STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215215	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Alice Manor	2095 Rockrose Avenue Baltimore, MD 21211

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on a review of facility records, interviews with staff, and interviews with residents, it was determined that the facility failed to follow its established grievance process. This failure was identified in 3 of the 22 cases reviewed (Residents #2, #51, and #91) during this recertification/complaint survey.The findings include:During an interview on 4/15/26 at 2:11 PM, Resident #2 stated, The facility sends laundry to another state, and it takes more than a week to return. Some of my clothes were missing, and the facility offered lower-quality replacements, which I refused. The items remain missing.On 4/16/26 at 10:00 AM, the surveyor reviewed the facility's grievance logs. Records indicated that while some reports of missing clothing were resolved via reimbursement, others remained unresolved despite being marked as addressed.A grievance form dated 10/30/25 documented Resident #91's report of missing clothing. The facility recorded the resolution on 11/03/25 as clothes replaced. However, during an interview on 4/16/26 at 10:48 AM, Resident #91 stated he/she had missing clothes several items. Summer T-shirt dresses, fleece pants, and regular pants remained missing from an incident that occurred several months ago.A grievance form dated 1/05/26 stated, Resident #51 said, Patient reported 2 pairs of bottoms are missing and two tee shirts are missing. In an interview on 4/16/26 at 10:43 AM, the resident noted that while missing items are typically replaced within 4-5 days, one recent instance took three weeks to resolve.In an interview with Social Worker #7 on 4/16/26 at 12:15 PM confirmed that many residents have ongoing concerns regarding missing or improperly laundered clothing.During an interview with EVS Director #24 on 4/16/26 at 1:23 PM, he explained that personal laundry is collected by an outside contractor on Tuesdays, Thursdays, and Saturdays. The director admitted that items are frequently returned behind schedule. While he stated that he contacts the vendor regarding missing items, he conceded that some cases remain unresolved, and items are not always properly tracked or returned. When asked about interventions following similar findings during the previous year's survey, the EVS director noted only that the Nursing Home Administrator has begun providing financial reimbursements for missing items.In an interview with Director of Nursing on 4/17/26 at 10:00 AM, the surveyor discussed these findings with the Director of Nursing, who acknowledged and validated the concerns.

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