

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 02/20/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46319</p> <p>Based on observation, interview, and policy review, the facility failed to ensure that food items in the dry storage area were discarded upon the use by date printed on the carton. This failed practice had the potential to affect the six residents that received nectar thickened liquids and the nine residents that received med pass 2.0 supplement from the kitchen.</p> <p>Findings include:</p> <p>On 02/04/25 at 5:54 AM during the initial tour of the dry storage area, there were two cases of 22 one-quart cartons of Med Plus 2.0 vanilla nutritional that displayed a use by date of 11/17/24. Additionally, there was one case of nine one-quart cartons of Thickened Dairy Drink that displayed a use by date of 01/01/25. The Dietary Manager (DM) stated she would remove those items and dispose of them.</p> <p>During an interview on 02/07/25 at 3:46 PM, the DM stated that items were not in rotation, it could possibly make residents that receive those products sick. Everyone should be checking the date on food items when new products are brought in.</p> <p>Review of the facility's policy titled, Food Safety Requirements, dated 01/31/23, revealed, . Food safety practices shall be followed throughout the facility's entire food handling process . Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms .</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26190</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to follow infection control procedures related to droplet precautions for one of one resident (R 44) reviewed for isolation precautions out of a total sample of 39. This had the potential to cause cross-contamination with other residents and staff.</p> <p>Findings include:</p> <p>Review of R44's Face Sheet, located under the Profile tab of the electronic medical record (EMR), revealed R44 was admitted to the facility on [DATE] with the diagnoses of heart disease, end stage renal disease, and type II diabetes.</p> <p>Review of R44's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 12/01/24 and located under the RAI (Resident Assessment Instrument) tab of the EMR, revealed R44 was dependent for eating, dressing, bed mobility, toileting, showering/bathing and transfers. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R44 was cognitively intact.</p> <p>Record review of R44's EMR Physician Orders, located in the resident's EMR under the Orders tab and dated 02/04/25, indicated a physician's order for droplet precautions due to RSV (respiratory syncytial virus) diagnosis.</p> <p>During an observation on 02/06/25 at 1:00 PM, a sign was noted on R44's door. The sign read, Stop Droplet Precautions Everyone must: clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit. Also observed outside of R44's room was a bin with drawers which held gowns, masks, gloves, and eye protection.</p> <p>During an observation on 02/06/25 at 1:20 PM in the hallway outside of R44's room, Licensed Practical Nurse (LPN) 3 was observed delivering R44's lunch tray. LPN3 walked into R44's room without donning personal protective equipment (PPE). LPN3 had a mask on but did not wear a gown or eye protection. LPN3 pulled up a chair next to R44's bed and began assisting R44 with his/her meal.</p> <p>During an observation on 02/07/25 at 9:30 AM, the Activities Director (AD) was in R44's room talking with R44. The AD wore a mask but was not wearing a gown or eye protection.</p> <p>During an interview on 02/06/25 at 4:30 PM, the Director of Nursing (DON) stated that all staff should be donning PPE consisting of a gown, mask, gloves, and eye protection prior to entering R44's room due to resident being on droplet precautions resulting from the diagnosis of RSV.</p> <p>During an interview on 02/06/25 at 4:43 PM, LPN3 confirmed she was not wearing PPE upon entry to R44's room. She stated as soon as she realized her error, she exited the room and donned the necessary PPE.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/07/25 at 9:35 AM, the AD confirmed she should have read the sign on the door and followed the instructions related to wearing PPE before entering R44's room.</p> <p>Review of the facility's policy titled, Transmission-Based (Isolation) Precautions dated 01/31/23, revealed, . It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' mode of transmission . Droplet precautions refer to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions . Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions . Healthcare personnel will wear a facemask for close contact with infectious resident . Based upon the pathogen or clinical syndrome, if there is risk of exposure to mucous membranes or substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggle.</p> <p>Review of facility's policy titled, Personal Protective Equipment, dated 09/01/24, revealed, . Indications/considerations for PPE use: a. Gloves i. Wear gloves when direct contact with blood, body fluids, mucous membranes .b. Gowns i. Wear gowns to protect arms, exposed body areas, and clothing from contamination with blood, body fluids and other potentially infectious material .c. Face protections: i. Wear a mask to protect the face from contamination with blood, body fluids, and other potentially infectious materials during tasks that generate splashes or sprays. ii. Wear goggles or face shield as added face/eye protection .</p>		