

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Chesapeake Woods		STREET ADDRESS, CITY, STATE, ZIP CODE  525 Glenburn Avenue Cambridge, MD 21613	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review and interviews it was determined that the facility staff failed to complete through investigations for allegations of abuse. This deficient practice was evidenced in 2 (#38 &amp; #59) of 5 investigations reviewed for a through investigation during the recertification survey. The findings include: 1) On 12/18/25 at 1:29 pm a review of the investigation related to an allegation of abuse concerning Resident #59 revealed twenty-one different staff worked on the unit from 03/01/25 - 03/02/25 when the alleged incident may have occurred. There were no statements from all the staff who worked when the alleged incident may have occurred. On 12/18/25 at 2:25 pm during an interview with the Administrator the surveyor asked how they determine who needs to be interviewed when they need to complete an investigation. The staff were told to write their name and title on statements. The Administration verbalized they usually get the staffing sheets to see who worked and interview the staff. 2) On 12/18/25 at 3:08 pm a review of the investigation concerning an allegation of abuse concerning Resident #38. A review of the statements from the staff indicated all the staff who worked during the time the bruise was discovered were not interviewed. A review of the staffing sheets and statements revealed all the staff who worked during the time the bruise was found on the resident were not interviewed. A CMA, GNA, and a female staff were not interviewed but worked on the unit during the time of the alleged incident. On 12/18/25 at 3:37 pm the Administrator confirmed that a GNA and dining room attendant were not interviewed, and the surveyor reported all the staff who worked during the time the bruise was discovered were not interviewed.</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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