

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/20/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 HALSTEAD AVENUE NORFOLK, VA 23602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
F 000	Initial Comments An unannounced biennial State Licensure inspection was conducted 9/17/2019 through 9/20/2019. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey. The census in this 120 licensed bed facility was 110 at the time of the survey. The survey sample consisted of 39 current Resident reviews and 5 closed record reviews.	F 000		10/18/2019	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-110 (J). Management and Administration. Cross references to F-883. 12VAC5-371-140 (A, D). Resident Rights. Cross Reference to F-622, F-625. 12VAC5-371-200 (B). Nursing Services. Cross Reference to F-658. 12VAC5-371-220 C.1. Nursing Services. Cross Reference to F-688. 12VAC5-371-220 (A, B, C.3, D, G) Nursing Services. Cross references to F-689 & F-690. 12VAC5-371-250 (A) (C), (F), (G) (I). Resident Assessment and Care Planning. Cross Reference to F-653, F-641, F-655, F-656, & F-657. 12VAC5-371-280 (A, C) Resident Activities.	F 001	12VAC-371-110 (J). Management and Administration. Please, cross reference to F-883. 12VAC5-371-140 (A,D) Resident Rights. Please, cross reference to F-622, F-625. 12VAC5-371-200 (B). Nursing Services. Please, cross reference to F-658. 12 VAC-371-200 C.1. Nursing Services. Please, cross reference to F-686. 12VAC5-371-220 (A, B, C.3, D, G) Nursing Services. Please, cross reference F-689 & F-690. 12VAC5371-250 (A), (C), (F), (G) (I). Resident Assessment and Care Planning. Please, cross reference to F-553, F-641, F-655 F-656 & F-657.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Christy, LNH

10/15/2019

State of Virginia

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NORFOLK	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 HALSTEAD AVENUE NORFOLK, VA 23502
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F 001	<p>Continued From page 1</p> <p>Cross Reference to F-679.</p> <p>12VAC5-371-300 (H) Pharmaceutical Services. Cross reference to F-756.</p> <p>12VAC5-371-360 (E.9) Clinical Records. Cross Reference to F-842.</p> <p>12VAC5-371-370 (A). Maintenance and Housekeeping. Cross Reference to F-584.</p> <p>12VAC5-371-150 (G) (H-i). Resident Rights.</p> <p>Based on staff interview, documentation and review of the facility's policy the facility staff failed ensure compliance with state licensure requirements for 1 resident (Resident #204) in the survey sample.</p> <p>The findings included:</p> <p>The facility staff failed to provide evidence the facility was registered to receive automatic notification from the Sex Offender Registry, provide evidence prior to Resident #204's admission whether she was registered as a sex offender. The facility staff failed to provide evidence that the facility provided Resident #204 with information on how to assess the Sex Offender Registry and evidence that the facility obtained signed acknowledgement that the resident received notification.</p> <p>Resident #204 was admitted to the facility on 08/05/19. She has never been discharged. Diagnosis for Resident included but are not limited to Acute Renal failure. Resident #204's Minimum Data Set (MDS-an assessment protocol) a 14-day with an Assessment Reference Date of 08/19/19 coded the resident with a 14 out</p>	F 001	<p>12VAC5-371-280 (A, C) Resident Activities. Please, cross reference to F-679.</p> <p>12 VAC5-371-300 (H) Pharmaceutical Services. Please, cross reference to F-756.</p> <p>12VAC5-371-360 (E.9) Clinical Records. Please, cross reference to F-842.</p> <p>12VAC5-371-370 (A) Maintenance and Housekeeping. Please, cross reference to F-584.</p> <ol style="list-style-type: none"> 1. The facility registered to receive automatic notifications for the Sex Offender registry. A Sex Offender Check was completed for resident #204. 2. Administration will completed a 100% audit on all current residents to ensure that sex offender checks were completed. Also, the audit will ensure that residents were given the guidelines on how to access the Sex Offender Registry. 	

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F 001	<p>Continued From page 2</p> <p>of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating no cognitive impairment.</p> <p>An interview was conducted with Director of Admission on 09/19/19 at approximately 1:48 p.m. She was asked to provide evidence that the facility is registered to receive automatic notification from the Sex Offender Registry, and prior to Resident #204's admission, the facility checked to see if resident was registered as a sex offender. She was also asked to provide evidence that the facility provided Resident #204 with information on how to assess the Sex Offender Registry and evidence that the facility obtained signed acknowledgement from Resident #204. On the same day at approximately 2:13 p.m., the Administrator presented a letter dated 09/19/19 timed at approximately 11:20 a.m., which read, "Thank you for registering for Community Notification with the Virginia State Police Sex Offender and Crimes against Minors Registry." She also presented a Sex Offender Registry Search that was not completed until 09/17/19 for Resident #204. The Administrator stated, "I am unable to locate evidence in the resident's medical record that any of the other documentation requested was done."</p> <p>The Administrator, Clinical Director of Operations, Director of Nursing and Assistant Director of Nursing was informed of the finding during a briefing on 09/19/19 at approximately 3:46 p.m. The facility did not present any further information about the findings.</p> <p>The facility's policy titled Registered Sex Offender (Revision date: October 2016). -Policy: The facility will ensure all regulations are followed and maintain safety for all residents and</p>	F 001	<ol style="list-style-type: none"> 3. Administrator will educate Admissions Director on how to access the Sex Offender Registry and the need to check this prior to the resident being admitted. Admissions also educated on providing information to the resident was notified of the above. 4. Administrator will audit 25% of current residents to ensure that they are aware of the guidelines on how to access the Sex Offender Registry and will audit all new residents to ensure the sex offender check was done prior to admission. The audit will be completed weekly for 30 days. After 30 days, the audit will be completed every 30 days for 3 months. Audit results will be shared in QAPI for review and revision as needed. 5. Date of Completion: October 18, 2019 	

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F 001	<p>Continued From page 3</p> <p>staff.</p> <p>COV32.1-126.01</p> <p>Based on a review of employee records, staff interview and facility documentation review, the facility staff failed to obtain criminal background checks within 30 days of hire for 2 (Staff #9 and Staff #8) of 25 staff members; and failed to obtain a sworn statement for 1 (Staff #25) of 25 staff members.</p> <p>On 9/19/2019 at approximately 1:28 p.m., the Human Resource Director was asked to provide evidence that a criminal background check was performed for Staff #9 (Registered Nurse), hired on 6/15/2018, she responded, "We have no criminal background check for her."</p> <p>When asked regarding the criminal background check a criminal background check conducted on 3/11/2019 was not performed within the required 30 days of hire (48 days late) for Staff #8 (Certified Nursing Assistant) hired on 1/2/2019, she responded, "I could not find her criminal check when I took this position."</p> <p>When asked about sworn statement that was not obtained for Staff #25 (Licensed Practical Nurse) hired on 5/28/2019, she responded, "She did not complete the first page."</p> <p>Facility policy on Abuse Prevention Program states: PROCEDURE: 1) It is the policy of the Facility to undertake background checks of all employees and to retain on file applicable records of current employees regarding such checks. a. The Facility will do the following prior to</p>	F 001	<ol style="list-style-type: none"> 1. Criminal Background Checks were completed for Staff #9 and Staff #8. A Sworn Statement was completed for Staff #25. 2. Residents residing in the facility have the potential to be affected by this practice. 3. The H.R. Staff was in-serviced by Administrator on the P&P for Criminal Background Checks and Sworn Statements for potential new hires. 4. Administration will complete a weekly audit for all new employees prior to first day of employment to ensure background checks and sworn statements were completed for 30 days. After 30 days, Administrator will complete an audit on all new hires to ensure a background check and sworn statement was completed prior to first day of employment every 30 days for 3 	

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F 001	Continued From page 4 hiring a new employee: iv. Conduct a criminal background check in accordance with State law and Facility policy. b. This Facility will generally require that all potential employees certify as part of the employment application process that they have not been convicted of an offense or otherwise been found guilty of an offense that would preclude employment in a nursing facility. c. It is the ongoing obligation of all employees to alert the Facility administrator of any conviction or finding that would disqualify the from continued employment wit Facility under State or Federal law, or the facility's policies.	F 001	months. Audit results will be shared in QAPI for review and revision as needed. 5. October 18, 2019	