

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  12/06/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</b></p> <p>Based on observations, interview, record review, and policy review, the facility failed to ensure two of 37 sampled residents (Residents (R) R184 and R19) received nutritional interventions to address significant weight loss. Specifically, these two residents were not served enough food; did not receive prescribed nutritional interventions; were not offered alternates when they did not eat, when they experienced significant unplanned weight losses. Staff documented R19 and R184 eating meals and consuming supplements that they did not eat or consume.</p> <p>Findings include:</p> <p>Review of the facility's Weight Monitoring policy dated 12/15/22 and provided by the facility revealed, Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status . unless the resident's clinical condition demonstrates that this is not possible . A weight monitoring schedule will be developed upon admission for all residents: . Residents with weight loss - monitor weight weekly . The facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes: . Developing and consistently implementing pertinent approaches .</p> <p>1. Review of the undated Face Sheet revealed R184 was admitted to the facility on [DATE]; diagnoses included Alzheimer's disease and dysphagia (swallowing impairment).</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/01/24 in the EMR under the MDS tab revealed R184 was severely impaired in cognition with a Brief Interview for Mental Status (BIMS) score of three out of 15. R184 required set up assistance with meals. R184 experienced a significant weight loss that was not prescribed by the physician, and he received a therapeutic diet.</p> <p>Review of the Weight Summary from 07/10/20 through 12/03/24 in the EMR under the Vitals tab, revealed R184's weight over the previous six months decreased as follows:</p> <p>55.6 pounds (#) on 06/02/24</p> <p>150.2# on 06/25/24</p> <p>150.8# on 07/01/24</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
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>146.8# on 07/19/24</p> <p>144.8# on 07/22/24</p> <p>133.0# on 08/14/24</p> <p>135.0# on 08/18/24</p> <p>137.4# on 09/05/24</p> <p>136.0# on 09/11/24</p> <p>130.2# on 09/25/24</p> <p>125.2# on 10/04/24</p> <p>119.8# on 11/02/24</p> <p>122.0# on 11/04/24</p> <p>117.6# on 12/03/24.</p> <p>Review of the Physician's Orders through 12/06/24 in the EMR under the Orders tab revealed R184 was prescribed a regular diet, chopped texture, and nectar thickened liquids consistency. R184 was to be weighed weekly until his weight was stable. R184 was prescribed a Magic Cup twice a day with lunch and dinner, initiated on 11/14/24. R184 was prescribed as a bedtime snack daily. R184 was prescribed house shakes three times a day at 8:00 AM, 12:00 PM, and 4:00 PM, initiated on 06/26/24.</p> <p>Review of R184's Care Plan dated 10/09/24 in the EMR under the Care Plan tab revealed R184 was at increased nutritional risk due to suboptimal intake and unplanned weight loss. The goal was to avoid significant weight changes. Interventions in total were: Consult dietitian as needed [10/09/24]; Monitor weight, labs and intake as available [10/09/24], Notify MD [medical doctor] and dietitian if resident has any significant weight changes [10/09/24], OT [Occupational Therapy]/ST [Speech Therapy] as needed.</p> <p>Although R184 experienced progressive significant weight loss, she/he was not weighed weekly as directed by Physician's Orders (weekly weights until weight stabilizes) and the facility policy. R184 experienced a significant weight loss of 37.4 pounds, a 24% weight loss in six months (10% or greater is significant in six months), from 155# to 117.6#.</p> <p>Observation of the lunch meal in the Acadia Unit on 12/03/24 from 1:23 PM - 2:01 PM. R184 was served rice with chili on top, bread, creamed corn, yogurt, thickened drinks (water) and coffee. R184 was not served a Magic Cup with lunch or a house shake. Continuous observations were made. R184 refused the meal and ate zero percent. Continuous observations were made and staff did not offer her/him anything else to eat (an alternate) and her/his tray was removed at 2:01 PM. Geriatric Nurse Aide (GNA)3 verified at 2:01 PM that R184 had eaten none of her/his food and an alternate had not been offered.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the POC [Point of Care] Response History from 11/07/24 - 12/05/24 in the EMR under the Vitals tab, R184's meal intake was not recorded for lunch on 12/03/24.</p> <p>Review of the Medication Administration Record (MAR) for December 2024 in the EMR under the Orders tab documented R184 consuming the health shake served on 12/03/24 at lunch and eating 25% of the Magic Cup at served at lunch when neither items were served.</p> <p>On 12/05/24 at 1:12 PM, R184 had a lunch meal consisting of chopped meat with gravy, collard greens, a muffin, pureed sweet potatoes, and two thickened beverages. R184 ate zero percent. GNA2 reviewed the contents of R184's tray and compared it to his meal ticket and verified R184 was not served the Magic Cup per the tray card and stated she had not seen Magic Cups come on the trays with meals. R184's tray was removed at 1:23 PM and she/he was not offered an alternative. Registered Nurse (RN)1 was interviewed on 12/05/24 at 1:23 PM and verified R184 ate zero percent of the meal.</p> <p>Review of the POC Response History from 11/07/24 - 12/05/24 in the EMR under the Vitals tab, R184's meal intake for lunch on 12/05/24 was incorrectly documented as 51-75%.</p> <p>Review of the MAR for December 2024 in the EMR under the Orders tab documented R184 ate 50% of the Magic Cup for lunch; no Magic Cup had been served and no Magic Cups were available in the facility. The MAR documented a 2 refused for house shake at lunch on 12/05/24 when a shake had not been served.</p> <p>During an interview on 12/05/24 at 1:23 PM, RN1 stated R184 had not eaten any of the meal and verified she/he was not offered an alternate. RN1 stated the staff had tried chopping R184's food to see if she/he would eat it better. RN1 stated R184 used to receive a regular diet. RN1 stated R184's intake had been poor for months. RN1 stated R184 was sent Magic Cups and supplements from the kitchen at snack times.</p> <p>During an interview on 12/05/24 at 11:39 AM, GNA1 stated R184 used to eat well but now she/he did not and picked at her/his food. GNA1 stated her/his family brought her/him food and she/he would eat it at times, ethnic food from her/his country. GNA1 stated the staff should offer her/him something else to eat if she/he did not eat anything. GNA1 stated she/he would ask for a cookie at times and sometimes the staff sent a supplement on her/his tray that she/he would drink.</p> <p>During an interview on 12/6/24 at 4:17 PM GNA2 who worked on the Acadia Unit stated the staff on Acadia did not offer alternates if a resident did not eat their meal. GNA2 stated if a resident did not eat, this meant they were probably not hungry. GNA2 stated she had not thought of offering something different when residents did not eat.</p> <p>During an observation on 12/05/24 at 1:40 PM, dietary staff delivered the 2:00 PM snacks on Acadia Unit. There was a four ounce Mighty Shake with a label that documented R184's name, Magic Cup and it was dated 12/05/24 10:00 AM. RN1 verified R184 received a Mighty Shake on the snack tray when the label documented Magic Cup and that the labels documented 10:00 AM and not 2:00 PM. All the shakes on the tray for Acadia Unit were frozen solid. RN1 stated she would have to let the shakes thaw out before they could be served.</p> <p>During an interview on 12/6/24 at 4:12 PM, GNA4 stated the nurse aides were responsible for documenting the amount eaten for meals.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation in the kitchen on 12/05/24 at 3:59 PM, Dietary aide (DA)1 went into the walk-in refrigerator and freezer with the surveyor. DA1 stated they did not have any Magic Cups in stock today; therefore, none were sent as snacks or with meals to the residents on 12/05/24. DA1 showed the supply (two partial boxes) of Mighty Shakes that were in the freezer. There were no Mighty Shakes thawed or being thawed in the walk-in refrigerator; this was verified by DA1 who stated that some shakes would need to be thawed; he was responsible for making the bedtime snacks and there were shakes on the snack list. All the shakes were currently frozen.</p> <p>During an interview on 12/05/24 at 5:57 PM, the Regional Certified Dietary Manager (CDM) stated the staff on the units should call the kitchen for alternates if the residents did not eat what was served. The Regional CDM verified there were not any alternatives or extra food sent to the units for residents who did not eat what was served.</p> <p>During an interview on 12/06/24 at 2:06 PM, the Director of Nursing (DON) stated the staff had asked R184's family to bring homemade food. She stated sometimes R184 consumed the food they brought. The DON stated the Medical Director stated R184 had end stage dementia and weight loss was part of the decline with dementia. The DON stated documentation regarding snacks and meals should be accurate.</p> <p>2. Review of R19's Face Sheet in the EMR under the Census tab revealed admitted [DATE] and diagnoses included malignant neoplasm of the right breast, Cerebral Vascular Accident (Stroke), and unspecified protein malnutrition.</p> <p>Review of R19's quarterly MDS with an ARD of 08/29/24 in the EMR under the MDS tab with a BIMS score was 0 out of 15 which indicated R19 cognition was severely impaired.</p> <p>Review of R19's Care Plan dated 06/24/24 under the Care Plan tab revealed a focus area that he/she was at an increased nutritional risk with potential for decreased intakes and unplanned weight loss related to breast cancer. The goal was for the prevention of weight loss, Interventions included to consult the dietitian as needed, monitoring his/her weight, laboratory tests, and food/fluid intake as available. Notify the Medical Doctor and dietitian if resident has any significant weight changes.</p> <p>Observation on 12/03/24 at 11:00 AM revealed R19 had three cartons of Mighty Shake on his/her overbed table labeled as a 12/03/24 at 10:00 AM snack and a Magic Cup with the same directions. The cartons were unopened and there were no straws or glasses available. The Magic Cup was also not opened and there was no spoon available. The supplements were not within R19's reach.</p> <p>During an interview on 12/3/24 at 2:00 PM, Certified Nurse Aide (CNA) 1 stated R19 was able to feed herself. If he/she had wanted to drink the supplements he/she would. Sometimes he/she would push them away. She agreed the supplements from 10:00 AM were still on his/her overbed table and were not opened for him/her. She agreed there was no spoon for R19 to eat the Magic Cup supplement.</p> <p>Observation on 12/04/24 at 9:38 AM of his/her breakfast tray revealed he/she had taken one bite of a hashbrown patty. He/She had not taken any hot cereal, juice, or milk.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 12/05/24 at 2:30 PM revealed R19 had three cartons of Mighty Shake on his/her overbed table with the date and time of 12/05/24 at 10:00 AM and were still fully frozen. On 12/05/24 at 3:00 PM, the 2:00 PM snack was delivered which was one Mighty Shake and was still frozen. On 12/05/24 at 6:10 PM, the two 10:00 AM Mighty Shakes that were still unopened and on his/her overbed table. His/Her overbed table was not within reach for him/her to have access to them. There was a frozen Mighty Shake with the date 12/05/24 at 2:00 PM on the overbed table and it was partially frozen.</p> <p>Review of R19's weights under the Vital Signs tab in the EMR revealed: On 04/04/24, R19 weighed 124.8 pounds (lbs.). On 12/05/24, he/she weighed 108.2 lbs., which was a 13.30 % loss.</p> <p>During an interview on 12/04/24 at 4:58 PM, the Food Service Director(FSD) stated the Registered Dietitian (RD) had not been to the facility since July 2024. The FSM stated the RD worked remotely on weekends. The FSM stated the RD did the clinical assessments and wrote progress notes and she (FSD) managed the kitchen. The FSD stated snacks were sent to the units at 10:00 AM, 2:00 PM, and 6:00 PM.</p> <p>During an interview on 12/06/24 at 2:30 PM, the Administrator stated the RD worked on the weekends up to 24 hours a week remotely. The Administrator stated the RD could not fulfill all her job responsibilities without coming to the facility.</p> <p>During an interview on 12/6/24 at 2:32 PM, the DON stated that weight loss was discussed every Wednesdays during the interdisciplinary risk meeting.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>15406</p> <p>Based on observation, interview, job description review, document review and policy review, the facility failed to employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition department having the potential to affect all residents. The facility failed to ensure adequate oversight of dietary/nutrition services from the Registered Dietitian (RD), who worked part time, had not been to the facility since July of 2024. In addition, the facility failed to ensure the Food Service Director (FSD) was qualified. This resulted in failures to provide palatable food, provide food alternates/choices, provide snacks, serve meals without extended timeframes between dinner and breakfast, and provide nutritional interventions to prevent unplanned weight loss.</p> <p>Findings include:</p> <p>Review of the undated Dietitian job description provided by the facility revealed the primary purpose of the position was to, plan, organize, develop, and direct the overall operation of the Dietary Department . to assure that quality nutritional services are provided on a daily basis and that the dietary department is maintained in a clean, safe, and sanitary manner. Duties and responsibilities included, Inspect food storage rooms . Delegate a responsible staff member to act in your behalf when absent from the facility . Participate in facility surveys (inspections) made by authorized government agencies . Participate in maintaining records of the residents' food likes and dislikes . Assist in developing methods for determining quality and quantity of food served . Ensure that residents are offered a nourishing snack at bedtime . Provide substitute foods of similar nutritive value to residents who refuse foods served . Monitor dietary services to assure that all resident's dietary needs are being met.</p> <p>Review of the undated Director of Food Services job description provided by the facility revealed the primary purpose of the position was to, assist the Dietitian in planning, organizing, developing and directing the overall operation of the Dietary Department . Education requirements included, Be a graduate of an accredited course in dietetic training approved by the American Dietetic Association.</p> <p>A request was made on 12/05/24 and 12/06/24 for the Food Service Director's (FSD) qualifications. A ServSafe Certification Food Protection Manager dated 11/14/22 was provided. This certification did not meet the requirement for the FSD position per the facility's job description or federal requirements.</p> <p>During survey from 12/03/24 through 12/06/24 revealed the RD was not onsite.</p> <p>Two attempts were made to interview the RD on 12/06/24 at 11:34 AM and 1:30 PM and no return calls were received. Although the RD's participation via phone was requested of the Administrator on 12/05/24; the RD was not available and/or did not participate in the survey.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 12/03/24 at 12:22 PM, the Regional Certified Dietary Manager (CDM) confirmed the FSD was not currently qualified for the FSD position. The Regional CDM stated the RD did not come to the facility and completed all her work offsite.</p> <p>During an interview on 12/04/24 at 4:58 PM, the FSD stated there had been no RD coming to facility since July 2024. The FSD stated the RD worked remotely on the weekends. The FSD stated she gathered food preferences and worked with nursing and speech therapy as needed regarding diets and residents' nutritional needs.</p> <p>During an interview on 12/06/24 at 2:30 PM, the Administrator stated the current RD was scheduled to work 24 hours a week remotely. The Administrator stated the RD was available by phone or email during the week; however, the Administrator stated she expected onsite presence from the RD to fulfill the requirements of the position. The Administrator verified the FSD was not qualified for the position.</p> <p>Cross reference tags F804 Food Palatability, F806 Food Substitutes, F809 Mealtimes/Bedtime Snacks, F812 Kitchen Sanitation, and F692 Nutritional Parameters.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15406</p> <p>Based on observations, interview, record review, document review and policy review, the facility failed to ensure the food was palatable for 13 out of 37 sampled residents (Resident (R)88, R84, R46, R99, R123, R338, R21, R85, R60, R101, R7, R121, and R18). The food was not appetizing, prepared according to standards/recipes, or hot when residents received their meals. This created the potential for dissatisfaction and weight loss.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Standardized Menus dated 02/2023 and provided by the facility revealed, The facility shall provide nourishing, palatable meals to meet the nutritional needs of the residents . The facility will make reasonable efforts to provide food that is appetizing .</p> <p>1. Residents' comments about the food were as follows:</p> <p>a. During an interview on 12/04/24 at 10:05 AM, R101 stated the food tasted bad. R101 stated she/he did not like the meat.</p> <p>Review of the undated Face Sheet in the Electronic Medical Record (EMR) under the Profile tab revealed R101 was admitted to the facility on [DATE].</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/18/24 in the EMR under the MDS tab revealed R101 was intact in cognition with a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>b. During an interview on 12/03/24 at 12:48 PM, R7 stated the food was terrible.</p> <p>Review of the undated Face Sheet in the EMR under the Profile tab revealed R7 was admitted to the facility on [DATE].</p> <p>Review of the admission MDS with an ARD of 10/21/24 in the EMR under the MDS tab revealed R7 was intact in cognition with a BIMS score of 15 out of 15.</p> <p>c. During an interview on 12/03/25 at 12:55 PM, R121 stated the food was unappetizing, bland and it needed seasoning.</p> <p>Review of the undated Face Sheet in the EMR under the Profile tab revealed R121 was admitted to the facility on [DATE].</p> <p>Review of the admission MDS with an ARD of 10/28/24 in the EMR under the MDS tab revealed R121 was intact in cognition with a BIMS score of 15 out of 15.</p> <p>d. During an interview on 12/04/24 at 4:46 PM, R18 stated he/she was heating up his/her own food in the facility's microwave because, I don't want that dog food (facility's food). It is nasty as hell.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a subsequent interview on 12/06/24 at 11:30 AM, R18 stated the food was, Not good and food was the main concern that was repeatedly discussed in resident council meetings.</p> <p>Review of the undated Face Sheet in the EMR under the Profile tab revealed R18 was admitted to the facility on [DATE].</p> <p>Review of the quarterly MDS with an ARD of 09/02/24 in the EMR under the MDS tab revealed R18 was intact in cognition with a BIMS score of 15 out of 15.</p> <p>During a Group meeting in the dining room on 12/05/24 at 11:00 AM, R46 stated, The food is so cold and nasty and so tough that I feed it to the squirrels outside. Nothing ever gets done when you complain. Everyone says I'll look into or work on it. R84 stated, They mix all the vegetables together and it's always the same kind. We hardly ever get fruit. The food is always cold and not a good flavor. I like to try to fix it up with pepper, but they only give me one packet of pepper every time. They gave me cereal this morning too, but no milk for it. I asked for it, but they never brought it back to me. R88 stated, The food is always cold and sometimes it feels like it just came right from the freezer. They gave me cereal this morning and no milk to drink or put on my cereal. Fruit would be nice. We never get fruit. R99 stated, The food isn't good about 80% of the time.</p> <p>e. Review of R46's undated Admission Record in the Profile tab of the EMR revealed an admitted [DATE] and diagnosis of chronic obstructive pulmonary disease.</p> <p>Review of R46's annual MDS with ARD of 09/13/24, located in the EMR MDS tab, revealed a BIMS score of 15 out of 15 which indicated R46 was cognitively intact.</p> <p>f. Review of R84's undated Admission Record in the Profile tab of the EMR revealed an admitted [DATE] and diagnosis of chronic obstructive pulmonary disease with exacerbation.</p> <p>Review of R84's quarterly MDS with an ARD of 09/30/24, located in the EMR MDS tab, revealed a BIMS score of 15 out of 15 which indicated R84 was cognitively intact.</p> <p>g. Review of R88's undated Admission Record in the Profile tab of the EMR revealed an admitted [DATE] and diagnosis of cerebral infarction.</p> <p>Review of R88's quarterly MDS with an ARD of 10/18/24, located in the EMR MDS tab, revealed a BIMS score of 15 out of 15 which indicated R88 was cognitively intact.</p> <p>h. Review of R99's undated Admission Record in the Profile tab of the EMR revealed an admitted [DATE] and diagnosis of seizures and alcohol dependence with uncomplicated withdrawals.</p> <p>Review of R99's admission MDS with an ARD of 09/06/24, located in the EMR MDS tab, revealed a BIMS score of three out of 15 which indicated R99 was severely cognitively impaired.</p> <p>i. During an interview on 12/03/24 at 10:54 AM, R338 stated that he/she only ate his/her meals in his/her room and when his/her meals were delivered to his/her room, the food was cold. The food has been cold since he/she was admitted on [DATE]. He/She does ask for it to be warmed.</p> <p>(continued on next page)</p>

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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.			
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R338's admission MDS with an ARD in the EMR under the MDS tab with a BIMS score of 15 out of 15 which indicated resident cognition was intact</p> <p>j. During a joint interview on 12/03/24 at 11:41 AM, R60 and R85 stated that they preferred to eat their meals in their rooms, the food was not always hot, and the dietary department did not answer the phone so they could order from the optional menu. The only way to get any food from the optional menu was to ask the nurse to call the dietary department. R60 stated she/he had asked for a hamburger and got a cold hot dog. The menu for supper on 12/02/24, was supposed to get kielbasa but received a hot dog.</p> <p>Review of R60's EMR under the census tab revealed admitted [DATE].</p> <p>Review of R60's annual MDS with an ARD of 09/14/24 in the EMR under the MDS tab revealed a BIMS score of 15 out of 15 which indicated resident's cognition was intact.</p> <p>Review of R85's EMR under the census tab revealed admitted [DATE].</p> <p>Review of R85's quarterly MDS with an ARD of 09/16/24 in the EMR under the MDS tab revealed a BIMS score of 8 out of 15 which showed he had moderate cognitive impairment.</p> <p>k. During an interview on 12/04/24 at 10:39 AM, R123 stated that the food comes up from the dietary department at different times. At times breakfast was not delivered until after 10:00 AM and lunch after 2:00 PM. The food was cold. The broccoli served was just the stalks. What was listed on the menu was not what was served. Condiments were not served with the meals, for example no tartar sauce with fish. The bread served was stale. The dietary department did not answer the phone if a substitute was wanted.</p> <p>Review of R123's EMR revealed under the census tab revealed admitted [DATE]. Review of R123's admission MDS in the EMR under the MDS tab revealed a BIMS score of 12 out of 15, which indicated moderate cognitive impairment.</p> <p>2. During an observation and interview in the kitchen on 12/03/24 from 11:51 AM through 12:31 PM, Cook1 was setting up the tray line for meal service. There was a steamtable pan with a brown creamy food and Cook1 stated it was, creamed corn. When asked why it was brown, Cook1 stated she added cinnamon and brown sugar to the corn. Tray line meal service was observed and the bread slices were served plain without margarine as directed by the menu.</p> <p>Review of the Fall/Winter Week-At-A-Glance, Week 2 menu revealed a packet of margarine was to be served with the slice of bread.</p> <p>The recipe for creamed corn for lunch on 12/03/24 was requested. Review of the undated recipe for Buttered Corn provided by the facility revealed neither cinnamon nor brown sugar were ingredients that were supposed to be added to the recipe. The Regional Certified Dietary Manager (CDM) who was present on the tray line stated the recipe did not call for cinnamon sugar and the cook should have followed the recipe.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During an observation and interview on 12/05/24 at 5:37 PM, a test tray of a pureed diet was evaluated on the first floor with the Regional CDM after the last resident was served his/her meal from the food cart. The Regional CDM stated her goal for temperatures when residents received their trays was for the hot foods to be at least 140 degrees Fahrenheit (F) and the cold foods to be 34 degrees F or colder. The food temperatures were 113 degrees F for mashed potatoes with gravy which was lukewarm to the palate. The pureed soup was 118 degrees F, of a pasty consistency with a bland flavor confirmed by the Regional CDM. The pureed vegetable was 127 degrees F and was bland in flavor confirmed by the Regional CDM. The pureed meat was 127 degrees. The milk was 47 degrees F and was cool but not cold to the palate.</p> <p>During an observation on 12/05/24 at 6:05 PM a test tray to the secured unit of a regular diet was evaluated with the Regional CDM after the last resident was served his/her meal from the food cart. The food temperatures were 113 degrees F for kielbasa sausage which was lukewarm to the palate, vegetables were 107 degrees F which were bland (confirmed by the Regional CDM) and cool to the palate, and the soup was 132 degrees F and acceptable in temperature but bland in flavor confirmed by the Regional CDM. The milk was 49 degrees F and was cool but not cold.</p> <p>3. Review of Resident Council Minutes from December 2023 to October 2024 provided by the facility showed ongoing concerns with food palatability as follows:</p> <p>a. Review of the Resident Council Minutes dated 12/14/23 revealed, Dietary: Food salty, food cold served in rooms .</p> <p>b. Review of the Resident Council Minutes dated 01/25/24 revealed, Food served in rooms especially first floor is cold.</p> <p>c. Review of the Resident Council Minutes dated 03/14/24 revealed, food is served cold.</p> <p>d. Review of the Resident Council Minutes dated 04/18/24 revealed, Food is not always hot.</p> <p>e. Review of the Resident Council Minutes dated 09/17/24 revealed, Quality of food . condiments not always on tray . Requesting either Dietitian or someone to meet with them 1:1 to get requests . Requests made if Food Committee no follow up.</p> <p>f. Review of the Resident Council Minutes dated 10/17/24 revealed, some bread offered is hard .Turkey sausage is hard and tasteless .</p> <p>4. During an interview on 12/05/24 at 4:18 PM the Regional CDM stated she was aware of the residents' complaints that the food was not hot from resident council meetings. The Regional CDM stated she had been working with the Food Service Director (FSD) to improve the food quality.</p> <p>During an interview on 12/06/24 at 2:30 PM, the Administrator stated she had been aware of the residents' complaints about the food from the start of her employment and had been working to correct the problem by having the Regional CDM come more often, addressing performance issues of dietary staff, being present in the dining room regularly, and instituting a dining program for lunch.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15406</p> <p>Based on observations, interview, record review and policy review, the facility failed to ensure that resident's preferences/dislikes were assessed and followed; that alternatives were available; and that alternatives were offered to residents who did not eat what was served for 10 of 37 sampled residents (Residents (R)85, R46, R88, R121, R7, R95, R58, R60, R94 and R184). This created the potential for weight loss and resident dissatisfaction.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Standardized Menus dated 02/2023 and provided by the facility revealed, Reasonable effort means assessing individual needs and preferences and demonstrating actions to meet those needs and preferences . Alternative menus will be available if the primary menu or immediate selections for a particular meal are not to a resident's liking .</p> <p>Review of the facility's policy titled, Promoting/Maintaining Resident Dignity During Mealtimes dated 12/15/22 and provided by the facility revealed, Resident requests will be honored during meals to the extent possible . Offer substitutes if applicable.</p> <p>1. Resident's comments about food preferences and alternates were as follows:</p> <p>a. During an interview on 12/03/24 at 12:55 PM, R121 stated he/she was served the same food every day for breakfast. R121 stated no one had talked to him/her about food preferences since he/she was admitted to the facility, and he/she was served foods she disliked. R121 stated he/she was served scrambled eggs, pancakes, and French toast frequently when he/she had asked for boiled eggs and grits. R121 stated he/she had not received a copy of the Always Available menu to order alternates from. R121 stated staff did not offer him/her alternates.</p> <p>Review of the undated Face Sheet in the Electronic Medical Record (EMR) under the Profile tab revealed R121 was admitted to the facility on [DATE].</p> <p>Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/28/24 in the EMR under the MDS tab revealed R121 was intact in cognition with a Brief Interview for Mental Status (BIMS)score of 15 out of 15.</p> <p>Review of R121's tray card for 12/05/24 breakfast, lunch, and dinner, provided by the facility failed to identify any food preferences or dislikes.</p> <p>b. During an interview on 12/03/24 at 12:48 PM, R7 stated no one had come and talked with him/her about food preferences since heshe had been admitted . R7 stated he/she was often served foods he/she could not eat. R7 stated he/she was frequently served potatoes, tomatoes, and oranges which he/she could not eat and showed the surveyor a plastic unopened individual serving cup of orange juice.</p> <p>Review of the undated Face Sheet in the EMR under the Profile tab revealed R7 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the admission MDS with an ARD of 10/21/24 in the EMR under the MDS tab revealed R7 was intact in cognition with a BIMS score of 15 out of 15</p> <p>.</p> <p>Review of R7's tray Card for 12/05/24 breakfast, lunch, and dinner, provided by the facility failed to identify any food preferences or dislikes.</p> <p>c. During a Group meeting in the dining room on 12/05/24 at 11:00 AM, R46 stated, I requested a boiled egg as an alternate one time and then they give me boiled eggs every morning for a week straight after that. Every time I or anyone else ask the GNA for an alternate, they say it's the kitchen's job, not theirs. R88 stated, I ask the GNA's on the first floor for breakfast and dinner to get the alternate from the kitchen and they refuse saying they don't work in the kitchen. R95 stated, You can't call down to the kitchen two hours ahead like they say you can, because they won't answer the phone. If you try to call other times to ask, they tell you to call back two hours ahead and they will take care of you. So, they won't help you or answer the phone either way. It's like they don't want to offer any alternatives.</p> <p>Review of R46's undated Admission Record in the Profile tab of the electronic medical record (EMR) revealed an admitted [DATE] and diagnosis of chronic obstructive pulmonary disease.</p> <p>Review of R46's annual MDS with ARD of 09/13/24, located in the EMR MDS tab, revealed a BIMS score of 15 out of 15 which indicated R46 was cognitively intact.</p> <p>Review of R88's undated Admission Record in the Profile tab of the EMR revealed an admitted [DATE] and diagnosis of cerebral infarction.</p> <p>Review of R88's quarterly MDS with an ARD of 10/18/24, located in the EMR MDS tab, revealed a BIMS score of 15 out of 15 which indicated R88 was cognitively intact.</p> <p>Review of R95's undated Admission Record in the Profile tab of the EMR revealed an admitted [DATE] and diagnosis nontraumatic intracerebral hemorrhage in hemisphere, subcortical.</p> <p>Review of R95's annual MDS with an ARD of 11/07/24, located in the EMR MDS tab, revealed a BIMS score of 15 out of 15 which indicated R95 was cognitively intact.</p> <p>d. During an observation and interview on 12/03/24 at 11:05 AM, R58 stated if he/she did not like the food, he/she would have soup. HE/She had approximately 10 cans of soup on her nightstand. R58 stated that staff would not always assist him/her to make the soup as they were too busy.</p> <p>Review of R58's EMR under the census tab revealed admitted [DATE].</p> <p>Review of R58's quarterly MDS with an ARD of 09/07/24 in the EMR under the MDS tab indicated a BIMS score of 15 out of 15, which indicated he/she had no cognitive deficits.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a joint interview on 12/03/24 at 11:41 AM, R60 and R85 stated the dietary department did not answer the phone so they could order from the optional menu. The only way to get any food from the optional menu was to ask the nurse to call the dietary department. R60 stated he had asked for a hamburger and got a cold hot dog.</p> <p>Review of R60's EMR under the census tab revealed an admitted [DATE].</p> <p>Review of R60's annual MDS with an ARD of 09/14/24 in the EMR under the MDS tab with a BIMS score of 15 out of 15 which indicated R60's cognition was intact.</p> <p>Review of R85's EMR under the census tab revealed an admitted [DATE].</p> <p>Review of R85's quarterly MDS with an ARD of 09/16/24 in the EMR under the MDS tab revealed a BIMS of 8 out of 15 which showed she/he had moderate cognitive impairment.</p> <p>2. During an interview on 12/03/24 at 11:48 AM, Regional Certified Dietary Manager (CDM) stated the facility used a four-week cycle menu and there was an always available menu that residents could order from if they called the kitchen at least an hour before the meal (for lunch and dinner). The Regional CDM stated the menus had been passed out to residents several months ago. The Regional CDM stated there should also be an alternate entree on the tray line in addition to always available selections. The tray line was observed for lunch on 12/03/24 at 11:51 AM with the following menu items available: rice, chili, corn, creamed corn, and hot dogs (the alternate). There were no Always Available selections for the meal available except the hot dogs. The Regional CDM stated food preferences and dislikes should be recorded on the residents' tray cards. She stated food preference information should be obtained when residents were admitted to the facility. The Regional CDM stated a paper form was completed and the information was entered into the tray card (Meal Tracker) system.</p> <p>3. Review of the Always Available Menu provided by the facility revealed breakfast choices of eggs either scrambled or hard boiled, toast, French toast, assorted cold cereal and assorted juice. Lunch and dinner choices were hamburgers or cheeseburgers, hot dog on a roll, pan seared tilapia with lemon butter sauce, meatball [NAME] sandwich, grilled cheese sandwich, small house salad, and egg salad.</p> <p>4. Observation of the lunch meal was made in the Acadia Unit on 12/03/24 from 1:23 PM - 2:00 PM. Lunch arrived in the meal cart to the unit at 1:25 PM.</p> <p>a. R94 was served rice with chili on top, bread, applesauce, and beverages. Continuous observations were made. R94 refused his/her meal and ate zero percent. He/She consumed his/her coffee only. No staff offered him/her anything else to eat and his/her tray was removed at 2:00 PM.</p> <p>Review of the undated Face Sheet revealed R94 was admitted to the facility on [DATE].</p> <p>Review of the quarterly MDS with an ARD of 10/02/24 in the EMR under the MDS tab revealed R94 was moderately impaired in cognition with a BIMS score of eight out of 15 out of 15 R184 was served rice with chili on top, bread, creamed corn, yogurt, thickened drinks, and coffee. Continuous observations were made. R184 refused the meal and ate zero percent. No staff offered her/him anything else to eat and her/his tray was removed at 2:01 PM. Geriatric Nurse Aide (GNA)3 verified at 2:01 PM that R184 had eaten none of her/his food.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the undated Face Sheet revealed R184 was admitted to the facility on [DATE].</p> <p>Review of the quarterly MDS with an ARD of 10/01/24 in the EMR under the MDS tab revealed R184 was severely impaired in cognition with a BIMS score of three out of 15.</p> <p>During an interview on 12/6/24 at 4:17 PM GNA2 who worked on the Acadia Unit stated the staff on Acadia did not offer alternates if a resident did not eat their meal. GNA2 stated if a resident did not eat, this meant they were probably not hungry. GNA2 stated she had not thought of offering something different when residents did not eat.</p> <p>5. On 12/05/24 at 1:12 PM, R184 had a meal of chopped meat with gravy, collard greens, a muffin, sweet potatoes pureed and two thickened beverages. R184 ate zero percent. Her/His tray was removed at 1:23 PM and she/he was not offered an alternate. Registered Nurse (RN)1 was interviewed on 12/05/24 at 1:23 PM and verified R184 ate zero percent of the meal.</p> <p>6. Review of Resident Council Minutes from December 2023 to October 2024 provided by the facility showed ongoing concerns with food preferences and the availability of alternates as follows:</p> <p>a. Review of the Resident Council Minutes dated 12/14/23 revealed, Dietary: dislike lists not being honored .</p> <p>b. Review of the Resident Council Minutes dated 03/14/24 revealed, Always Available options not being available, staff not answering the phone .</p> <p>c. Review of the Resident Council Minutes dated 04/18/24 revealed, Always Available menu when calling the kitchen staff state it is not always available.</p> <p>e. Review of the Resident Council Minutes dated 09/17/24 revealed, Requesting either Dietitian or someone to meet with them 1:1 to get requests . Juice, milk not always available or offered .</p> <p>f. Review of the Resident Council Minutes dated 10/17/24 revealed, Breakfast - preferences not updated as requested . Always menu available reviewed - however residents stated when they call the kitchen for (sic) is either is (sic) told they do not have the item or they never receive it.</p> <p>7. During an interview on 12/05/24 at 4:11 PM, the Regional CDM stated dietary preferences and dislikes should have been added to residents' tray cards by the Food Service Director (FSD); however, she had noticed a problem with this. The Regional CDM stated the policy was for alternates to be ordered ahead of the meal; however, dietary should be able to make a grilled cheese sandwich or hamburger if a resident did not like what they were served.</p> <p>During an interview on 12/06/24 at 2:02 PM, the Director of Nursing (DON) stated it was her expectation that nursing staff would offer residents an alternate if they did not eat the meal they were served.</p> <p>During an interview on 12/06/24 at 2:30 PM, the Administrator stated she expected dietary staff to respect residents' food preferences.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</b></p> <p>Based on observations, interviews, record review, document review and policy review, the facility failed to ensure that nutritional needs were met for four of 37 residents (Resident (R)46, R84, R88 and R18) frequency of meals and receiving snacks at bedtime. These failures could result in potential health issues due to deficiencies in vitamins, minerals, protein, and calories when nutritional body requirement needs are not being met.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Frequency of Meals dated 01/31/23 and provided by the facility revealed, The facility has scheduled three regular meal times, comparable to normal mealtimes in the community, per day and has scheduled three regular snack times .There will be no more than 14 hours between an evening meal and breakfast the following day, unless a nourishing snack is served at bedtime; then, up to 16 hours may elapse between an evening meal and breakfast the following day if the resident council agrees to this meal time span . Nutritious snacks and convenience foods (i.e. canned soups, peanut butter crackers, cereal, and fruit) shall be available on the nursing unit .</p> <p>During the Group meeting in the dining room on 12/05/24 at 11:00 AM, R46 stated, I'm not offered snacks, and I see the staff always sitting up there at the desk eating them all themselves. We have to wait 15 hours to eat between dinner and breakfast. Plus, you never know when they're coming because they're always late. R84 stated, We never get offered snacks and on the weekends, we never get offered snacks or drinks. R88 stated, We never get snacks. They say they don't have any.</p> <p>1. Review of R46's undated Admission Record in the Profile tab of the electronic medical record (EMR) revealed an admitted [DATE] and diagnosis of chronic obstructive pulmonary disease.</p> <p>Review of R46's annual Minimum Data Set (MDS) with an assessment reference date (ARD) of 09/13/24, located in the EMR MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R46 was cognitively intact.</p> <p>2. Review of R84's undated Admission Record in the Profile tab of the EMR revealed an admitted [DATE] and diagnosis of chronic obstructive pulmonary disease with exacerbation.</p> <p>Review of R84's quarterly MDS with an ARD of 09/30/24, located in the EMR MDS tab, revealed a BIMS score of 15 out of 15 which indicated R84 was cognitively intact.</p> <p>3. Review of R88's undated Admission Record in the Profile tab of the EMR revealed an admitted [DATE] and diagnosis cerebral infarction.</p> <p>Review of R88's quarterly MDS with an ARD of 10/18/24, located in the EMR MDS tab, revealed a BIMS score of 15 out of 15 which indicated R88 was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of the undated Food and Nutrition Services Department Mealtime schedule provided by the facility revealed there were six meal carts with specifically scheduled mealtimes: First floor, Acadia, Second Floor, First Floor (second cart), Second Floor (second cart), and Second floor (third cart). The span between the evening meal (dinner) and breakfast the next day exceeded 15 hours as follows:</p> <p>a. First floor (first cart) dinner mealtime started at 4:15 PM and breakfast mealtime started at 7:45 AM, a span of 15 hours and 30 minutes elapsed between meals.</p> <p>b. Acadia dinner mealtime started at 4:25 PM and breakfast mealtime started at 8:00 AM, a span of 15 hours and 35 minutes elapsed between meals.</p> <p>c. Second floor (first cart) dinner mealtime started at 4:45 PM and breakfast mealtime started at 8:20 AM, a span of 15 hours and 55 minutes elapsed between meals.</p> <p>d. First floor (second cart) dinner mealtime started at 4:55 PM and breakfast mealtime started at 8:30 AM, a span of 15 hours and 35 minutes elapsed between meals.</p> <p>e. Second floor (second cart) dinner mealtime started at 5:05 PM and breakfast mealtime started at 8:40 AM, a span of 15 hours and 35 minutes elapsed between meals.</p> <p>f. Second floor (third cart) dinner mealtime started at 5:15 PM and breakfast mealtime started at 8:50 AM, a span of 15 hours and 35 minutes elapsed between meals.</p> <p>5. Observation of the kitchenettes on the Units were made with the Food Service Director(FSD) on 12/05/24 starting at 4:46 PM. The kitchenette on the first floor had no general snacks or beverages in the cabinets or in the refrigerator. The only food/beverage was labeled food brought in for specific residents.</p> <p>The kitchenette on the Acadia Unit was observed on 12/05/24 at 4:50 PM. The kitchenette on the Acadia Unit had no general snacks or beverages in the cabinets or in the refrigerator. The only food/beverage was labeled food brought in for specific residents.</p> <p>The kitchenette on the Second Floor was observed on 12/05/24 at 4:54 PM. The kitchenette on the Second Floor had no general snacks or beverages in the cabinets or in the refrigerator. The only food/beverage was labeled food brought in for specific residents.</p> <p>During an interview on 12/6/24 at 4:12 PM, GNA4 stated the aides received labeled snacks from dietary and delivered the snacks to the residents. The nurses documented it in the resident's record. GNA4 did not mention a general snack being sent down in addition to the labeled snacks for specific residents.</p> <p>Observation on 12/05/24 of the 2:00 PM snack pass on the Acadia Unit revealed one tray of labeled snacks (individual shakes in four-ounce cartons) was delivered to the nurse's station at 1:40 PM. Registered Nurse (RN)1 present at 12/05/24 at 2:00 PM verified there was no general snack delivered to residents who did not have prescribed snacks.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Silver Spring		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 Musgrove Road Silver Spring, MD 20904	
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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Review of Resident Council Minutes from December 2023 to October 2024 provided by the facility showed ongoing concerns with the availability of snacks and timeframes to get food. There was no mention in the Resident Council Minutes of reviewing the mealtime greater than 14 hours between dinner and breakfast, offering a substantial evening snack, or approval of this by the resident group. Comments were as follows:</p> <p>Review of the Resident Council Minutes dated 03/14/24 revealed, evening snacks not offered .</p> <p>Review of the Resident Council Minutes dated 04/18/24 revealed, Kitchen staff are stating the kitchen is closed at 6 pm for requests and resident are requesting times that the kitchen is open . Snacks are coming to the units - first floor stated not always offered to the residents.</p> <p>During an interview on 12/05/24 at 6:14 PM the Regional CDM reviewed the documented mealtimes and stated there was more than 15 hours between the evening meal and breakfast the following day. She stated she had not been aware the timeframe between dinner and breakfast the next day exceeded the maximum 14-hour requirement.</p> <p>Interview on 12/05/24 at 6:14 with Dietary Aide (DA)1 who stated he had not yet prepared the bedtime snacks for the units but would do so shortly. DA1 stated there were three separate batches labeled snacks sent to three areas (first floor, Acadia, and second floor). He stated, in addition there was a tray of a general snack sent to each unit consisting of approximately four portions of animal crackers, chips, whole milk carton, fudge pies, sandwiches, and Goldfish crackers. DA1 verified he did not send enough snacks to the units (labeled and unlabeled) that all residents (census of 129) could have one.</p> <p>During an interview on 12/06/24 at 8:44 AM, the Activity Director (AD) stated she did not remember residents ever talking about the span of time between dinner and breakfast the next day exceeding 14 hours or approval of the timeframe greater than 14 hours being reviewed and approved by resident council. The AD reviewed Resident Council Minutes and verified on 12/06/24 at 8:55 AM that the mealtimes greater than 14 hours had not been discussed.</p> <p>During an interview on 12/06/24 at 11:30 AM, R18 (the resident council president) stated they (resident council) had not reviewed the greater than 14-hour time frame between dinner and breakfast and approved it in resident council. R18 stated she did not know about this requirement.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43353</p> <p>Based on observations, interview, document review, and policy review, the facility failed to ensure that the kitchen was maintained in a sanitary manner to prevent the potential spread of foodborne illness to 126 out of 129 residents (three residents received nutrition via feeding tubes). Specifically, dietary staff did not adhere to hand hygiene/glove use requirements for ready to eat food and the dishwasher was not operating in accordance with manufacturer's specifications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Dishwasher Temperature dated 01/31/23 and provided by the facility revealed, It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures . Manufacturer's instructions shall be followed for machine washing and sanitizing . For high temperature dishwashers (heat sanitization): The wash temperature shall be 150 - 165 degrees F [Fahrenheit] . The final rinse temperature shall be 180 degrees or above .</p> <p>Review of the facility's policy titled, Dietary Employee Personal Hygiene dated 01/31/23 and provided by the facility revealed, Gloves are to be worn and changed appropriately to reduce the spread of infection .</p> <p>1. Observations over three days of the survey revealed concerns with the dish machine temperatures as follows:</p> <p>a. During a kitchen observation on 12/03/24 at 11:24 AM, the Regional Certified Dietary Manager (CDM) two dietary staff washing dishes using the dish machine. The manufacturer's data plate affixed to the machine indicated a minimum wash temperature of 160 degrees F and rinse temperature of 180 degrees F were required. The wash temperature read 142 degrees F and the rinse 158 degrees F. The Regional CDM stated the temperatures were not hot enough.</p> <p>Review of the dishwashing log for December 2024 showed all wash temperatures were 160 degrees F, and all rinse temperatures were a minimum of 180 degrees F.</p> <p>During an interview on 12/03/24 at 11:31 AM, the Maintenance Director stated that the dish machine sanitized dishes through the temperature of the rinse cycle water and it would be evaluated since temperatures were not hot enough. Another cycle of the dish machine was run, and the wash temperature was 144 degrees F.</p> <p>On 12/03/24 at 12:06 PM the dish machine wash temperature was 157 degrees F, and the rinse temperature had increased to 193 degrees F.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>b. During a kitchen observation on 12/04/24 at 4:13 PM, the Regional CDM ran the dish machine, and the wash cycle was 155 degrees F, and the rinse was 162 degrees F. The Regional CDM verified the temperatures were not hot enough per the manufacturer's specifications. The Regional CDM stated Eco Lab came and checked on replacing a heating element in the dish machine and that this was in the works to be repaired. The Regional CDM stated staff had been monitoring the dish machine temperatures since 12/03/24 closely and they had been in acceptable most of the time.</p> <p>c. During a kitchen observation on 12/05/24 at 03:55 PM, the dishwasher was running, and the rinse temperature was 153 degrees F.</p> <p>On 12/05/24 at 4:15 PM, the Regional CDM observed the dishwasher cycle and the rinse temperature was 149 degrees F. The Regional CDM stated the heating element was not working 100% of the time and the rinse temperatures were up and down.</p> <p>Review of the Dishwasher Temperature Log from August 2024 - November 2024 revealed the dish machine temperatures were checked at breakfast, lunch, and dinner every day. Except for a few entries, the wash temperature was recorded as being 160 degrees F and the rinse temperature as being 190 degrees F.</p> <p>2. Kitchen observations revealed concern with dietary staff's glove use when touching ready to eat foods. Staff touched ready to eat foods with gloved hands and then touched multiple other items such as plates, utensils, counters, tray cards, etc. creating the potential for cross contamination as follows:</p> <p>a. During an observation on 12/03/24 at 12:08 PM, Cook1 was pulling pieces of bread out of a bread bag with gloved hands. She placed the bread on a cutting board and sliced the pieces in half and then placed them into a steamtable pan for meal service. Cook1 touched the bread, plastic wrap on top of the steamtable pan, the cutting board, and knife with the same gloved hand. [NAME] 1 served residents meals on the tray line (observed through 12:31 PM using the same process), placing each slice of bread on a resident's plate with her gloved hand. In between, she touched multiple items such as plates, the counter, and serving utensils without washing her hands in between tasks or changing gloves.</p> <p>b. During a tray line observation in the kitchen on 12/04/24 from 4:13 PM through 4:39 PM, Cook3 used gloved hands to place hamburger buns on residents' plates prior to scooping sloppy joe onto the bottom half of the bun. Afterwards, he used his gloved hand to place the top bun on the sloppy joe/bottom bun. Cook3 touched utensils, the counter, and plates in between touching the hamburger buns without handwashing or changing gloves between tasks. The Regional CDM was present and instructed Cook3 to use tongs for placing the buns on the plates. Cook3 stated the tongs might make a hole in the top of the buns. The Regional CDM verified gloves could be used to touch ready to eat food only when nothing else was touched with the same gloves. Cook3 proceeded to use tongs to place the buns on the plate; however, continued to use his gloved hand to place the top bun on top of the bottom bun/sloppy joe. On 12/04/24 at 4:39 PM, the Regional CDM was notified, and she instructed Cook3 not to touch the buns.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. During an observation on 12/05/24 at 3:54 PM, Dietary Aide (DA)1 was dishing up individual pieces of cake out of a pan and placing them onto individual bread plates for a dessert. DA1 touched the pieces of cake as they were placed onto the plates to position them and then touched other items such as the spatula, plastic wrap, and plates without changing gloves in between tasks or performing handwashing.</p> <p>Review of the undated Dietitian Job Description provided by the facility revealed the primary purpose of the position was to, plan, organize, develop, and direct the overall operation of the Dietary Department . to assure that quality nutritional services are provided on a daily basis and that the dietary department is maintained in a clean, safe, and sanitary manner.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>43353</p> <p>Based on observations, interview, and policy review, the facility failed to maintain the outdoor garbage area in a sanitary manner for three of three days of the survey creating the potential for the harborage of pests which could affect all 129 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Safe and Homelike Environment dated 01/27/23 and provided by the facility revealed, the facility will provide a safe, clean, comfortable and homelike environment . Sanitary includes, but is not limited to , preventing the spread of disease-causing organisms .</p> <p>1. Observation and interview of the garbage dumpster/compactor area 12/03/24 at 11:55 PM with the Regional Certified Dietary Manager (CDM) and the Housekeeping Manager revealed a significant amount of garbage strewn around the garbage compactor area extending approximately fifteen feet away. Garbage included pieces of plastic, drink cartons, condiment packets, paper refuse, silverware, pieces of cardboard, garbage bags with trash, a pile of scrambled eggs on the pavement, and disposable gloves. The Regional CDM and Housekeeping Manager (HM) verified the area was not sanitary and needed cleaning up.</p> <p>2. Observation and interview of the garbage dumpster/compactor area on 12/04/24 at 4:43 PM with the Food Service Director (FSD) revealed there was garbage on the ground around the compactor extending approximately ten feet away including pieces of plastic, pieces of paper, disposable gloves, tin foil, plastic bottles, and cardboard. The FSD stated the garbage would be a sanitation concern if there was food that rodents could access.</p> <p>3. Observation and interview of the garbage dumpster/compactor area on 12/05/24 at 4:51 PM with the Regional CDM and the HM revealed the same garbage observed on 12/04/24 that was on the ground around the compactor extending approximately ten feet away including pieces of plastic, pieces of paper, disposable gloves, tin foil, plastic bottles, and cardboard. Both the Regional CDM and HM verified the area needed to be cleaned up. The HM stated housekeeping was responsible for keeping the area cleaned up.</p> <p>During an interview on 12/06/24 at 2:30 PM, the Administrator stated she expected housekeeping staff to keep the garbage dumpster area clean and without accumulated garbage.</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>Provide and implement an infection prevention and control program.</p> <p>51678</p> <p>Based on observation, interview, and policy review, the facility failed to ensure one of four (Licensed Practical Nurse (LPN) 3) followed infection control practices when dispensing medication in that LPN3 dropped a pill on top of the medication cart and then picked up the pill and placed it in the medication up for one of five residents (R) 100) administered medications.</p> <p>Findings include:</p> <p>During an observation on 12/06/24 at 9:23 AM, LPN3 retrieved R100's blister pack for Oxycontin 10 milligram (mg) one tablet from a locked compartment inside of the medication cart. When she went to push the Oxycontin tablet out of the blister pack, the tablet landed on the top of the medication cart. LPN3 then used her bare fingers, picked up the tablet, and then put the tablet in the medication cup along with R100's other medications.</p> <p>LPN3 did not sanitized her hands after touching the other medication blister packs and opening and closing the drawers of the medication cart prior to touching the dropped medication.</p> <p>During an interview on 12/06/24 at 9:40 AM, LPN3 stated that she always sanitized the cart first thing in the morning prior to starting her medication pass. She had sanitized her hands prior to the preparation of R100's medications. She stated she would not have to dispose of the pill.</p> <p>Review of the facility's policy titled, Medication Administration dated 12/14/22 indicated, Remove medication from source, taking care not to touch medication with bare hand.</p>		