

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Arlington West		STREET ADDRESS, CITY, STATE, ZIP CODE 3939 Penhurst Avenue Baltimore, MD 21215	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review it was determined the facility failed to ensure a resident was free from abuse. This was evident for 1 (Resident #74) out of 5 residents reviewed for abuse during the facility's recertification survey.</p> <p>The findings include:</p> <p>On 6/12/25 at 8:48AM in response to the surveyor's request, the facility's Administrator provided the complete investigative file for the self reported facility incident MD00195518 involving Resident #74 in which abuse of the resident was investigated by the facility. Review of the investigative file revealed Resident #74 reported that Geriatric Nursing Assistant (GNA) #6: entered his room and forcibly turned and positioned him, yelled at him, and put a pillow over his face.</p> <p>Further review of the complete investigative file for MD#00195518 on 6/17/25 at 12:47PM by the surveyor revealed documentation by the facility on a follow up self report form made to the Office of Health Care Quality that on 8/12/23 Resident #74 reported the allegation of abuse by GNA #6 to facility staff, and after investigation into the allegation, including an interview of the resident's roommate, the result of the investigation was found to be substantiated by the facility and a report was documented as made to the Maryland Board of Nursing (MBON) regarding GNA #6 as well as the facility placing them on a do not return staffing list.</p> <p>On 6/17/25 at 2:06PM the surveyor reviewed the facility's documentation of the August 2023 complaint form in which the facility had documented their complaint and concern regarding GNA #6 to the MBON and also a letter from August 2023 in which there was a response made from the MBON indicating they received a complaint.</p> <p>On 6/17/25 at 3:13PM the surveyor conducted an interview with the facility's Administrator who confirmed that Resident #74's allegation of abuse was substantiated by the facility. At this time the surveyor shared the concern with the Administrator who acknowledged the concern.</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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