

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Bradford Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 7520 Surratts Road Clinton, MD 20735	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on resident interviews, observations, medical record review and interviews with facility staff it was determined the facility failed to adhere to professional standards of practice when administering medications to residents. This was found to be evident for 2 (Resident # 7 and # 5) of 2 residents reviewed for medications, and 1(Resident # 13) of 3 residents reviewed during a medication administration observation conducted during a complaint survey. The findings include:</p> <p>1) An interview was conducted with Resident #7 on 10/15/25 at 3:45 PM and the resident was asked if s/he had any concerns regarding care. The resident acknowledged that s/he submitted concerns to the state agency but as of current, the concerns regarding care have improved, with one exception: medications are still being given late.</p> <p>On the same date at 4:00PM, Resident # 7 medical record was reviewed and the medication administration audit report for October 1, 2025, revealed the resident received scheduled physician ordered medications late. The following concerns were identified:</p> <p>1. Metoprolol Tartrate 100 milligrams (mg) for Hypertension scheduled for 8:00AM was documented as administered at 10:19 AM.</p> <p>2. Ipratropium-Albuterol Solution 0.5-2.5 for Chronic Obstructive Airway Disease (COPD) scheduled for 8:00AM was documented as administered at 10:19AM.</p> <p>3. Docusate sodium 100 mg for bowel regimen scheduled for 8:00AM was documented as administered at 10:19 AM.</p> <p>4. Diltiazem HCL Extended Release 120 mg for Hypertension scheduled for 8:00AM was documented as administered at 10:19AM.</p> <p>5. Apxaban oral tablet 5 mg for Atrial-Fibrillation (fluttering of the heart) scheduled for 8:00AM was documented as administered at 10:19AM.</p> <p>6. Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 500-50 MCG/ACT (Micrograms per Actuation) for COPD scheduled for 8:00AM was documented as administered at 10:19AM.</p> <p>7. Advair Diskus Inhalation Aerosol Powder Breath Activated 250-50 MCG/ ACT for COPD scheduled for 8:00AM was documented as administered at 10:19AM.</p> <p>(continued on next page)</p>

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: 215165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Bradford Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 7520 Surratts Road Clinton, MD 20735	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8.Senna Oral Tablet 8.6mg for Bowel regimen scheduled for 8:00AM was documented as administered at 10:19AM.</p> <p>2) On 10/15/25 the surveyor attempted to contact the complainant via telephone; however, the complainant did not answer.</p> <p>On 10/15/2025 at 2:09 PM, review of Resident #5's record revealed that the resident's Medication Admin Audit Report indicated that the resident received the following morning medications late on 7/5/25:</p> <ol style="list-style-type: none"> 1. Tramadol HCl Oral Tablet 25 mg, for pain management, was scheduled for 7:00 AM and was administered at 3:15 PM; 2. Gabapentin Oral Capsule 300 mg, for nerve pain, was scheduled for 9:00 AM and administered at 11:04 AM 3. Multivitamin-Minerals Oral Tablet, for supplement, was scheduled for 9:00 AM and was administered at 11:03 AM; 4. Ticagrelor Oral Tablet 90 mg, for CAD, was scheduled for 9:00 AM and was administered at 11:03 AM 5. Ticagrelor Oral Tablet 90 mg, for CAD, was scheduled for 9:00 AM and was administered at 11:03 AM; 6. Ferrous Sulfate Oral Solution 300 (60 Fe) mg/5 ml, for iron deficiency, was scheduled for 9:00 AM and was administered at 11:04 AM 7. Losartan Potassium Oral Tablet 25 mg, for Hypertension, was scheduled for 9:00 AM and was administered at 11:04 AM; 8. Mometasone Furoate Inhalation Aerosol 100 mcg/act, for Asthma, was scheduled for 9:00 AM and was administered at 11:03 AM 9. Pantoprazole Sodium Oral Table 40 mg, for GERD, was scheduled for 9:00 AM and was administered at 11:03 AM 10. Famotidine Oral Tablet 20 mg, for GERD, was scheduled for 9:00 AM and was administered at 11:04 AM; 11. Metoprolol Tartrate Oral Tablet 25 mg, for Hypertension, was scheduled for 9:00 AM and was administered at 11:03 AM 12. Brimonidine Tartrate Ophthalmic Solution 0.15%, for Ophthalmopathy, was scheduled for 9:00 AM and was administered at 11:04 AM 13. Senna-Docusate Sodium Oral Tablet 8.6-50 mg, for Hypertension, was scheduled for 9:00 AM and was administered at 11:03 AM <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Bradford Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 7520 Surratts Road Clinton, MD 20735	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>14. Dorzolamide HCl Ophthalmic Solution 2%, for Ophthalmopathy, was scheduled for 9:00 AM and was administered at 11:04 AM</p> <p>15. Aspirin Oral Tablet 81 mg, for CVA prophylaxis, was scheduled for 9:00 AM and was administered at 11:04 AM</p> <p>16. Enoxaparin Sodium Injection Solution Prefilled Syringe 40 mg/0.4 ml, for PAD Prophylaxis, was scheduled for 9:00 AM and was administered at 11:39 AM</p> <p>17. Prostat AWC, for Wound support, was scheduled for 9:00 AM and was administered at 11:39 AM.</p> <p>On 10/16/2025 at 10:36 AM, the Director of Nursing staff #3 was interviewed. During the interview, the surveyor mentioned to staff #3 that according to Resident #5's Medication Admin Audit Report, the resident received her morning medication late on 7/5/25. Staff #3 agreed that Resident #5's medication was administered late on the morning of 7/5/25, and she stated that she has had issues with agency nurses administering medications on time; however, they are not documenting the administration until later. Also, staff #3 mentioned that the standard practice is to document the medication administration at the time the medication is administered.</p> <p>3) On 10/16/25 at 9:00AM a medication administration observation was conducted on the East Unit. Staff # 11, a Licensed Practical Nurse (LPN) prepared medications for Resident # 13. The nurse poured the following scheduled medications for the resident into a medication cup.</p> <ol style="list-style-type: none"> 1. Ferrous Sulfate 325 mg 1 tablet 2. Dilvaproex sodium (delayed release) 250 mg 1 tablet 3. Metoprolol tartrate 25 mg 1 tablet 4. Multivitamin 1 tablet 5. Vitamin B-12 100 mcg 1 tablet 6. Folic Acid 1 tablet 7. Calcium 600 mg 1 tablet 8. Aspirin 81 mg 1 tablet <p>The nurse took the above medications into the resident room to administer. The resident was in the middle of receiving morning care by a Geriatric Nurse Assistant (GNA), however, agreed to receive the medications. The resident dropped one of the pills onto the bed and the nurse retrieved the pill from the bed, placed the cup with the resident scheduled medications onto the bedside table and left the room to retrieve another pill as a replacement.</p> <p>The surveyor asked the nurse why he left prepared medications unattended, and he stated that he left the medications because a GNA was in the resident room. The surveyor asked if leaving pre-poured medications unattended is the accepted standard of practice and he stated, no.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Bradford Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 7520 Surratts Road Clinton, MD 20735	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 10/16/25 at 10:33 AM she was made aware of the concern regarding Resident # 13 who reported medications being given late and a review of the medication audit report which confirmed medications administered on October 1st, 2025 were given late. She was also made aware of the medication observation for Resident # 13 in which the nurse left the medications in the resident room unattended. She stated that the nurses are giving the medications on time but are documenting them off later. She went on to say that the standard of practice is to sign the medications off at the time the medications are administered to the resident and that medications are never to be left unattended. She stated that re-education will be provided to all the nurses.</p> <p>All concerns were discussed with the Administration team at the exit conference on 10/16/25.</p>