STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075407	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at West Hartford	1 Emily Way West Hartford, CT 06107

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and facility documentation, the facility failed to provide residents with a comfortable environment. The findings include: Facility tour and observations on 6/6/2025 at 8:31 AM identified the first-floor dining room temperature was 81 degrees Fahrenheit (F) with a stand-alone window vented air conditioner in use. Further observations of the upper/second floor resident wall mounted digital thermometers identified the following room temperatures: 8:32 AM: room [ROOM NUMBER] was 82.9 degrees F, no air conditioning unit 8:38 AM: room [ROOM NUMBER] was 87 degrees F, no air conditioning unit 8:39 AM: room [ROOM NUMBER] was 89 degrees F, no air conditioning unit 8:47 AM: room [ROOM NUMBER] was 84 degrees F with a stand-alone floor air conditioning unit that was not turned on 8:50 AM: room [ROOM NUMBER] was 86 degrees F, no air conditioning unit Further observations of the lower/first floor resident wall mounted digital thermometers identified the following room temperatures: 9:16 AM: room [ROOM NUMBER] was 80.2 degrees F, no air conditioning unit 9:32 AM room [ROOM NUMBER] was 81 degrees F, no air conditioning unit Interview and observation on 6/6/2025 at 8:32 AM with Resident #2 identified his/her room was too warm, he/she had the windows open, the windows only opened a few inches, and the observed temperature on the wall mounted thermostat was 82.9 degrees F. There was no air conditioning unit in the room. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 6/6/2025 at 8:52 AM with the Director of Maintenance identified the resident rooms air conditioning system was not working due to leaks in the cooling system lines outdoors, the air conditioning contractor was out the prior week, a second contractor scanned the lines and identified materials within the lines and determined pipes would need to be replaced, and the repair would take a week due to supplies needed.The Director of Maintenance further indicated he obtained a quote on 6/2/2025 from the contractor and signed the work proposal on 6/5/2025. He identified that he communicated daily updates, pertaining to the air conditioning system, to the facility administrator. He identified the Administrator ordered air conditioning units when it was identified the repair work would be delayed due to supply needs. He indicated the facility had 35 resident rooms but currently only had 10 to 12 portable air conditioning units on site and functioning. The facility recived a delivery on 6/6/25 for a total of 34 air conditioning units which needed to be installed. Interview on 6/6/2025 at 9:16 AM with Resident #4 identified that on 6/5/25, when he/she was in the therapy/rehab room, the temperature was 90 degrees F and further indicated, his/her room was more comfortable at the current temperature of 80.2 degrees F (observed temperature on wall mounted thermostat) than it was in the therapy/rehab room. There was no air conditioning unit in Resident #4's room. Interview with the Administrator on 6/6/25 at 9:35 AM identified an air conditioning contractor was at the facility to evaluate the air conditioning system the week prior. She further identified she was not aware the air conditioning system was not functioning properly until 6/5/25 and indicated she was unaware of the pending heat wave. She indicated that the Director of Maintenance did not communicate the outcome of the contractor visit nor did she inquire with the Director of Maintenance regarding the outcome of the contractor visit the week prior. She identified that she did not report the air conditioning system failure to the state agency since the facility had a corrective action plan in place. Review of the Mechanical Project Proposal dated 6/2/2025 from the contractor identified the Director of Maintenance signed the proposal dated 6/4/2025. During an interview on 6/6/2025 at 1:45 PM with the Administrator, DNS and Director of Maintenance, the Administrator identified she did not understand how the air conditioning cooling tower worked, was unable to identify when she was first notified of an issue with the air conditioning system, and indicated she ordered air conditioning units once she was notified it would take a week for the contractor to obtain the reapair supplies. The Maintenance Director indicated he was not aware, until recently, that the facility had rooftop cooling units for common areas and hallways, but indicated the units had coil issues and were not in working order. The facility failed to report the loss of air conditioning to the state agency prior to surveyor arrival at the facility and upon inquiry. Review of facility Resident Environmental Quality Policy directed in part the facility shall have adequate ventilation by means of windows, or mechanical ventilation, or a combination of the two, resident rooms and activity areas should be of a comfortable temperature for the residents. All facility personnel are responsible for reporting broken, defective, or malfunctioning equipment or furnishing immediately upon identification of the issue.