

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Crystal Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Whitman Avenue Elkins, WV 26241	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, policy review, and staff interview, the facility failed ensure catheter care was provided according to professional standards of practice. This failed practice was true for one (1) of one (1) residents observed for catheter care. Resident identifier: #62. Facility census: 83. Findings included: On 10/21/25 at 10:30 AM, Licensed Practical Nurse #24 was observed providing urinary catheter care for Resident #62. The urinary catheter was not secured to the resident. When LPN #24 was asked what was the facility policy regarding securing urinary catheters, she stated the resident had one but he pulls them off. The Director of Nursing (DON) was informed of the above findings and a request was made for the facility policy and procedure. Review of the policy and procedure titled Catheter Care with an implementation date of 04/01/25 with Centers for Medicare and Medicaid Services (CMS) referenced at F690 (August 2024), found no intervention to secure the urinary catheter in the policy and procedure. In addition, LPN #24 lifted the urinary drainage bag above the level of the resident's bladder allowing urine to drain back into Resident #62's bladder before attaching the drainage bag to the bed frame.</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: 515197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Crystal Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Whitman Avenue Elkins, WV 26241	
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>Based on observation, staff interview, and policy review, the facility failed to follow Enhanced Barrier Precautions (EBP) during urinary catheter care and wound care. This was true for one (1) of one (1) residents viewed for urinary catheter care and wound care. Resident identifier: #62. Facility census: 93. Findings included: On 10/21/25 at 10:30 AM, observed Licensed Practical Nurse (LPN) #24 perform urinary catheter care and wound care. Resident #62 was ordered EBP due to having an indwelling urinary catheter and open wound in the right groin area. LPN #24 wore gloves but did not wear a gown. When asked if the resident was on EBP she looked puzzled and then stated Yes, both residents are on EBP. LPN #24 did not attempt to put on a gown. At the end of the care, LPN #24 did not have a plastic bag in which to place soiled washcloths and towels and dropped them on the floor before being given a plastic bag.</p>		