STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215330	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare Post-Acute Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff interviews, it was determined that the facility failed to ensure physician orders and provider recommendations were implemented timely following changes in condition. This was evident for 1 (Resident #6) of 10 residents reviewed for quality of care during the complaint survey.The findings include:On 05/01/2026 at 12:41 PM, review of Resident #6's clinical record showed the resident was admitted on [DATE] with diagnoses including diabetes mellitus, dementia, and chronic kidney disease.Further review of Resident #6's clinical record revealed a change in condition note dated 02/08/2026 showing the resident experienced a ruptured fluid blister to the left heel. Continued review of the note showed provider recommendations to cleanse the left heel with wound cleanser, apply Medihoney daily, and elevate the heel with a pillow.Continued review of Resident #6's February 2026 Treatment Administration Record (TAR) did not reveal evidence that provider-recommended wound treatment to the left heel was provided on 02/09/2026 or 02/10/2026. The wound treatment order appeared on the TAR beginning 02/11/2026.On 05/04/2026 at 1:05 PM, in an interview, the Director of Nursing (DON) stated that physicians are encouraged to enter their own orders into PCC (PointClickCare); however, when nursing staff enter physician orders, the expectation is that orders are entered at the time the order is received and not two days later.The findings were discussed with the Director of Nursing (DON) and Administrator during the exit conference.

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