STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215224	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Silver Spring	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on medical record review and facility staff interview it was determined that the facility failed to ensure that Resident #33's personal belongings were secured. This was evident for 1 out of 1 residents observed. During a complaint investigation it was discovered that the facility could not account for some of Resident #33's belonging. The complaint alleged that the resident was missing a phone charger, 3 white tee shirts, 3 ball caps, and a pair of sweatpants. The medical record and the paper chart were reviewed for an inventory sheet for the resident, and none was found. A copy of the facility's policy for Resident's Personal Belongings was requested and acquired. This policy clearly stated that All resident personal items will be inventoried at the time of admission and documentation shall be retained in the medical record. Addition possessions brought in during the duration of the individual's stay shall be added to the existing personal belongings inventory listing.During an interview with the facility Administrator, a copy of Resident 33's inventory sheet was requested. The Administrator stated that a search for the inventory sheet was done of both the electronic and the paper medical record for Resident #33 and no inventory sheet was found. The Administrator further stated that they would contact Resident #33's Responsible Party (RP) and ascertain what items were missing and the facility would replace them.

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on medical record review, and facility staff interview, it was determined that the facility staff failed to develop and initiate comprehensive person-centered care plans for residents residing in the facility. This was evident for 2 (#33, #47) of 33 residents reviewed during the recertification survey. A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess, and evaluate the effectiveness of the resident's care. On 03/26/2026 at 11:25 AM, during a review of the medical record for Resident #47, it was determined that the resident's dental issues were not addressed in their care plan. The contract dental service had been seeing the resident, had identified the resident's dental issues and were working to resolve them by replacing the resident's dentures. The dental services had documented what had been done and what needed to be done but the care plan did not reflect this issue. On 03/27/2026 at 12:18 PM, during a review of the medical record it was discovered that though Resident #33 had been diagnosed by their primary provider with Chronic Kidney Disease (CKD), Stage 3, this diagnosis had not been addressed in the resident's care plan. There was no mention of CKD in either the initial care plan or the current care. The resident's CKD had also been identified by the providers at the acute care hospital during 2 emergency room visits in the last 8 months.On 3/27/2026 at 2:20 PM, during an interview with Employee #8 it was requested that they review the care plans for Residents #33 and #47 to verify that the elements identified during the survey were missing. Employee #8 verified that the residents' care plans were missing the identified elements and stated the care plans would be updated.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews with facility staff, it was determined that the facility failed to ensure monthly Medication Regimen Reviews were completed by a provider and to respond to and address recommendations made by consulting pharmacists in a timely manner. This was evident for 1 (Resident #29) of 5 residents reviewed for unnecessary medications during the facility's recertification survey.The findings include:The Medication Regimen Review (MRR) is a review of the medication regimen (plan) of each resident with the goal of promoting positive outcomes and minimizing adverse (negative) consequences and potential risks associated with medications. The MRR must be completed at least once a month by a licensed pharmacist and includes a review of the medical record to identify, report, and resolve medication-related problems, errors, and/or other irregularities. On 3/24/26 at 12:54 PM review of Resident #29's medical record revealed the 1/8/26 and 2/8/26 MRR documented as See [pharmacist's] report. On 3/24/2026 1:37 PM in an interview with the Assistant Director of Nursing (ADON) when asked the facility's MRR process, she stated, The pharmacist emails it to us and we fix whatever they need us to fix. We give it to the Nurse Practitioner (NP #14) who addresses them all. Some of the MRRs say for the attending and those we give to the Medical Director. During the interview when asked who received the report, she stated, The Medical Director, Attending Physician, Director of Nursing, ADON, Administrator, and Unit Managers (UMs). Everyone gets the email, but I print the recommendations. After I print the recommendations, I hand them all to the NP [#14] and she addresses them and hands them back to me. When asked if the expectation was for the provider to check one of the three boxes (agree, disagree or other) and sign and date it, she stated, yes. When asked who was responsible for discontinuing and/or creating new orders based off the recommendations, she stated, Some of them she [NP #14] makes the changes in PCC (the facility's electronic medical record) and some of them she does not. For the ones she did not address, I give them to the UMs in the morning meeting, and they make the changes in PCC and then they either put them in the MRR binder or give them back to me and I put them in the binder. When asked when the MRRs were to be completed, she stated before the next month's review.On 3/24/2026 at 1:48 PM the surveyor requested the 1/8/26 and 2/9/26 MRR for Resident #29. On 3/25/26 at 8:52 AM the ADON provided the 1/8/26 MRR to the surveyor. When asked where the 2/9/26 MRR was she said she would check.On 3/25/26 at 8:53 AM review of the MRR revealed a recommendation to discontinue the resident's melatonin. The provider had checked agree and signed and dated the MRR; however, the date was 3/3/26 almost 2 months after the pharmacist made the recommendation.On 3/25/26 at 9:00 AM the ADON provided Resident #29's 2/9/26 MRR. Review of the recommendation revealed it was the same recommendation from 1/8/26. In an interview with the ADON she stated, It was the same as the 1/8/26 MRR and they were both missed. During the interview she stated, I was on vacation. During a dual observation, the surveyor pointed out that the [DATE] MRR was not addressed until 3/3/26 and that the 2/9/26 MRR was not addressed at all with no signature, date, or checked box. When asked who the signature was on the 1/8/26 MRR, she stated it was NP #14's. The surveyor shared these were concerns and the ADON verified and acknowledged understanding of the concerns. On 3/25/26 at 9:47 AM review of the facility's policy titled Addressing Medication Regimen Review Irregularities revealed, It is the policy of this facility to provide a Medication Regimen Review (MRR) for each resident in order to identify irregularities and respond to those irregularities in a timely manner to prevent the occurrence of an adverse drug event. Further review of the policy revealed, The facility will utilize a systematic approach for reviewing each resident's medication regimen which preventing, identifying, reporting, and resolving medication-related problems, medication errors, or other irregularities, and collaborating with other members of the interdisciplinary team. Continued review revealed, The pharmacist must (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	report any irregularities to the attending physician, the facility's medical director and Director of Nursing, and the reports must be acted upon. Furthermore, the policy stated, If the pharmacist should identify a non-urgent recommendation the physician shall address the recommendation and the response shall be documented in the resident's medical record or on a form designated by the facility prior to the next scheduled review.