STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215017	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Long View	3332 Main Street Manchester, MD 21102

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation and interview with staff it was determined the facility failed to provide maintenance services necessary to maintain a sanitary and orderly interior. This was evident in 1 of 3 nourishment rooms observed during the recertification/complaint survey.The findings include:The nourishment room located on the locked memory care unit was observed on 12/1/25 at 11:42 AM. A circular hole, approximately 4-5 inches in diameter, was observed in the wallboard below the countertop.The Administrator was made aware and confirmed this finding on 12/1/25 at 2:29 PM. She indicated that the hole was the result of a plumbing pipe being removed.

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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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview with staff it was determined the facility staff failed to ensure that each resident had an accurately completed Level 1 PASARR screening prior to admission. This was evident for 1 (Resident #8) of 3 residents reviewed for PASARR during the recertification/complaint survey.The findings include:The Preadmission Screening and Resident Review (PASARR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASARR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental disorder (MD) and/or intellectual disability (ID); 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care setting); and 3) receive the services they need in those settings. The purpose of the Level I pre-admission screening is to identify individuals who have or may have MD/ID or a related condition, who would then require PASARR Level II evaluation and determination prior to admission to the facility.Review of Resident #8's medical record on 11/24/25 at 12:27 PM revealed the resident was admitted to the facility on [DATE]. Resident #8's diagnoses at the time of admission included but were not limited to: Major Depressive Disorder, Other Specified Anxiety Disorders and Dementia in other diseases. The paper record revealed a Level 1 PASARR screening, dated 9/13/24 with Part A signed on 9/14/24. However, part A, B, C and D screening questions were not completed. In an interview on 11/24/25 at 12:54 PM Staff #14 the Social Worker confirmed that she reviews the PASARR forms prior to admission. She indicated that Resident #8 was admitted from his/her home in the community where s/he received home care, the initial Level 1 PASARR form was signed by the Administrator of the home care company. However, the home care company failed to complete the screening form. She indicated that a revised Level 1 screen was provided. However, it was also not completed properly. The surveyor was provided with a copy of an electronic Level 1 PASARR screen dated 9/19/24 that was completed by Staff #14. On the electronic form the PASARR Condition Indicators - Mental Illness - indicated Resident #8 did not have a known or suspected diagnosis of a major mental illness. On 11/24/25 at 1:30 PM Staff #14 reviewed the electronic form on her computer with the surveyor. She confirmed that a Level 1 PASARR screen was electronically submitted by her on 9/19/24. It included a diagnosis of Dementia but did not include that Resident #8 had major psychiatric diagnoses. She stated, That was an error on my part, I should have included the psychiatric diagnoses that s/he had on admission. 11/25/2025 approximately 9:00 AM the above concern was reviewed with the Administrator.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview it was determined the facility staff failed to ensure food items were clearly labeled, properly stored and discarded when expired. This was evident in 2 of 3 nourishment rooms observed in the facility during the recertification/complaint survey. The findings include:On 12/1/25 at 11:42 AM the surveyor observed the nourishment room on the memory care unit. 28 - 8 ounce cartons of Vanilla Twocal HN nutritional supplement were observed in the upper right cabinet. The use by date printed on the top of the carton was 1 May 2025.At 12:45 PM Staff #15 a Licensed Practical Nurse (LPN) was asked who was responsible for checking the nourishment room for expired items. She stated we don't use the nourishment room; we keep nourishments and supplements in the dining room cabinets. She added that she thought the supply lady took care of checking for outdated supplements. The first floor Nourishment room was observed on 12/1/25 at 12:25 PM. A pie which appeared to be pumpkin, approximately 8 inches diameter was in a clear plastic clamshell type container on the shelf in the right upper cabinet. Several spoonful's of filling were missing at the edge of the pie. The pie was not dated nor labeled as to whom it belonged. It was not refrigerated. Additionally, 1 expired - 8.45 fluid ounce carton of isosource HN nutritional supplement with the manufacturer's use by 25 Jan. 2025 stamped on the top, and 1 maroon bowl of rice crispy cereal, loosely covered and undated, were also located in the cabinet with the pie. The Food Service Manager entered the room and was made aware of the items. She stated, we don't do the cabinets when asked what she meant, she stated nursing is responsible for the cabinets, dietary only checks the refrigerators. On 12/1/25 at12:35 PM the surveyor observed the nourishment room on the 2nd floor. The refrigerator contained 2 - 64 fluid ounce cartons of Dream rice milk labeled with Resident #42's name in marker on the front of each carton. One of the cartons was approximately 1/3 full, had an indentation on the front indicating: opened 11/17/25 which was barely readable. Red liquid was spilled and dried on the top of the carton. Per the manufacturer's website: Dream Ricemilk should be used within 7-10 days after opening. On 12/1/25 at 2:29 PM the Administrator was made aware of the above findings. At 3:15 PM she returned and indicated that the dietary aides were responsible for nourishments and snacks that come from the kitchen as well as cleaning the refrigerators. Any food brought in by the families was the responsibility of nursing. Supplies kept in the cupboards such as cups, straws as well as nutritional supplements were the responsibility of the ward clerk under central supply.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review it was determined that the facility failed to ensure required annual trainings were completed for all employees. This was evident for 1 (staff #8) of 5 employee records reviewed during the recertification/complaint survey. The findings include:During the review of staff GNA #8's employee training history on 12/1/25 for the past 12 months it was noted that he had not completed any of the required annual training regarding dementia training. Additionally, it was revealed when reviewing staffing on 12/1/25 at 11:30 AM that GNA #8 regularly works night shift on the dementia unit. The review of his annual online Care Feed training also failed to reveal cognitive training, which is required for individuals working with those with cognitive impairments. Surveyor interviewed Staff #13, staff development, on 11/25/25 regarding the process of annual training. She stated that they use an online program, and she follows up with staff to ensure that they complete their training by the end of the year. Staff #13 was contacted again on 12/1/25 to follow up and asked about GNA #8 and his trainings as there were no dementia or cognitive trainings for over 12 months. She stated that she had sent him reminders and paper training as he had had trouble with the computer and logging on. The NHA and DON were made aware of the concerns related to the gap in dementia and cognitive training for the last 12 months for GNA #8 even given he was provided with reminders and other options at learning and continues to work with the vulnerable population on the nightshift.