STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215195	A. BUILDING _____ B. WING _____	**08/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AUTUMN LAKE HEALTHCARE AT BRIDGEPARK	**4017 LIBERTY HEIGHTS AVE. BALTIMORE, MD 21207**

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 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview it was determined that the facility failed to ensure medication was secured in a locked compartment as evidenced by observation of an antidepressant medication left sitting on top of a medication cart. This was found to be evident on one of one medication cart on Unit 1. The findings include: On 8/8/20 at 10:45 AM surveyor observed a 20 milligram (mg) [MEDICATION NAME] tablet sitting on top of an unattended medication cart on unit 1. The cart was in the hallway next to the nurse's station; however, no nursing staff was within the visualization of the cart at the time of the observation. This surveyor entered the nurse station and observed (RN)Registered Nurse (staff #9) with her heading laying on the desk. Staff (#9) was asked if she was aware of the medication on top of the medication cart. Staff (#9) stated no If I knew it was there, I would have thrown it away. Surveyor asked if she knew who the medication belonged to, she stated No but I can find out. At 11:00 AM staff (# 9) stated the medication belongs to resident #1. The pharmacy sent to many pills in the packet for the resident. When asked if the resident received the dosage that was ordered for him/her the nurse stated, yes. During a review of resident (#1), Medication Administration Record [REDACTED]. The concern regarding the unattended medication on the medication cart was reviewed with the Director of Nursing and the Regional nurse on 8/8/20.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Provide and implement an infection prevention and control program.** Based on observation and verified by staff, it was determined that facility staff failed to ensure that the dirty utility rooms were maintained in a sanitary condition to prevent the spread of infection. The findings include: On August 8, 2020, the surveyor, accompanied by the charge nurse, conducted an environmental tour of the facility. The following observations were made: 1)At 9:30 AM, on Unit 1 there were nine bags of trash and dirty linen located on the floor and the trash can were filled. The laundry bin that was in the dirty utility room had dirty gowns hanging on the edges of the bend. 2) At 9:45 AM, on Unit 2, there were seven bags of trash on the floor. The trash cans were filled with trash. A laundry bin was in the dirty utility room and was filled with dirty linen and trash bags. The door to the room was open. 3) At 10:00 AM, on Unit 3, there were bags filled with trash and dirty linen on the floor, piled high. A laundry bin was in the dirty utility room and was filled with dirty linen. The door to the room was open. 4) At 10:15 AM, on Unit 4, there were bags filled with trash and the trash can was filled. A laundry bin was in the dirty utility room and was filled to the top and bagged dirty clothing was hanging off the sides of the bin. During an interview with the Charge Nurse at 10:30 AM, she stated the linen or trash was not picked up from the night shift, that is why the trash is overflowing on the units. During an interview with the Laundry Aide at 11:00 AM, he stated he was trying to get the linen to the units and hadn't got a chance to empty the trash or linen. The (DON) Director of Nursing was informed of the observations and interviews with staff on 8/8/20, at 11:30 AM. The DON then instructed the Laundry Aide to empty the laundry bins and trash on each unit. During observation at 1:00 PM, the trash was removed and the clothing bins were empty on each unit.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.