails with the screws. The surveyor verbalized that the screws are not flush to the surface and has the potential to cause injury to a residents hand while using the handrail.</p>