

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Birch Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 7309 Second Avenue Sykesville, MD 21784	
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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to maintain an effective pest control program, which included a failure to seal gaps and holes, or prevent rodents from entering Residents' (R) rooms. As a result, R6 and R13 experienced disrupted sleep at night due to mouse infestation. This was evident for four sampled Residents (R6, R11, R12, and R13) living on the third floor, the facility census was 108. Findings Include: 1. Review of facility policy titled Pest Control Program dated 12-28-2022 and last revised on 10/27/2025 documented that it was the facility policy to maintain an effective pest control program that eradicates and contains common household pests and rodents. The facility will maintain a reporting system of issues that may arise between scheduled visits with the outside pest service and treat them as indicated. The facility will ensure that outside pest service also treats the exterior perimeter of the facility and outlying areas of the building, including the dumpster area. Record Review of R6s quarterly Minimum Data Set assessment (MDS) for a federal-mandated assessment dated [DATE] showed a BIMS score of 9/15. R6 was dependent on staff regarding activities of daily living (ADL). Observation and interview on 11/17/2025 at 10:15 AM showed a large hole in the wall, directly from the floor in R6's room. Further observation showed evidence of mice droppings along the wall and small pieces of paper and dirt along the wall, under R6's bed. R6 stated he/she often heard scratching sounds under her bed at night. Record Review of R13's quarterly MDS dated [DATE] revealed R13 had a BIMS score of 11/15. R13 required moderate supervision with ADLs. 2. During observation and interview on 11/17/2025 at 10:30 AM, R13 sat on his/her bed and stated the facility was infested with mice. He/she explained that mice usually come out at night and would [NAME] on his/her snacks in the bottom drawer. R13 opened the bottom dresser and pointed at the mouse droppings and stated that it was mice poop. Observations showed several fresh black droppings the size of rice littered in the R13's bottom dresser. R13 stated he/she was afraid of mice and explained they were worried they would climb into his/her bed while he/she slept and bite his/her toes. During an interview on 11/17/2025 at 10:45 AM, Registered Nurse (RN) 3 explained the facility was situated around corn fields and stated it's common for mice to be cited around farming areas. She stated that facility staff and Residents had observed mice. During an interview on 11/17/2025 at 10:55 AM, Assistant Maintenance Director (AMD) stated 5 mice were sited a few weeks ago, and he stated he had not seen any. He stated there were no mouse traps in resident rooms and explained that mouse traps were visible around the nurse station areas. AMD 5 stated that some rooms on the third floor required sealing to prevent rodents from coming in from the outside areas. 3. Record Review of R11's annual MDS dated [DATE], revealed R11 had a BIMS score of 15/15. R11 required maximum assistance and was dependent on staff with ADLs. During the interview and observation on 11/17/2025 at 11:40 AM, R11 was up on the bed, located on the second floor, and stated there were bed bugs on his/her bed. R11 stated he/she was unaware of how the bed became infested with bed bugs. R11 stated the facility treated the room last week, and he/she had not observed bed bugs since then. 4. Record Review of R12's quarterly MDS dated [DATE] revealed R12 had a BIMS score of 15/15. R12 required moderate assistance with ADLs. During an interview and observation on 11/17/2025 at 11:50 AM, R12 sat on the bed and explained that there were bed bugs in the shared room and mostly on R11's bed, his/her roommate. R12 stated (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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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 11/14/2025, the facility fumigated and washed all linen, and concluded that since then, he/she had not seen any bed bugs. During an interview on 11/17/2025 at 11:59 AM, Director of Housekeeping (DHK) 6 stated there were no mouse traps in the Resident rooms. DHK 6 stated that mice traps were placed in less-trafficked areas around the Nurses Station and the kitchen areas. During an interview on 11/17/2025 at 12:30 PM, the Resident Council President (RCP), R16, stated mice were still a problem and stated the interventions the facility had in place were not effective. During observation and interview on 11/18/2025 at 11:10 AM, the Nursing Home Administrator (NHA) 2 observed a hole in R6's room and several mouse droplets along the wall and shredded pieces of paper under R6's bed. NHA 2 further observed R13's room on the third floor and stated that the mice droplets would be cleaned out and concluded that repairs and treatment would be done immediately. During an interview on 11/19/2025, at 9:30 AM, the Ombudsman 7 stated she received several reports of mice infestation in Resident rooms and concluded Residents had been complaining about mice infestation for the last six months, and mice could be a health risk if not treated.		