STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495413	A. BUILDING ______ B. WING ______	C **11/21/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MECHANICSVILLE	**7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 11/20/19 through 11/21/19. One complaint (VA00047819 -substantiated without deficiency) was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 169 certified bed facility was 151 at the time of the survey. The survey sample consisted of three current Residents Reviews and one closed Resident Reviews.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will	F 656		12/17/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 12/10/2019

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.

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F 656	Continued From page 1 provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to implement the comprehensive care plan for one of four residents in the survey sample, Resident #4. The facility staff failed to implement the comprehensive care plan to administer medications to Resident #4 as ordered on 11/11/19 at 9:00 p.m. The findings include: Resident #4 was admitted to the facility on 3/29/16 with diagnoses that included but were not limited to: COPD (chronic obstructive pulmonary disease) (1), afib (atrial fibrillation) (2), dementia (progressive state of mental decline, especially mental function) (3), and depression (dejected state of mind with feelings of sadness, discouragement and hopelessness) (4).	F 656	F656: Develop/Implement Comprehensive Care Plan 1. Comprehensive care plan and medication administration record was reviewed for resident #4 and revisions made to reflect current resident status. Nurse educated on following physician orders and importance of medication administration documentation. 2. All residents have the potential to be affected by this deficient practice. Quality review of current resident□s care plan completed by DON or designee to ensure medication care plan is followed per physician order. Follow up based on findings. 3. Licensed nurses were educated / re-educated to policy titled Care Plan by DON or designee to ensure care plan is	

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F 656 Continued From page 2

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/5/19, coded the resident as scoring a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively moderately impaired. The resident was coded as requiring extensive assistance for bed mobility, transfer, locomotion on and off the unit, dressing, toilet use and personal hygiene.

A review of the comprehensive care plan revealed the following documented focuses, goals and interventions:
- Focus: dated 9/18/19 "At risk for adverse effects related to psychoactive medication." The Goal: dated 9/18/19, documented, "Resident will be free from adverse effects related to psychoactive medication use through next review." The Interventions: dated 9/18/19, documented "Administer medications as ordered."
- Focus: dated 9/23/19 "Resident is at risk for bleeding/bruising related to blood thinner medications." The Goal: dated 9/23/19 documented, "Resident will be free from abnormal bleeding or bruising." The Interventions: dated 9/23/19, documented, "Provide medication as ordered."
- Focus: dated 9/18/19 "Resident is at risk for altered cardiac/respiratory status related to afib, copd, hypothyroidism, hypokalemia, and hypomagnesemia." The Goal: dated 9/18/19 "Resident will be have no preventable crisis thru next review." The Interventions: dated 9/18/19 "Meds/labs as ordered."
- Focus: dated 9/18/19 "Resident is at risk for constipation/dehydration related to decreased mobility, weakness and diuretic use." The Goal:

F 656

followed regarding medication administration.
4. DON or designee to conduct quality monitoring to ensure care plan is followed regarding medication administration and documentation of medication administration five times weekly for twelve weeks
Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.
Date of compliance: December 17, 2019

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F 656	Continued From page 3	F 656		

dated 9/18/19 "Resident will be have no preventable signs/symptoms of constipation/dehydration thru next review." The Interventions: dated 9/18/19 "Medications as ordered and notify physician prn."

The physician orders documented the following:
1. Eliquis (5) (anti-coagulant) 2.5 mg (milligram) by mouth two times a day for afib
2. Ipratropium bromide (6) (opens up large airways in the lungs) 1 vial, inhale orally four times a day for COPD
3. Mucinex (7) (thins mucus) extended release 12 hours 600 mg, give 1 tablet by mouth two times a day
4. Seroquel (8) (anti-psychotic) 25 mg tab, give 12.5 mg by mouth at bedtime
5. Potassium chloride (9) (electrolyte) 20meq (millequivalent) tabs, give 4 by mouth two times a day for hypokalemia
6. Senna-S (10) (laxative) tablet 8.6-50 mg, give 1 tablet by mouth two times a day for bowel management

A review of the November 2019 medication administration record evidenced a blank on 11/11/19 at 9:00 PM.; with no signatures by staff to evidence, staff administered the following medications to Resident #4:
- Ipratropium bromide one vial for COPD,
- Potassium chloride (electrolyte) ER (extended release) 80meq (mille-equivalent),
- Senna-S Tablet (laxative) 8.6-50mg (milligram),
- Mucinex (thins mucus) ER 600mg,
- Zyrtec (anti-histamine) 10mg,
- Eliquis (anti-coagulant) 2.5 mg (milligram).

An interview was conducted on 11/21/19 at 10:30 AM, with LPN (licensed practical nurse) #5, while

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F 656	Continued From page 4	F 656		

reviewing the MAR (medication administration record). When asked the purpose of the comprehensive care plan, LPN #5 stated, "It is our plan of care for medications and treatments for each resident." When asked what the blank space on the MAR indicated, LPN #5 stated, "It means it's not given. I don't see any notation on the MAR of why it would be held or if the resident wasn't available."

On 11/21/19 at 11:20 AM, ASM (administrative staff member) #2, the director of nursing was informed of the above concern. On 11/21/19 at 11:40 AM, ASM #1, the administrator was informed of the above concern.

The facility's "comprehensive care planning" policy documents, "All direct care staff must always know, understand and follow their Resident's Care Plan. If unable to implement any part of the plan, notify your charge nurse or MDS coordinator, so that this can be documented or the care plan changed if necessary."

No further information was provided prior to exit.

References:
1. Chronic obstructive pulmonary disease is combination of emphysema and chronic bronchitis, which is non-reversible. Barron Dictionary of Medical Terms, 7th edition, Rothenberg and Kaplan, page 120.
2. Atrial fibrillation- rapid and random contraction of the atria of the heart causing irregular beats of the ventricles. Barron Dictionary of Medical Terms, 7th edition, Rothenberg and Kaplan, page 54.
3. Barron Dictionary of Medical Terms, 7th edition, Rothenberg and Kaplan, page 154.

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F 656	Continued From page 5 4. Barron Dictionary of Medical Terms, 7th edition, Rothenberg and Kaplan, page 157. 5. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 25. 6. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 197. 7. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 176. 8. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 324. 9. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 311. 10. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 445.	F 656		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure one of four residents in the survey sample received treatment and care in accordance with professional standards of practice, and the comprehensive person-centered care plan, Resident #4. The facility staff failed to administer physician ordered medications to Resident #4 on 11/19/19 at 9:00 p.m.	F 684	F684: Quality of Care 1. Resident #4 evaluated by physician. Resident did not have any signs or symptoms or suffer adverse effects. Nurse educated on following physician orders and importance of medication administration documentation. 2. All residents have the potential to be	12/12/19

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The findings include:

Resident #4 was admitted to the facility on 3/29/16 with diagnoses that included but were not limited to: COPD (chronic obstructive pulmonary disease) (1), afib (atrial fibrillation) (2), dementia (progressive state of mental decline, especially mental function) (3), and depression (dejected state of mind with feelings of sadness, discouragement and hopelessness) (4).

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/5/19, coded the resident as scoring a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively moderately impaired. The resident was coded as requiring extensive assistance for bed mobility, transfer, locomotion on and off the unit, dressing, toilet use and personal hygiene.

The physician orders documented the following:
1. Eliquis (5) (anti-coagulant) 2.5 mg (milligram) by mouth two times a day for afib
2. Ipratropium bromide (6) (opens up large airways in the lungs) 1 vial, inhale orally four times a day for COPD
3. Mucinex (7) (thins mucus) extended release 12 hours 600 mg, give 1 tablet by mouth two times a day
4. Seroquel (8) (anti-psychotic) 25 mg tab, give 12.5 mg by mouth at bedtime
5. Potassium chloride (9) (electrolyte) 20meq (millequivalent) tabs, give 4 by mouth two times a day for hypokalemia
6. Senna-S (10) (laxative) tablet 8.6-50 mg, give 1 tablet by mouth two times a day for bowel management

F 684

affected by this deficient practice.
Quality review of current resident□s electronic medication administration record was completed by DON or designee to ensure all residents received medication per physician order. Follow up based on findings.
3. Licensed nurses educated/re-educated to policy titled General Dose Preparation Medication Administration by DON or designee to ensure physician orders are followed regarding medication administration.
4. DON or designee to conduct quality monitoring to ensure physician orders are followed regarding compliance with medication administration and documentation: five times weekly for twelve weeks.
Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.
Date of compliance: December 12, 2019

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A review of the November 2019 medication administration record evidenced a blank on 11/11/19 at 9:00 PM.; with no signatures by staff to evidence, staff administered the following medications to Resident #4:
- Ipratropium bromide one vial for COPD,
- Potassium chloride (electrolyte) ER (extended release) 80meq (mille-equivalent),
- Senna-S Tablet (laxative) 8.6-50mg (milligram),
- Mucinex (thins mucus) ER 600mg,
- Zyrtec (anti-histamine) 10mg,
- Eliquis (anti-coagulant) 2.5 mg (milligram).

A review of the comprehensive care plan revealed the following documented focuses, goals and interventions:
- Focus: dated 9/18/19 "At risk for adverse effects related to psychoactive medication." The Goal: dated 9/18/19, documented, "Resident will be free from adverse effects related to psychoactive medication use through next review." The Interventions: dated 9/18/19, documented "Administer medications as ordered."
- Focus: dated 9/23/19 "Resident is at risk for bleeding/bruising related to blood thinner medications." The Goal: dated 9/23/19 documented, "Resident will be free from abnormal bleeding or bruising." The Interventions: dated 9/23/19, documented, "Provide medication as ordered."
- Focus: dated 9/18/19 "Resident is at risk for altered cardiac/respiratory status related to afib, copd, hypothyroidism, hypokalemia, and hypomagnesemia." The Goal: dated 9/18/19 "Resident will be have no preventable crisis thru next review." The Interventions: dated 9/18/19 "Meds/labs as ordered."
- Focus: dated 9/18/19 "Resident is at risk for

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constipation/dehydration related to decreased mobility, weakness and diuretic use." The Goal: dated 9/18/19 "Resident will be have no preventable signs/symptoms of constipation/dehydration thru next review." The Interventions: dated 9/18/19 "Medications as ordered and notify physician prn."

An interview was conducted on 11/21/19 at 10:30 AM, with LPN (licensed practical nurse) #5, while reviewing the MAR (medication administration record). When asked the purpose of the comprehensive care plan, LPN #5 stated, "It is our plan of care for medications and treatments for each resident." When asked what the blank space on the MAR indicated, LPN #5 stated, "It means it's not given. I don't see any notation on the MAR of why it would be held or if the resident wasn't available."

An interview was conducted on 11/21/19 at 10:35 AM, with RN (registered nurse) #2, the unit manager. When asked what blank spaces on the MAR indicated, RN #2 stated, "It wasn't given." When asked if there was documentation of why the medications were not administered to Resident #4 on 11/19/19 at 9:00 p.m., RN #2 stated, "You would note that in the space, there's no notation of why it wasn't given."

The facility's policy "General dose preparation and medication administration" documents "During medication administration, facility staff should take all measures required by facility policy and applicable law, including, but not limited to the following: administer medications within timeframes specified by facility policy. After medication administrations, facility staff should take all measures required by facility

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policy and applicable law, including, but not limited to the following: document necessary medication administration/treatment information on appropriate forms."

On 11/21/19 at 11:20 AM, ASM (administrative staff member) #2, the director of nursing was informed of the above concern. On 11/21/19 at 11:40 AM, ASM #1, the administrator was informed of the above concern.

No further information was provided prior to exit.

References:
1. Chronic obstructive pulmonary disease is combination of emphysema and chronic bronchitis, which is non-reversible. Barron Dictionary of Medical Terms, 7th edition, Rothenberg and Kaplan, page 120.
2. Atrial fibrillation- rapid and random contraction of the atria of the heart causing irregular beats of the ventricles. Barron Dictionary of Medical Terms, 7th edition, Rothenberg and Kaplan, page 54.
3. Barron Dictionary of Medical Terms, 7th edition, Rothenberg and Kaplan, page 154.
4. Barron Dictionary of Medical Terms, 7th edition, Rothenberg and Kaplan, page 157.
5. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 25.
6. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 197.
7. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 176.
8. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 324.
9. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 311.

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F 684	Continued From page 10 10. 2019 Lippincott Pocket Drug Guide for Nurses, Wolters Kluwer, page 445.	F 684		