

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 3415 Greencastle Road Burtonsville, MD 20866	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37296</p> <p>Based on medical record review and staff interview, the facility staff failed to provide supervision to prevent an accident (Resident #9). This was evident for 1 of 37 residents reviewed during an annual survey.</p> <p>The findings include:</p> <p>On 11/14/24, review of Resident #9's medical record revealed the Resident was admitted to the facility on [DATE] from the hospital for rehabilitation. Further review of the medical record revealed that, on 2/24/2023, the Resident was assessed by facility staff to be at a low risk for elopement.</p> <p>The facility reported to OHCQ (Office of Health Care Quality) on 7/7/24 at 1 PM the Resident was found outside the facility at a local church approximately 2:30 PM by the Police. The Resident was brought back to the facility and assessed at that time and found to have no injuries.</p> <p>On 11/14/24 at 9:30 AM, an interview with Resident #9 revealed that she was going to the church service in the facility, and she was unaware of the cancellation. Resident stated she wanted to worship God, so she left the facility and went to a church in the community. The resident also stated that she wasn't aware that she did not have approval to leave until after the incident when the facility staff informed her of the LOA rules. The resident stated that she had never left the facility before.</p> <p>On 11/14/24 at 10 AM, a review of the Facility Therapeutic Leave Policy revealed that a physician's order must be obtained, and the facility staff would then document in the medical record details of the resident's leave of absence. A review of Resident #9's medical revealed the Resident did not have a physician order for a therapeutic leave of absence at the time of the elopement. Further review revealed a physician order on 11/13/2024: May go on LOA independently or with attendant.</p> <p>The surveyor reviewed education provided to staff on 7/7/24 to ensure staff were aware of therapeutic leave of absence (LOA) for Resident #9.</p> <p>11/15/24 at 11:30am during an interview with the Nurse Consultant #19, it was confirmed that the facility staff failed to provide supervision for Resident #9.</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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