STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215148	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Waugh Chapel	1221 Waugh Chapel Road Gambrills, MD 21054

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 - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews it was determined that the facility failed to consistently maintain a comfortable homelike environment for the residents. This deficient practice was evidenced in 18 of 29 days during the month of June.The findings are:On 06/29/26 at 10:53 am during observation rounds the surveyor observed a total of twelve portable air conditioning units on the nursing units throughout the building.On 06/29/26 at 10:59 am the surveyor spoke with Resident #5 and asked did they have any issues with the temperature of the building. Resident #5 verbalized it was hot a couple of weeks ago for a few days, but it was cool at that time. On 06/29/06 at 11:01 am the surveyor asked Resident #6 were there days when it was hot in the building. Resident #6 verbalized you bet your life we did, it was 89 degrees in here according to the thermostat. Part of the building was cold and part was hot. The current temp on the thermostat read 74 degrees F. Resident #6 verbalized they couldn't breathe even while on oxygen and they felt like they were going to pass out. Their daughter purchased a fan, but it was just circulating the hot air.On 06/29/26 at 11:12 am the surveyor spoke with Resident #7 stated they were in the building since June 2. The air conditioning went out, and it was 85 F in the room about 6 times. It was not 6 consecutive days. The resident said they felt like they were going to faint. A couple of times the lady from the front office had a key and changed the temperature. It helped some then about 3-4 hours later it went right back to being hot. On 06/30/26 at 2:21 pm the surveyor received a copy of the room temperatures that were recorded from 06/01/26 - 06/29/26. The surveyor asked Maintenance Director #4 are they aware of the range of acceptable temperatures. Maintenance Director #4 verbalized the temperature should be between 71 and 81 degrees Fahrenheit (F).The surveyor reviewed the temperatures and noted there were multiple days that the temperature was above 81 degrees F in resident rooms. Maintenance Director #4 verbalized they randomly checked the temperatures in resident rooms. Abnormal temperatures were documented as follows: On 06/01/26: room [ROOM NUMBER] /84.2 F, room [ROOM NUMBER] / 82.6 F, room [ROOM NUMBER] / 88.2 F, room [ROOM NUMBER] / 82.6 F. On 06/03/26: room [ROOM NUMBER] / 82.9 F, room [ROOM NUMBER] / 82.6 F. On 06/10/26: room [ROOM NUMBER] / 84.7, room [ROOM NUMBER] / 84.4 [NAME] 06/11/26: room [ROOM NUMBER] / 82.2 F, room [ROOM NUMBER] / 85.8 F, room [ROOM NUMBER] / 82.6 F, room [ROOM NUMBER] / 97.4 F. On 06/18/26: room [ROOM NUMBER] / 81.4 F.On 06/22/26 room [ROOM NUMBER] / 84.4 F, room [ROOM NUMBER] / 82.0, room [ROOM NUMBER] / 93.2, room [ROOM NUMBER] / 90.2 F, room [ROOM NUMBER] / 91.4 F. After reviewing the temperature logs the surveyor asked Administrator #1 and Maintenance Director # 4 when the residents' room temperatures were elevated, what intervention were put in place to make the residents comfortable and provide the documentation to verify what interventions were done. The Administrator verbalized the thermostats were reset to ensure the air conditioning was working correctly. Some of the thermostats tripped and they had to be reset. The surveyor was not provided documentation to verify the residents whose room temperatures were elevated were accommodated to be made comfortable.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview it was determined that the facility staff failed to accurately code a resident's MDS assessment. This deficient practice was evidenced in 1 (#2) of 3 MDS assessments reviewed during the complaint survey.The Minimum Data Set (MDS) is a federally mandated standardized clinical assessment tool used in Medicare and Medicaid-certified nursing homes to evaluate the health, functional capacity, and care needs of residents.The findings include:On 06/30/26 at 12:05 pm a review of Resident #2 medication administration record (MAR) for June 2026 revealed the resident was ordered and receiving Normal Saline 10 ml intravenous (IV) every shift from 06/02/26 until the order was discontinued on 06/15/26. The nursing staff signed off the saline flush was given until 06/13/26 during night shift. A note was written by Licensed Practical Nurse (LPN) dated 06/13/26 at 4:21 pm indicated Resident #2 had a left arm peripherally inserted central catheter (PICC) line was flushed without difficulty.On 06/30/26 at 12:12 pm a review of the resident's MDS that was completed after the resident was transferred to the hospital revealed the MDS Section O Special Treatment, Procedures, and Programs was coded incorrectly. MDS Coordinator #9 denied Resident #2 had an IV line. The assessment review date (ARD) was 06/24/26.On 06/30/26 at 12:37 pm during an interview with MDS Coordinator #9 the surveyor asked what was their process of completing an MDS assessment? MDS Coordinator #9 verbalized they review the chart, documentation, assessments, nursing notes, and assessments that were completed during the look back period; they also speak with the resident when necessary. The surveyor made the MDS Coordinator aware the resident had a PICC line and the assessment was as the resident did not have IV access. MDS Coordinator #9 verbalized they would review the assessment.On 06/30/26 at 12:57 pm MDS Coordinator #9 verbalized they coded the MDS assessment incorrectly and they would make the correction.