

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Alice Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  2095 Rockrose Avenue Baltimore, MD 21211	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, record review, and interviews with residents and facility staff, it was determined that the facility failed to maintain a safe environment. This was evident for 1 of 2 soiled utility rooms observed during a tour of the environment during the recertification/complaint survey.</p> <p>Findings Included:</p> <p>On 05/01/25 at 10:13 AM, during a tour of the facility during the system triggered environment task, it was observed that the soiled utility room on the first floor was unlocked, this soiled utility room contained used biohazard bags, used needle/sharps containers, used oxygen equipment and trash.</p> <p>On 05/01/25 at 10:47 AM, during the facility tour with the Maintenance Director (Staff #26), he was notified that the soiled utility room on the 1st floor was unlocked and was a safety concern. He attempted to lock the door, but he was unable to fix the issue, and he stated he was not sure why the door was unlocked, and they would address the issue.</p> <p>On 05/01/25 at 11:28 AM, in an interview with the Director of Nursing (DON), the DON was notified that the 1st floor soiled utility closet was unlocked and there were biohazard bags and needle containers stored in the room, which was a safety concern. She verbally 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Alice Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  2095 Rockrose Avenue Baltimore, MD 21211	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on a review of complaints, observations, and interviews with residents and staff, it was determined that the facility failed to maintain sufficient staffing levels to meet the needs of its residents. This was evident in statements from 6 out of 10 interviewable residents (Resident #23, #29, #45, #54, #55, and #60 ), 1 of 11 complaints, and statements from nursing staff (2 out of 3) during the recertification/complaint survey.</p> <p>The findings include:</p> <p>1) Interviews with residents (Resident #23, #29, #45, #54, #55, and #60) during the screening process on 4/24/25, revealed concerns regarding staffing levels:</p> <ul style="list-style-type: none"> <li>- On 4/24/25, at 9:12 AM, Resident #45 stated that the facility experienced the worst staffing on the evening shift (3:00 PM - 11:00 PM for Geriatric Nurse Aides).</li> <li>- On 4/24/25, at 10:26 AM, Resident #23 said, The nurses bring my medication whenever they want to; sometimes I get medication at noon. They are always short-staffed. Sometimes it takes them 2 hours to answer the call lights.</li> <li>- On 4/24/25, at 11:45 AM, Resident #60 stated, It takes hours to get assistance, especially at night, to get changed.</li> <li>- On 4/24/25, at 12:06 PM, Resident #54 reported that staff took a long time to respond when they called.</li> <li>- On 4/24/25, at 12:33 PM, Resident #29 stated that it appeared agency staff did not care about residents, adding, There are a lot of them on each shift.</li> </ul> <p>Also, on 5/01/25, at 9:20 AM, Resident #55 said, Last night I put the call light on around 2:00 AM. There was no response until 3:15 AM. The resident reported feeling fear when there was no response to the call bell, stating, If I pushed the call bell, it meant I needed help. I heard the staff talking and laughing from the hallway, but there was no help for more than an hour. If it was an emergency, someone could die. I am very concerned about the response times. Resident #55 also added, I observed several times that my roommate was not fed by staff. They tried to touch her lip a couple of times to see if she was hungry, then just gave up and left. And I observed that no one gave her water.</p> <p>2) During a review of complaints on 4/30/25, at 10:00 AM, one anonymous complainant reported that the facility was significantly understaffed on a weekend in March 2025, and that was not an isolated incident. The complainant stated that they were responsible for over 30 patients without assistance from a supervisor or other nursing staff.</p> <p>During an interview with Staff #29 (Staffing Coordinator) on 4/30/25, at 10:23 AM, she outlined the facility's staffing goals per unit:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Alice Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  2095 Rockrose Avenue Baltimore, MD 21211	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Unit One: 3 GNAs on day shift (7:00 AM - 3:00 PM), 3 GNAs on evening shift (3:00 PM - 11:00 PM), and 2 GNAs on night shift (11:00 PM - 7:00 AM). Two nurses for day shift (7:00 AM - 7:00 PM), and two nurses for night shift (7:00 PM - 7:00 AM).</p> <p>- Unit Two: 5-6 GNAs on day shift, 5 GNAs on evening shift, and 4 GNAs on night shift. Two nurses for day shift, two nurses for night shift, and one CMA (Certified Medical Assistant).</p> <p>On 4/30/25, at 12:54 PM, the surveyor received the facility's actual staffing records along with the resident census. This review revealed that:</p> <p>- On 2/08/25 (Saturday), Unit 1 had a census of 34 residents. The night shift was staffed with 2 nurses and one GNA (Geriatric Nursing Aide).</p> <p>- On 3/01/25 (Saturday), Unit 1 had a census of 37 residents. The night shift was staffed with 2 nurses and one GNA.</p> <p>- On 3/02/25 (Sunday), Unit 1 had a census of 37 residents, and Unit 2 had a census of 62 residents. The night shift on both units was staffed with 2 nurses and 1 GNA each.</p> <p>- On 3/16/25 (Sunday), Unit 1 had a census of 39 residents. The night shift was staffed with 2 nurses and one GNA.</p> <p>- On 3/30/25 (Sunday), Unit 1 had a census of 34 residents, and Unit 2 had a census of 63 residents. The night shift on both units was staffed with 2 nurses and 1 GNA each.</p> <p>- On 4/26/25 (Saturday), Unit 1 had a census of 29 residents. The night shift was staffed with 2 nurses and one GNA.</p> <p>3) During an interview with Geriatric Nursing Aide (GNA #21) on 5/01/25, at 7:01 AM, they stated that the facility was sometimes understaffed, which caused GNA #21 to stay longer to finish their work. When asked about the resident-to-staff ratio, they said, The worst ratio was like yesterday. I was the only GNA on this floor. I needed to take care of more than 30 residents.</p> <p>In an interview with GNA #22 on 5/01/25, at 9:33 AM, the surveyor inquired about any staffing-related concerns. The GNA stated that there had been many call-outs, which made their workload heavier. GNA #22 said, Sometimes I was not able to complete work in a timely manner. Sometimes the night shift has only one GNA covering the entire 2nd floor, and they were not able to complete their tasks like changing pads and repositioning residents.</p> <p>During an interview with the Director of Nursing (DON) on 5/01/25, at 12:27 PM, the surveyor shared concerns about the staffing issues raised by residents and staff interviews, as well as the complaint. She validated these concerns.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Alice Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  2095 Rockrose Avenue Baltimore, MD 21211	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on staff interview and an investigation of intake #MD00217176 it was determined that the facility staff failed to ensure all nursing staff were educated on the location of the facility's Automated External Defibrillator (AED). This was evident for 3 staff (Staff #23, 24, 25) out of 11 who were interviewed during the recertification/complaint survey.</p> <p>The findings are:</p> <p>An AED is a portable, user-friendly medical device designed to analyze a person's heart rhythm and deliver an electric shock, if necessary, to restore a normal heart rhythm.</p> <p>An investigation of intake #MD00217176 for Resident #94 was conducted on 4/30/25 and 5/1/25. On 4/30/25 from 2:00 PM to 3:00 PM and on 5/1/25 at 7:01 AM survey member conducted interviews with nursing staff related to the AED and their locations. Eleven members of the nursing staff were interviewed and three of them did not know where the AED's were located. Staffing of those interviewed were: 3 Licensed Practical Nurses (all agency), 1 Certified Medication Aide (CMA)(staff), and 7 Geriatric Nursing Assistants (GNA) (6 agency and 1 staff) were interviewed. Two GNA's and the CMA did not give the correct answer for the AED location.</p> <p>On 4/30/25 at 2:10 PM, GNA (Staff #25) was interviewed, and they said, the AED was on the medication cart.</p> <p>On 4/30/25 at 2:15 PM, CMA (Staff #24) was interviewed, and they said, the AED is in the medication room, I can show you. She entered the medication room behind the nursing station. Then asked one of the nurses about the AED, then said oh my bad, it is located on the wall, not the med room one in use.</p> <p>On 4/30/25 at 2:30 PM, GNA (Staff #23) was interviewed, and they said they never showed me the AED location. The GNA started to look around and added oh, it's there near the nursing station wall.</p> <p>The Welcome Training packet for nursing staff was reviewed on 5/1/25 at 12:59 PM. The packet did not include any evidence of teaching new facility staff and/or agency staff where the AED's are located.</p>		