

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5009 Frankford Avenue 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 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>42886</p> <p>Based on medical record review and interview, the facility staff failed to thoroughly investigate a complaint of a neglect (Resident #35). This was evident for 1 out of 39 residents reviewed during a complaint survey.</p> <p>Findings include:</p> <p>Review of Resident #35's facility reported incident (MD 00190514) on 10/8/23 at 11:00 am revealed the resident's family made an allegation of neglect after the resident fell on the unit on 3/14/23 and sustained a fracture leg.</p> <p>The surveyor reviewed the facility investigation on 10/8/24 at 11:30am revealed that the facility failed to thoroughly investigate the events surrounding the allegation of neglect. The investigation contained information about the fall incident on 3/14/24. The facility investigation did not contain other resident interviews disproving widespread negligence from staff.</p> <p>Interview with the Director of Nursing on 10/8/24 at 2:00pm confirmed the facility investigation of Resident #35's did not contain resident interviews disproving widespread negligence from staff.</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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