

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/04/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Silver Spring		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 Musgrove Road Silver Spring, MD 20904	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on medical record review and interview with facility staff, it was determined that that facility failed to ensure that care plan meetings were scheduled quarterly and included the resident and representative. This was evident during the review of a complaint and review of 1 of 3 resident (1).The findings include:Review of the complaint #2577970 on 8/4/25 at 6:45 AM revealed concerns related to communication with the facility and involvement in care plans. A review of the medical record for Resident #1 revealed the last care plan meeting occurred on 10/22/24. The last social work note in the system was a 'social determinants of health' completed on 6/14/25. However, that was not a complete official care plan meeting. Interview with the facility social worker, staff #4 at 12:25 PM revealed that she is in communication with the family regularly but there was not a recent care plan meeting. Concerns were reviewed at 12:45 pm with the Director of Nursing and Nursing Home Administrator that there have not been care plan meetings with the family since 10/22/24. This surveyor was notified that a care plan meeting is scheduled for 8/7/25, however, Resident #1 is currently in the hospital, and this is 10 months after the last official care plan meeting.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on random observations of the Arcadia unit, it was determined that the facility failed to ensure the doors exiting the unit were in good repair and created a safe and comfortable environment for residents. The findings include: Observations of the double doors exiting the Arcadia unit revealed plastic kick plates covering the bottom half of both doors. The plastic kick plates were secured to the doors by multiple screws. On the right door, black tape was covering the top of the plastic kick plate and down the right side where the plastic was coming unsecured from the door. There were also many areas with cracks and chips and jagged edges where the plastic has broken around the screws. On 8/4/25 at 12:00 PM Resident #4 was observed standing at the door picking at the top of the plastic kick plate where there was the observed jagged edges with the broken plastic kick plate. The NHA and DON were notified of the concerns and observations at 12:30 PM on 8/4/25.</p>