

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>51712</p> <p>Based on observations and staff interviews, it was determined that the facility failed to provide a dignified dining room experience. This was evident for 1 (Resident #12) of 1 resident observed during the dinner dining observation.</p> <p>The findings include:</p> <p>On 02/18/25 at 5:05 PM, the surveyors arrived at the dining room to observe dinner at the facility. Residents were set up at tables and served by staff as they were seated. Resident # 12 was noted to be seated at a table with Resident #15. Resident #15 had a plate of food and was feeding themselves while Resident #12 was lying in a geri-chair with no plate in front of them. There were 2 cups (one of the cups contained juice) on the table in front of the Resident #12. Resident #15 spilled their juice into their plate. Staff #23 was working in the dining room and was serving other residents, and saw the resident spill the juice and remove the plate away from the resident. Before returning to assist Resident #15, Staff #23 retrieved utensils that had fallen onto the floor from another resident and discarded them, she then continued to assist Resident #15 with feeding and did not sanitize her hands. Meanwhile, Resident #12 who was at the table did not have a plate and was still waiting to be fed. There was a total of four staff members in the dining room assisting in serving the residents and none of them attempted to feed Resident #12.</p> <p>At 5:31 PM, another staff member, Staff #24, came from serving trays to residents in their rooms and began to feed Resident #12. The surveyor spoke with Staff #25, who was in the dining room during the entire dining experience. Staff #25 was made aware of the surveyor's concerns and Staff #24 stated that staffing was very low in all departments and that they had a lot of residents who required assistance with feeding. She further stated that it is the expectation that everyone assists residents with feeding, including herself as she was assisting a resident at that time.</p> <p>The Administration team was made aware of all concerns on 2/18/25 at 6:00 PM and stated that education would be provided to the staff.</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:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>48167</p> <p>Based on observations and staff interviews, it was determined that the facility failed to maintain a sanitary environment. This was evident for 2 out of 2 clean utility rooms observed during the recertification survey.</p> <p>The findings include:</p> <p>On 2/18/25 at 9:29 AM, during observation rounds with the Geriatric Nursing Assistant staff #11, the second floor, Forest View, clean utility room had two intravenous poles with a brown and gray colored particle of solid matter covering the base of the poles. The intravenous poles did not have labels on it indicating that they were clean.</p> <p>On 2/18/25 at 9:50 AM, during observation rounds with the Central Supply Clerk staff #12, the first floor, Chapel Valley, clean utility room had three intravenous poles, with a brown and white colored substance located at the base of the poles, and one oxygen concentrator that was covered with a gray colored particle of solid matter. Neither the intravenous poles nor the oxygen concentrator had labels on it indicating that they were clean.</p> <p>On 2/18/25 at 9:50 AM, the Central Supply Clerk staff #12 was interviewed. During the interview, the Central Supply Clerk staff #12 stated that the intravenous poles and the oxygen concentrator were dirty, and that staff should not have placed the dirty items in the clean utility room. The Central Supply Clerk staff #12 mentioned that the dirty items should have been placed in the soiled utility room for them to get cleaned and they should have had a plastic bag or label on them to show that they have been cleaned.</p> <p>--</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>21859</p> <p>Review of medical records, and staff interview, it was determined that the facility failed to obtain a GI (gastrointestinal) consultation as requested by the physicians for resident # 60. This was evident for 1 of 9 residents reviewed during the survey.</p> <p>The findings include:</p> <p>Review of Resident #60's medical record on 2/18/25 at 1:55pm revealed a physician ordered to obtain a GI (gastrointestinal) consultation for poor po (by mouth) intake and weight loss.</p> <p>Further review of the medical record on 2/18/25 at 3pm failed to reveal if a GI consultation was done or scheduled.</p> <p>During an interview with the Director of Nursing on 2/18/25 at 3:30pm pm she stated the consultation should have been scheduled and she would investigate it.</p> <p>After surveyor intervention the GI consultation was scheduled on 2/19/25 for March of 2025.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	
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 - Few</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** 50457</b></p> <p>Based on observations, medical record reviews, and interviews, it was determined that facility staff failed to address the nutritional needs of a resident who had a known significant weight loss. This deficient practice was evident for 1 (#89) of 1 resident reviewed during the survey.</p> <p>The findings include:</p> <p>On 02/13/25 at 7:53 AM, the surveyor observed Resident #89 awake in bed watching television. The resident appeared frail. During a follow-up interview on 02/13/25 at 12:53 PM, the resident reported difficulty with food, explaining that they are unable to keep food down and experience large bowel movements immediately after eating.</p> <p>On 02/14/25 at 9:34 AM, review of Resident #89's medical record revealed a medical diagnosis of diverticulitis (a condition where small pouches in the wall of the large intestine becomes inflamed or infected). This can cause nausea, vomiting, constipation, and diarrhea).</p> <p>Further review of medical records revealed an admission weight of 167.9lbs on 09/13/24. Resident was discharged to the hospital on 12/17/24 weighting 131.9lbs and returned to the facility on [DATE] weighting 145.2lbs. The following weights were obtained:</p> <p>12/26/24-146.0lbs</p> <p>01/05/25-141.0lbs</p> <p>02/02/25-126.0lbs</p> <p>02/13/25-114.8lbs</p> <p>A review of the residents' weights and vitals summary revealed that the system triggered a significant weight loss warning on 01/05/25, 02/04/25, and 02/13/25.</p> <p>On 02/14/25 at 2:13 PM, a review of resident's nutritional care plan indicated that the resident was identified as being at risk for unintentional weight changes. The care plan goal was for the resident to maintain adequate nutritional status and weight. The staff was responsible for monitoring, recording, and reporting signs and symptoms of malnutrition, muscle wasting, and significant weight loss greater than 5% in 1 month, greater than 7.5% in three months, and greater than 10% in six months. Additionally, the Registered Dietician (RD) #8 was responsible for making dietary changes and recommendations. A review of the resident's treatment administration record revealed an ordered for dietary nutritional supplement, Ensure, to be given once daily started on 12/26/24.</p> <p>There was no documentation indicating that any interventions were implemented after 12/26/24, nor was there any documentation showing that the physician was notified of changes in the resident's medical condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	
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 - Few</p>	<p>During an interview with RD #8 on 2/14/25 at 2:21 PM, the surveyor presented the findings and inquired about the process for monitoring and addressing significant weight changes. The RD #8 explained that they assess the residents and order supplements as needed. The surveyor noted that there was no documentation indicating that the residents weight was being monitored or addressed, nor any documents showing that the physician had been notified. The RD#8 was unable to explain why these actions had not been taken.</p> <p>On 02/18/25 at 11:16 AM, during an interview with Licensed Practical Nurse (LPN) #9 when asked the process for obtaining residents weights, she explained that the GNA's document the residents' weight on a weight sheet. The nurse manager or the assigned nurse on the unit is responsible for entering the weights into the residents' electronic medical records. The system will generate an alert if a resident has a weight loss or gain greater than 5%.</p> <p>On 02/18/25 11:23 AM, during an interview with Nurse Unit Manager (UM) #15, the surveyor inquired about the process for addressing significant weight concerns. The UM #15 explained that nurses are responsible for submitting a change in condition form, and the RD is responsible for notifying the physician. When asked why Resident #89 weight change had not been addressed, the UM #15 stated that they were unable to provide a thorough explanation for why the weight concern was not addressed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	
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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>30440</p> <p>Based on medical record review and interviews with facility staff it was determined the facility failed to address residents with significant weight loss. This was found to be evident for 1 (Resident # 122) of 3 residents reviewed for weight loss during the survey.</p> <p>Findings include:</p> <p>Resident # 122's medical record was reviewed on 12/19/25 at 10:00AM for weight loss. Upon review, it revealed the resident with an admission weight on 1/8/25 of 229.2 pounds and a weight one month later on 2/10/25 of 216.2 pounds. The resident was noted to have a significant weight loss of 13 pounds (10%) within 1 month.</p> <p>Review of the resident nutrition care plan on the same date at 10:25 AM reveals the care plan was initiated on 1/8/25 and one of the interventions listed was to notify the MD and dietician if resident had any significant weight changes.</p> <p>Review of a discharge summary note dated 2/11/25 from the residents' previous provider service indicated that the resident was morbid obese but did not address the significant weight loss of 13 pounds for one month.</p> <p>An interview was conducted on 2/19/25 at 10:40AM with the Medical Director (Staff # 20) and he was asked to explain this resident's weight loss and he stated the following:</p> <p>The facility conducts risk management meetings every week and weight loss are addressed at that time. In addition, the facility reviews trends at the Quality Assurance and Performance Improvement (QAPI) meetings as well. He went on to say that Resident #122 was transferred to their services on 2/11/25 and services provided prior to this were under another service. He stated that he could not speak regarding the resident weight loss, but the expectation is that the resident weight loss should have been addressed.</p> <p>Further review of the dietitian notes on the same date reveals there was no documentation to address the resident significant weight loss.</p> <p>An interview was conducted with the Dietitian (Staff # 8) on 2/19/25 at 12:05 PM and he was asked to explain what is put in place for a resident that has a significant weight loss. He stated that when a resident has significant weight loss, the normal process is to talk to the resident if they can be interviewed about supplements and if the resident desires supplements, they are started. He stated that he is unsure if he spoke with the resident regarding the supplements because he did not document it. He further stated that all significant weight loss is brought to risk management meetings as well. He went on to say that he is unable to provide documentation of weight loss and any changes to the resident regimen and moving forward, all changes and interventions will be documented.</p> <p>All concerns were discussed with the Administration team at the time of exit on 2/19/25 at 2:30PM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	
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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>42863</p> <p>Based on medical record reviews, observation, and interviews it was determined that the facility failed to ensure that the physician documented the medical history and treatment plan related to residents with significant weight loss. This was evident to be true for 2 (#48, #89) of 6 residents reviewed for excessive weight loss during the survey.</p> <p>The findings include:</p> <p>1.) On 02/18/25 10:08 AM the surveyor observed the resident in bed covered with blankets and apparently sleeping. The resident's husband sat at the foot of the bed in a wheelchair with a mask in place. The resident's spouse stated that he/she came in this morning in order to ensure the resident ate his/her breakfast. The spouse stated the Resident #48 had a poor appetite and needs encouragement to consume her/his meals.</p> <p>On 02.18.2025 at 11:12 AM the surveyor reviewed the electronic medical record related to Resident # 48. This resident experienced the following weight losses and gains during a three month period:</p> <p>Weight Trends:</p> <p>12.18.24: 163.9 lbs.</p> <p>12.25.24: 160.4lbs.</p> <p>01.14.25: 150.8lbs</p> <p>02.04.25: 145.6 lbs</p> <p>Total weight loss/decrease: 17.5 lbs. (10.7%) since admission, despite providing daily meals, supplements, and extra food items was documented in the dietician, staff #8's note.</p> <p>The surveyor was not able to locate any physician or medical nurse practitioner note detailing the treatment plan related to Resident #48's weight loss management while reviewing the electronic medical record.</p> <p>On 02.18.25 at 1:43 PM the surveyor interviewed the registered dietician # 8 who works in the facility three days per week. The dietician stated he met with the Resident #48's spouse approximately two months ago. Stated that he encouraged the resident's spouse to bring in cultural foods and to stay present during some meals. Additionally, the dietician stated that he spoke with the unit manager to explained the goals of dietary interventions such as, added supplements twice daily and monitors the resident intakes. Weekly weight loss-gains meetings are held with the facility clinical and administrative staff. The dietician ordered supplemental drinks to the resident's dietary plan. The dietician #8 provided the surveyor with a hard copy of the progress note written on 02.18.2025 at 11:05 AM which stated that Resident #48 experienced a weight decrease of 17.5 pounds (10.7%).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	
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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02.19.25 at 11:18 AM the medical director #20 was interviewed by the surveyor regarding the Resident #48 and stated that he was aware that the dietician had worked with the husband and family to provide supplements and home supplied preferred foods. The medical director was asked by a surveyor whether he had written a progress note summarizes the treatment plan that included a summary of the medical conditions impacting the resident's weigh fluctuations and the response was no. The medical director #20 reviewed a total of four residents had a experienced significant weight loss during the past three to six months with four surveyors during the survey.</p> <p>Also, on 02.19.25 at approximately 11:22 AM, the medical director #20 stated the corrective action plan going would be: the physicians and nurse practitioners must document the history of the resident , the treatment being provided, and provide summary of the treatment history for all clinical staff to have access. The medical director stated that the weight loss review team would create a process improvement plan with the nurse practitioner during the next quality/risk management meeting. Also, the expectation would be for the dietician to accurately list the residents experiencing weight loss and notify the medical director and the nurse practitioners.</p> <p>As of 02.19.25 at 3:00 PM the surveyor was not provided documentation that the medical director had written a progress note related to Resident #48 regarding the resident excessive weight loss history.</p> <p>These deficiencies were reviewed with the administrator, director of nursing, and regional clinical staff during the exit conference.</p> <p>50457</p> <p>2.) Review of Resident #89 medical records on 02/14/25 at 9:34 AM, revealed a medical history of edema, gout, diverticulitis, asthma, nicotine dependence, hyperlipidemia, and lack of coordination.</p> <p>On 2/19/25 at 10:05 AM, during an interview with the Medical Director #20, the surveyor expressed concern about the lack of interventions regarding Resident #89's significant weight loss. After the Medical Director reviewed the resident's medical history, he revealed a medical diagnosis of Anasarca (severe generalized swelling with accumulation of fluids in the tissue) that was not documented in the resident's medical chart.</p> <p>The surveyor inquired why the diagnosis was not documented in the resident's medical chart. The medical director stated that he was familiar with the resident's medical history and had failed to document the medical diagnosis. The Medical Director acknowledged that all pass medial history should be included in the chart.</p> <p>After surveyor intervention, the Medical Director amend the resident's medical chart on 2/19/25 to indicate past and present medical history and treatment plans.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>51490</p> <p>Based on surveyor observation it was determined the facility failed to provide palatable food at an appetizing temperature. This was evident for 3 out of 3 hot food items checked on the test tray. This failure had the potential to affect all residents receiving meals.</p> <p>The findings include:</p> <p>On 02/18/25 at 01:01 PM, a test tray was requested at the end of food service in the Chapel Way dining area. The food temperature was checked using the facility's thermometer by Staff #16. The potatoes were 119.8 degrees Fahrenheit. The spinach was 109.2 degrees Fahrenheit. The meat (veal) was 123.1 degrees Fahrenheit. The internal temperature for hot food should be over 135 degrees Fahrenheit.</p> <p>During an interview with the Regional Dietary Manager on 02/28/25 at 1:06 PM, she verified the temperature. She stated that she and the Dietary Manager would be doing inservices on making sure foods are properly temped.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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> 42863</p> <p>Based on medical record reviews, interviews, and observations, the facility failed to honor the residents' food preferences. This was evident to be true for 3 ( #13, #17, and #92) out of 10 residents observed dining during the survey.</p> <p>These findings include:</p> <p>On 02.19.25 at 08:16 AM the surveyor entered the multipurpose room [ROOM NUMBER] on the 2nd floor and there was only one resident present. Resident #92 stated that he/she had a lot of concerns regarding the facility and including the food service. Resident #92 stated that the facility often did not serve what was listed on the menu and often he/she was served food items that were not his/her preference. The surveyor observed that the kitchen staff had the tops off the food serving containers and were not currently serving food to any residents. The surveyor asked the dietary aides if they make an effort to keep the food warm for the residents. The dietary aides responded yes and then proceeded to cover the food serving containers.</p> <p>On 02.19.25 at 08:22 AM the surveyor observed that there were 9 residents in the Forestville multi-purpose room. The surveyor interviewed clinical staff members, LPN #13, GNA # 18, and dietary aide # 19 regarding the menu slips. All three employee reviewed the menu slips and agreed that 7 out the 9 residents menu slips did not disclose the resident's preferences. The two staff members stated that the menu slips on the resident trays informed of what the resident could have due to diagnosis or allergies but did not list the residents' food preferences. The two staff member, LPN #13 and GNA #18 stated they would serve the residents without asking if they had received the food items that they preferred. The surveyor observed that 7 out of 10 menu slips listed no food item preferences.</p> <p>On 02.19.25 at 08:33 AM, the surveyor interviewed GNA # 18 who stated that it was true the menu slips indicate what the food items the resident cannot have served on his/her tray. The surveyor observed that some residents received grits versus oatmeal. The surveyor asked how the staff would know which residents preferred grits or oatmeal. The surveyor was provided with one menu slip which did identify that resident #13's preferred: no scrambled eggs, resident stated he/she likes boiled eggs, and dislikes cream of wheat. Resident #17 stated that he/she received a biscuit but he/she prefers to have toast every morning and also, he/she received a boiled egg but he/she prefers scrambled eggs.</p> <p>On 02.19.25 at approximately 09: 15 AM the surveyor interviewed the Certified Dietary Manager, (CDM) staff # 3 along with other surveyors. CDM #3 stated that the menu slips placed on the trays for the resident focus on what food items, the resident should not be served and do not always include the resident's preferred food items. He stated that he expected the nursing staff to verify that the resident was receiving their food preferences and that currently there was no check and balance system in place to ensure that the residents were consistently being served their food preferences.</p> <p>These deficient practices were discussed with the CDM, administrator, DON, and the regional clinical staff on 02.19.24 during the exit conference.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	
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>21859</p> <p>Based on observation and staff interview, it was determined the facility failed to ensure sanitary practices were followed in accordance with professional standards for food service safety, and maintain a clean working environment, during the survey</p> <p>The findings include the following:</p> <p>On 2/13/25 at 08:25 AM, An initial tour of the facility Kitchen was completed with the Regional Dietary manager and the following was found:</p> <ol style="list-style-type: none"> <li>1. Seven repoured unlabeled apple sauce containers were observed sitting on the dirty utility table.</li> <li>2. A large white laundry basket with several soiled white linens was observed in the dry storage room.</li> <li>3. Food and a liquid substance were noted on the kitchen floor near the walk in the freezer.</li> <li>4. A red substance was noted to have spilled all over metal shelves in the facility's walk-in refrigerator.</li> <li>5. The surveyor observed that the area designated for rinsing dirty dishes was found unkempt with food particles left in the strainer.</li> </ol> <p>During the interview on 2/13/25 at 09:30 AM with the Dietary Manager and the Regional Dietary Manager present he stated that the items found would be corrected.</p> <p>During a follow-up observation on 2/18/25 at 10:44 am, no further issues were observed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30440</p> <p>Based on record review and interviews with facility staff it was determined the facility failed to document if interventions were put in place to address a resident with a significant weight loss, document a significant change in the resident's medical condition, failed to notify the physician, and interdisciplinary team. This was found to be evident for 2 (Resident # 122, #89) of 5 residents reviewed for weight loss during the survey.</p> <p>Findings include:</p> <p>1.) Resident # 122's medical record was reviewed on 12/19/25 at 10:00AM for weight loss. Upon review, it revealed the resident with an admission weight on 1/8/25 of 229.2 pounds and a weight one month later of 2/10/25 of 216.2 pounds. The resident was noted to have a significant weight loss of 13 pounds (10%) within 1 month.</p> <p>Review of the resident nutrition care plan on the same date at 10:25 AM reveals the care plan was initiated on 1/8/25 and one of the interventions listed is to notify the MD and dietician if resident has any significant weight changes.</p> <p>Further review of the dietitian notes on the same date reveals there was no documentation to address the resident significant weight loss.</p> <p>An interview was conducted with the Dietitian (Staff # 8) on 2/19/25 at 12:05 PM and he was asked to explain what is put in place for a resident that has a significant weight loss. He stated that when a resident has significant weight loss, the normal process is to talk to the resident if they can be interviewed about supplements, and if the resident desires supplements, they are started. He stated that he is unsure if he spoke with the resident regarding the supplements because he did not document it. He further stated that all significant weight loss is brought to risk management meetings as well. He went on to say that he is unable to provide documentation of weight loss and any changes to the resident regimen and moving forward, all changes and interventions will be documented.</p> <p>All concerns were discussed with the Administration team at the time of exit on 2/19/25 at 2:30PM.</p> <p>50457</p> <p>2.) On 02/14/25 at 9:34 AM, a review of Resident #89's medical records revealed that the resident was discharged from the facility to the hospital on 12/17/24 weighing 131.9 lbs. Upon returning to the facility on [DATE], the resident's weight was 145.2 lbs. The following weights were obtained for Resident #89:</p> <p>on 01/05/25 141.0 lbs,</p> <p>on 02/04/25 126.0 lbs, document by Nurse Unit Manager #15;</p> <p>on 2/4/25 114.8 lbs, documented by Registered Dietician (RD) #8</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with RD #8 on 2/14/25 at 2:21 PM, the surveyor presented the findings and inquired about the process for monitoring and addressing significant weight changes. The RD #8 explained that they assess the resident, and supplements are ordered as needed. The surveyor noted that there was no documentation indicating that the resident's weight was being monitored or addressed, or any documents showing that the physician had been notified. The RD#8 was unable to explain why these actions had not been taken but stated that the resident's weight concerns are discussed during the risk management meetings.</p> <p>On 02/18/25 11:23 AM, during an interview with Nurse Unit Manager (UM) #15, the surveyor inquired about the process for addressing significant weight. The UM #15 stated that nurses are responsible for submitting a change in condition form and the RD is responsible for notifying the physician. The surveyor requested proof that a change in condition form was completed for Resident #89. The UM #15 was not able to provide documentation that a change in condition was submitted for the resident's weight loss.</p> <p>During an interview with the Administrator #1 and Director of Nursing (DON) #2, the surveyor informed them of the resident's weight loss and the lack of documentation. The surveyor requested the DON #2 provide documentation of the change in condition and proof the physician has been notified of the weight loss. The DON was unable to provide the requested documentation.</p> <p>On 2/19/25 at 8:50 AM, during an interview with the DON the surveyor inquired about the facility's interdisciplinary team. The DON #2 explained that risk management meeting are held weekly to discuss changes in residents medical conditions. Attendess typically includes the medical director, MDS coordinator, social worker, director of nursing, assistant director of nursing, nurse unit managers, and dietician. The surveyor requested the risk management meeting minutes from October 2024-February 2025. There was no mention of Resident #89, weight loss during that period.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3415 Greencastle Road Burtonsville, MD 20866	

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 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>51712</p> <p>Based on observations and staff interviews, it was determined that the facility staff failed to adhere to infection control practices. This was evident for 1 (Resident #15) of 1 resident observed during the dinner dining observation.</p> <p>The findings include:</p> <p>On 02/18/25 at 5:05 PM, the surveyors arrived at the dining room to observe dinner at the facility. Residents were set up at tables and served by staff as they were seated. Resident #15 had a plate of food and was feeding themselves. Resident #15 spilled their juice into their plate. Staff #23 was working in the dining room and was serving other residents, and saw the resident spill the juice and remove the plate away from the resident. Before returning to assist Resident #15, Staff #23 retrieved utensils that had fallen onto the floor from another resident and discarded them, she then continued to assist Resident #15 with feeding and did not sanitize her hands.</p> <p>The surveyors interviewed Staff #23 and made her aware of the concern about picking up the utensils and not performing good hand hygiene when providing service to a resident. Staff #23 stated that she used a napkin and thought that it was ok to proceed with feeding. Staff #23 verbalized that she would use proper infection control practices in the future.</p> <p>The Administration team was made aware of all concerns on 2/18/25 at 6:00 PM and stated that education would be provided to the staff.</p>