

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
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E 000	Initial Comments	E 000			
	An unannounced Emergency Preparedness survey was conducted 8/18/19 through 8/21/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced Medicare/Medicaid standard survey was conducted from 8/18/19 through 8/21/19. Corrections are required for compliance with the following 42 CFR Part 483 of the Federal Long Term Care requirements. The life safety code survey/report will follow.				
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)	F 550		9/19/19	
	<p>The census at this 169 certified bed facility was 149 at the time of the survey. The survey sample consisted of 58 current residents and 9 closed records.</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal</p>				

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

TITLE

(X6) DATE

Electronically Signed

09/13/2019

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 550	<p>Continued From page 1</p> <p>access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility document review it was determined facility staff failed to provide care in a manner to promote dignity for one of 67 sampled residents (Resident #31). Staff failed to knock before entering the bathroom, Resident #31 was currently using.</p> <p>The findings include:</p> <p>Resident #31 was admitted to the facility on 10/01/2018. Resident #31's diagnoses included but were not limited to hypertension (1) and peripheral vascular disease (2). Resident #31's most recent MDS (minimum data set), a quarterly</p>	F 550	<p>F550 - Resident /Exercise of Rights</p> <ol style="list-style-type: none"> <li>1. LPN #7 was educated on promoting dignity by knocking on the door before entering room/bathroom.</li> <li>2. All residents who reside in Autumn Care of Mechanicsville have the potential to be affected by this deficient practice.</li> <li>3. All staff were educated by the Director of Nursing or designee on how to provide care in a manner to promote dignity, by knocking on resident's door prior to entering resident room and/or bathroom.</li> <li>4. Observational audits will be accomplished by Director of Nursing or</li> </ol>		

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F 550	<p>Continued From page 2</p> <p>assessment with an ARD (assessment reference date) of 6/12/19, coded Resident #31 as scoring a 12 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 12- being cognitively intact for making daily decisions.</p> <p>On 8/20/19 at 8:27 a.m., an observation of medication administration to Resident #124 was conducted with LPN (licensed practical nurse) #7. LPN #7 prepared medications for Resident #31's roommate, Resident #124.</p> <p>During the medication administration observation, the resident refused a supplement. LPN #7 then proceeded to enter the shared patient bathroom in the resident's room without knocking. Resident #31, the residents roommate was observed in the bathroom. Resident #31 stated, "I already got my medicine." LPN #7 apologized and closed the door. LPN #7 then discarded the reused medication in her medication cart trash container.</p> <p>On 8/20/19 at 1:55 p.m., an interview was conducted with LPN #7. When asked about the observation during medication administration when it LPN #7 was observed entering the shared bathroom without knocking. LPN #7 stated that normally she knocks before entering any closed door. LPN #7 stated that she thought she saw the roommate on the bed in the room and didn't think anyone was in the bathroom. LPN #7 stated, "We should knock before entering any room and any closed door. When asked why she knocks, LPN #7 stated, "We knock to give privacy to the residents."</p> <p>The facility policy "Resident Rights and Facility Responsibilities. Effective Date: Nov. 2016" documents in part, "3. Resident Rights and</p>	F 550	<p>designee weekly to validate ongoing compliance of staff knocking on doors before entering a resident bathroom and/or room. These audits will be accomplished 5 times weekly x 4 weeks, 3x weekly x 4 weeks, 2 times weekly x 4 weeks and PRN as indicated to ensure ongoing compliance.</p> <p>Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>Date of Compliance: September 19, 2019</p>		

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F 550	<p>Continued From page 3</p> <p>Facility responsibilities are: (a) Resident Rights. The resident has a right to a dignified existence ... (1) Dignity, Respect &amp; Quality of Life. A faculty must treat each resident with respect and dignity and care for reach resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident' individuality. The facility must protect and promote the rights of the resident."</p> <p>The facility policy "LTC Facilities Receiving Pharmacy Products and Services from Pharmacy. Effective Date 12/01/07" documents, "5.6 Observe each resident's privacy and rights in accordance with Applicable Law (e.g., knocking before entering the room ...)."</p> <p>On 8/21/2019 at approximately 1:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing and ASM #3, regional director of clinical services were notified of the findings.</p> <p>References:</p> <ol style="list-style-type: none"> <li>Hypertension High blood pressure. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/highbloodpressure.html">https://www.nlm.nih.gov/medlineplus/highbloodpressure.html</a>.</li> <li>Peripheral vascular disease The vascular system is the body's network of blood vessels. It includes the arteries, veins and capillaries that carry blood to and from the heart. Arteries can become thick and stiff, a problem called atherosclerosis. Blood clots can clog vessels and block blood flow to the heart or brain.</li> </ol>	F 550			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 550	Continued From page 4 Weakened blood vessels can burst, causing bleeding inside the body.) This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/vasculardisorders.html">https://www.nlm.nih.gov/medlineplus/vasculardisorders.html</a> .	F 550			
F 565 SS=D	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)  §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.  §483.10(f)(6) The resident has a right to participate in family groups.  §483.10(f)(7) The resident has a right to have	F 565		9/19/19	

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F 565	<p>Continued From page 5</p> <p>family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview and facility document review, it was determined that the facility staff failed to respond to resident council concerns.</p> <p>The findings include:</p> <p>The facility staff failed to demonstrate responses to concerns voiced during the June 2019 resident council meeting.</p> <p>Review of resident council meeting minutes from the meeting held on 6/3/19 revealed the following concerns voiced by the council (including but not limited to):</p> <p>Nursing: "Nurse leaves meds (medications) on face." Dietary: "Concerns of burgers cooked too hard, food bland, running short on desserts."</p> <p>A blank "Resident Council Departmental Response Form" was attached to the 6/3/19 resident council meeting minutes. The form documented a section to write issues identified by the resident council and a section to write an explanation and/or response/actions taken by department to resolve the identified issues.</p> <p>Note: the activities director, director of nursing and dietary manager were invited and present at the 6/3/19 meeting.</p> <p>Review of grievance logs for June 2019 and July</p>	F 565	<p>F565 <input type="checkbox"/> Resident/Family Group and Response</p> <p>1. Identified OSM #4, and ASM #2 was educated to resident council departmental follow up response form and resident council grievance and concern (s) follow up process and procedure.</p> <p>OSM #5 no longer works at Autumn Care of Mechanicsville. Resident Council concerns Nurse leaves (medications) on face. and concerns of burgers cooked too hard, food bland, running short on desserts were addressed and responded to.</p> <p>2. All residents who attend resident council and voice concerns during resident council meeting (s) have the potential to be affected by this deficient practice</p> <p>3. All department leaders were educated on resident grievance process and procedure by the Director of Nursing or designee regarding demonstrating response to voiced concerns during resident council meeting.</p> <p>4. Resident Council meeting minutes and timely follow up to Resident concerns if any, will be audited by the Administrator or designee monthly. The audits will be accomplished for three months to ensure</p>		

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F 565	<p>Continued From page 6</p> <p>2019 failed to reveal documentation about the above concerns.</p> <p>On 8/19/19 at 11:30 a.m., a group interview was conducted with six cognitively intact residents. (GP (group sample) Resident #153, 8/7/19 BIMS (brief interview for mental status) of 13; GP Resident #359, a new admit, no BIMS, GP Resident #53, BIMS of 14, GP Resident #82, BIMS of 15, GP Resident #103, BIMS of 15, and Resident #48, BIMS of 15). When asked if the facility staff responds to their concerns, the residents stated sometimes yes and sometimes no. When asked if they had any concerns regarding the food, the residents stated the burgers were still hard and the vegetables were bland and mushy (note: a test tray was completed during the survey and no concerns were identified).</p> <p>On 8/20/19 at 10:09 a.m., an interview was conducted with OSM (other staff member) #4 (the activities director and resident council meeting note taker). OSM #4 was asked how the facility staff responds to concerns voiced at the resident council meetings. OSM #4 stated most often, the directors of each department are present at the meetings to address concerns but she also takes notes and reports concerns in the next morning meeting and gives out copies of the meeting minutes, as necessary. OSM #4 was made aware there was no evidence that the above concerns voiced by the resident council on 6/3/19 were addressed. OSM #4 stated the director of nursing and the dietary manager were present at the meeting and it would have been their responsibility to address the above concerns.</p> <p>On 8/20/19 at approximately 10:30 a.m., an</p>	F 565	<p>ongoing compliance.</p> <p>Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p>		

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F 565	<p>Continued From page 7</p> <p>interview was conducted with OSM (other staff member) #5 (the dietary manager). OSM #5 was asked how he addressed the dietary concerns voiced at the June 2019 resident council meeting. OSM #5 stated he told dietary staff to let him know if they are short on desserts, he taught the cooks a method to keep the burgers moist and told the cooks to use seasoning and base to prevent bland vegetables. OSM #5 stated he follows up with residents during his daily rounds when he is out on each unit and no other concerns had been voiced. OSM #5 was asked to provide evidence that he addressed the dietary concerns voiced at the June 2019 resident council meeting. On 8/20/19 at 10:50 a.m., OSM #5 stated he did not have any documentation to evidence he addressed the dietary concerns voiced at the 6/3/19 resident council meeting.</p> <p>On 8/20/19 at 3:35 p.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 was asked how she responds to concerns voiced at the resident council meetings. ASM #2 stated she immediately gives feedback to the managers and discusses the concerns in meetings, including "town hall" meetings conducted with all staff. ASM #2 was asked to provide evidence that all concerns voiced at the 6/3/19 resident council meeting were addressed.</p> <p>On 8/20/19 at 4:45 p.m., ASM #1 (the administrator), ASM #2 and ASM #7 (the regional director of clinical services) were made aware of the above concern.</p> <p>On 8/21/19 at 9:49 a.m., another interview was conducted with OSM #4. OSM #4 was asked who specifically complained about food and</p>	F 565			



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F 565	<p>Continued From page 8</p> <p>complained about a nurse leaving medications on his/her face during the 6/3/19 resident council meeting. OSM #4 stated she did not know. OSM #4 stated she usually does not write specific resident names because it is a group meeting.</p> <p>On 8/21/19 at 7:26 a.m., ASM #2 presented documentation from a town hall meeting in-service held with staff on 7/17/19. The in-service documented,</p> <p>"For A Successful Survey</p> <ul style="list-style-type: none"> <li>-Make a good first Impression:</li> <li>-Professional Dress</li> <li>-Right color uniform</li> <li>-Name Tag</li> <li>-Gait Belt</li> <li>-Personal Hygiene</li> <li>-Be on time</li> <li>- Residents clean</li> <li>-Face, hair, nails (women no facial hair) clothes clean</li> </ul> <p>Rooms clean and clutter free."</p> <p>ASM #2 stated this document evidenced a response regarding a nurse leaving medications on a resident's face because the in-service documented to ensure residents' faces are clean. However, the in-service failed to document specific information to not leave medications on residents' faces.</p> <p>On 8/21/19 at 10:02 a.m., another interview was conducted with ASM #2. ASM #2 was asked who specifically complained about food and complained about a nurse leaving medications on his/her face during the 6/3/19 resident council meeting. ASM #2 stated she did not know and could not show evidence that those concerns were addressed with those residents.</p>	F 565			

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F 565	Continued From page 9 The facility policy titled, "Resident Grievances and Concerns" documented, "PROCEDURE: 3. Investigation. The Grievance Committee/Grievance Official shall complete an investigation of the resident's grievance. This may include a review of facility processes, programs and policies, as well as interviews with staff, residents and visitors, as indicated, and any other review deemed necessary by the Grievance Committee. 4. Time Frame. The grievance review will be completed in a reasonable time frame consistent with the type of grievance (e.g., a concern regarding resident conduct will be addressed more quickly than a concern that involves activity programming or meals), but in no event will the review exceed thirty (30) days...5. Grievance Decision. Upon completion of the review, the Grievance Official will complete a written grievance decision that includes the following: a. The date the grievance was received. b. A summary of the statement of the resident's grievance. c. The steps taken to investigate the grievance. d. A summary of the pertinent findings or conclusions regarding the resident's concern(s). e. A statement as to whether the grievance was confirmed or not confirmed. f. Whether any corrective action was or will be taken. g. If corrective action was or will be taken, a summary of the corrective action. If corrective action will not be taken, then an explanation of why such action is not necessary. h. The date the written decision was issued. 6. Resident Notification. The Grievance Official will meet with the resident and inform the resident of the results of the investigation and how the resident's grievance was resolved or will be	F 565			

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F 565	Continued From page 10 resolved, if applicable. A copy of the written grievance decision will be provided to the resident, upon request...9. Documentation. The facility will keep evidence of the resolution of all grievances for a period of three (3) years from the date of the grievance decision is issued..."	F 565			
F 578 SS=E	No further information was presented prior to exit. Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)  §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.  §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.  §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the	F 578		9/19/19	

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
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F 578	<p>Continued From page 11</p> <p>time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, facility document review and clinical record review, the facility staff failed to implement policies and procedures to meet the advance directive requirements for 20 of 67 residents in the survey sample, (Residents #11, #18, #44, #154, #46, #31, #4, #13, #95, #85, #76, #8, #30, #84, #23, #36, #66, #21, #48 and #156). The staff failed to complete periodic reviews of advanced directives for Residents #11, #154, #46, #31, #4, #95, #84, #21, and #48. Failed to ensure, advanced directives were reviewed/addressed with Residents, #18, #44, and #23. Failed to provide information on how to develop an advance directive at the time of admission and to provide periodic review regarding advance directives for Residents #76, #8, #30, #36, and #66; and staff failed to obtain a copy of the resident's living will to place in the clinical record for Resident #156.</p> <p>The findings include:</p> <p>1. The facility staff failed to complete a periodic review of Resident #11's advance directives (1).</p>	F 578	<p>F578 <input type="checkbox"/> Request/Refuse/Dscntnue Trmnt,Formite Adv Dir</p> <p>1. Resident #13 and resident #8 no longer reside in the facility.</p> <p>A periodic review of Advanced Directives was accomplished with resident and/or responsible representative as indicated for residents #11, #154, #46, #31, #4, #95, #84, #21 and #48.</p> <p>Advance Directives were reviewed/addressed with resident and/or responsible representative for residents #18, #44, and #23.</p> <p>Information was provided on how to develop and Advance Directive and a periodic review of Advance directive was accomplished with resident and/or responsible representative for residents #76, #30, #36, and #66.</p> <p>Copy of the Living Will was obtained for resident #156.</p>		

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F 578	<p>Continued From page 12</p> <p>Resident #11 was admitted to the facility on 4/28/17. Resident #11's diagnoses included but were not limited to heart failure, diabetes and chronic kidney disease. Resident #11's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 5/20/19, coded the resident as being cognitively intact.</p> <p>Review of Resident #11's clinical record revealed an advance directive dated 5/4/17.</p> <p>A physician's order dated 4/27/19 documented, "DNR (do not resuscitate) (withhold cpr [cardiopulmonary resuscitation in the event the resident's heart stops beating])."</p> <p>Resident #11's comprehensive care plan dated 1/5/18 documented, "Resident/Responsible party has chosen DNR. Review code status annually, quarterly and/or PRN (as needed)..."</p> <p>Further review of Resident #11's clinical record (including social services notes and care plan conference summaries for 2018 and 2019) failed to reveal a periodic review of all advance directives (except for code status) were reviewed and completed.</p> <p>On 8/20/19 at 9:07 a.m., an interview was conducted with OSM (other staff member) #1 (the social services director). When asked if a periodic review of all advance directives is completed, OSM #1 stated the interdisciplinary team and resident/representative only periodically discuss code status, not the other aspects of advance directives.</p>	F 578	<p>A quality review of current residents was completed to ensure advance directive was reviewed and discussed with resident and responsible representative.</p> <p>A quality review of current residents care plan notes was completed to ensure periodic review regarding advance directives were completed.</p> <p>A quality review of admission paperwork regarding advance directives / living wills was completed to ensure residents with a living in place have a copy in their clinical record.</p> <p>2. All residents who reside in Autumn Care of Mechanicsville have the potential to be affected by this deficient practice.</p> <p>3. All licensed nursing, Social Service and Admissions staff were educated on the Advance Directive Protocol by the Administrator and/or designee on the Advance directive policy and procedure.</p> <p>4. The Director of Nursing or designee will conduct quality monitoring audits to ensure advance directive is reviewed/assessed on admission, and periodically thereafter. An audit of all new admissions and 10 random periodic reviews will be completed weekly x 12weeks, and PRN as indicated to ensure ongoing compliance.</p> <p>Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>Date of compliance: September 19, 2019</p>		

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F 578	<p>Continued From page 13</p> <p>On 8/20/19 at 9:44 a.m., an interview was conducted with Resident #11 regarding advance directives. The resident stated her son-in-law handles her personal affairs.</p> <p>On 8/20/19 at 4:45 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #7 (the regional director of clinical services) were made aware of the above concern.</p> <p>The facility policy regarding Advance Directives documented, "(12) Advance Directives. The facility must comply with the requirements specified in 42 CFR (Code of Federal Regulations) part 489, subpart I (Advance Directives).</p> <p>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.</p>	F 578			

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F 578	<p>Continued From page 14</p> <p>Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time..."</p> <p>No further information was presented prior to exit.</p> <p>(1) "What kind of medical care would you want if you were too ill or hurt to express your wishes? Advance directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. They give you a way to tell your wishes to family, friends, and health care professionals and to avoid confusion later on.</p> <p>A living will tells which treatments you want if you are dying or permanently unconscious. You can accept or refuse medical care. You might want to include instructions on</p> <ul style="list-style-type: none"> <li>·The use of dialysis and breathing machines</li> <li>·If you want to be resuscitated if your breathing or heartbeat stops</li> <li>·Tube feeding</li> <li>·Organ or tissue donation</li> </ul> <p>A durable power of attorney for health care is a document that names your health care proxy. Your proxy is someone you trust to make health decisions for you if you are unable to do so." This information was obtained from the website: <a href="https://medlineplus.gov/advancedirectives.html">https://medlineplus.gov/advancedirectives.html</a></p> <p>2. The facility staff failed to evidence that all advance directives (1) were reviewed and/or addressed with Resident #18 (and/or the resident's representative).</p> <p>Resident #18 was admitted to the facility on 4/23/15. Resident #18's diagnoses included but were not limited to paralysis, heart failure and diabetes. Resident #18's most recent MDS</p>	F 578			

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F 578	<p>Continued From page 15 (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 5/25/19, coded the resident as being cognitively intact.</p> <p>Review of Resident #18's clinical record revealed a physician's order dated 3/8/16 that documented, "FULL CODE (perform cpr [cardiopulmonary resuscitation] in the event the resident's heart stops beating)."</p> <p>Resident #18's comprehensive care plan dated 4/21/16 documented, "Resident/Responsible party has chosen Full Code. If resident/responsible party chooses to change code status, necessary protocol will be completed ie new order, update documentation/ care plan..."</p> <p>Further review of Resident #18's clinical record (including social services notes and care plan conference summaries for 2018 and 2019) failed to reveal that all advance directives (except code status) were reviewed and/or addressed with Resident #18 (and/or the resident's representative).</p> <p>On 8/20/19 at 9:07 a.m., an interview was conducted with OSM (other staff member) #1 (the social services director). OSM #1 stated advance directives are discussed in a meeting with the interdisciplinary team and the resident (and/or representative) after admission to the facility. When asked what is discussed in this meeting, OSM # 1 stated, "We discuss what are their wishes and if they have an advanced directive. We ask them if they understand what an advanced directive is. If the resident states, 'I have a living will,' we then ask for copies." When asked if the discussion is based on the requirements of an advance directive, OSM # 1</p>	F 578			



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F 578	<p>Continued From page 16</p> <p>stated, "Yes, it's the code status, the POA (power of attorney) and what their wishes are for care." OSM #1 asked if staff complete this for all residents. OSM # 1 stated they do it for the short-term rehab [rehabilitation] people; but have not been doing this for long-term care admissions. OSM #1 stated, "We have started a new modified one (meeting), a 'Welcome Meeting' that discusses these things but not rehab and discharge planning." When asked if they complete periodic reviews, OSM #1 stated they only discuss code status, not the other aspects of advance directive.</p> <p>On 8/20/19 at 9:49 a.m., an interview was attempted with Resident #18 but the resident was not available.</p> <p>On 8/20/19 at 4:45 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #7 (the regional director of clinical services) were made aware of the above concern.</p> <p>On 8/21/19 at 8:06 a.m., OSM #1 stated she had no further information regarding Resident #18's advance directives.</p> <p>No further information was presented prior to exit.</p> <p>(1) Advanced Directive: This information was obtained from the website: <a href="https://medlineplus.gov/advancedirectives.html">https://medlineplus.gov/advancedirectives.html</a></p> <p>3. The facility staff failed to evidence that all advance directives (1) were reviewed and/or addressed with Resident #44 (and/or the resident's representative).</p>	F 578			

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F 578	<p>Continued From page 17</p> <p>Resident #44 was admitted to the facility on 10/14/15. Resident #44's diagnoses included but were not limited to heart disease, difficulty swallowing and muscle weakness. Resident #44's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/20/19, coded the resident's cognition as moderately impaired.</p> <p>A physician's order dated 1/28/17 documented, "DNR (do not resuscitate) (withhold cpr [cardiopulmonary resuscitation in the event the resident's heart stops beating])."</p> <p>Resident #44's comprehensive care plan dated 5/4/16 documented, "Resident/Responsible party has chosen DNR. If resident/responsible party chooses to change code status, necessary protocol will be completed ie new order, update documentation/care plan..."</p> <p>Further review of Resident #44's clinical record (including social services notes and care plan conference summaries for 2018 and 2019) failed to reveal that all advance directives (except code status) were reviewed and/or addressed with Resident #44 (and/or the resident's representative).</p> <p>On 8/20/19 at 9:07 a.m., an interview was conducted with OSM (other staff member) #1 (the social services director). OSM #1 stated advance directives are discussed in a meeting with the interdisciplinary team and the resident (and/or representative) after admission to the facility. When asked what is discussed in this meeting, OSM # 1 stated, "We discuss what are their wishes and if they have an advanced directive. We ask them if they understand what an</p>	F 578			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 578	<p>Continued From page 18</p> <p>advanced directive is. If the resident states, 'I have a living will,' we then ask for copies." When asked if the discussion is based on the requirements of an advance directive, OSM # 1 stated, "Yes, it's the code status, the POA (power of attorney) and what their wishes are for care." OSM #1 asked if staff complete this for all residents. OSM # 1 stated they do it for the short-term rehab [rehabilitation] people; but have not been doing this for long-term care admissions. OSM #1 stated, "We have started a new modified one (meeting), a 'Welcome Meeting' that discusses these things but not rehab and discharge planning." When asked if they complete periodic reviews, OSM #1 stated they only discuss code status, not the other aspects of advance directive.</p> <p>On 8/20/19 at 9:50 a.m., an interview was conducted with Resident #44. The resident stated she could not recall if advance directives were addressed with her after admission but she knew there had been no periodic review.</p> <p>On 8/20/19 at 4:45 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #7 (the regional director of clinical services) were made aware of the above concern.</p> <p>On 8/21/19 at 8:06 a.m., OSM #1 stated she had no further information regarding Resident #44's advance directives.</p> <p>No further information was presented prior to exit.</p> <p>(1) Advanced Directives: This information was obtained from the website: <a href="https://medlineplus.gov/advancedirectives.html">https://medlineplus.gov/advancedirectives.html</a></p>	F 578			

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F 578	<p>Continued From page 19</p> <p>4. The facility staff failed to complete a periodic review of Resident #154's advance directives (1).</p> <p>Resident #154 was admitted to the facility on 1/20/17. Resident #154's diagnoses included but were not limited to heart failure, diabetes and seizures. Resident #154's most recent MDS, a quarterly assessment with an ARD of 8/8/19, coded the resident's cognition as moderately impaired.</p> <p>Review of Resident #154's clinical record revealed an advance directive dated 1/30/12.</p> <p>A physician's order dated 2/2/17 documented, "DNR (do not resuscitate) (withhold cpr [cardiopulmonary resuscitation in the event the resident's heart stops beating])."</p> <p>Resident #154's comprehensive care plan dated 6/26/17 documented, "Resident/Responsible party has chosen DNR. Review code status annually, quarterly and/or PRN (as needed)..."</p> <p>Further review of Resident #154's clinical record (including social services notes and care plan conference summaries for 2018 and 2019) failed to reveal a periodic review of all advance directives (except for code status) were reviewed.</p> <p>On 8/20/19 at 9:07 a.m., an interview was conducted with OSM (other staff member) #1 (the social services director). When asked if a periodic review of all advance directives is completed, OSM #1 stated the interdisciplinary team and resident/representative only periodically discuss code status, not the other aspects of advance directives.</p>	F 578			

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F 578	<p>Continued From page 20</p> <p>On 8/20/19 at 9:49 a.m., an interview was attempted with Resident #154 but the resident was not available.</p> <p>On 8/20/19 at 4:45 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #7 (the regional director of clinical services) were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>(1) Advanced Directives: This information was obtained from the website: <a href="https://medlineplus.gov/advancedirectives.html">https://medlineplus.gov/advancedirectives.html</a> 5. The facility staff failed to review periodically Resident #46's wishes regarding Advanced Directives.</p> <p>Resident #46 was most recently admitted to the facility on 05/30/2018. Her diagnoses included congestive heart failure(1), hypertension (high blood pressure), diabetes, and dementia. Resident #46's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 06/20/2019. The Brief Interview for Mental Status (BIMS) scored Resident #46 at a 6, indicating severe impairment.</p> <p>A review of Resident #46's medical record was conducted beginning on 08/19/2019. As part of the record review, facility staff were asked to provide documentation of Resident #46's wishes regarding advanced directives. Facility staff provided a document entitled "These Are My Choices Regarding My Healthcare", with Resident #46's name on the second line. Below this were</p>	F 578			

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(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 578	<p>Continued From page 21</p> <p>blocks containing choices related to different topics, including CPR, Hospital Transfer, Antibiotics, Artificially Administered Fluids and Nutrition.</p> <p>In each block, there were a variety of choices are offered for the Resident to check off. At the bottom of the page, the document was dated 06/13/2016, and was signed by Resident #46's Responsible Party (RP).</p> <p>Following review of this document, facility staff were asked to provide documentation that Resident #46's, or her RP's, wishes regarding her Advanced Directive had been reviewed periodically since the initial documentation in 2016. Facility staff failed to provide this documentation.</p> <p>On 08/20/2019 at 9:07 a.m., an interview was conducted with other staff member (OSM) #1, the Director of Social Services. When asked if they complete periodic reviews of resident advanced directives, she stated they only discuss code status, not the other aspects of advanced directive.</p> <p>Administrative Staff Member (ASM) #1, the Facility Administrator, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 08/22/2019. No further information was provided.</p> <p>6. The facility staff failed to document or periodically review the Resident #31's wishes regarding Advanced Directives.</p> <p>Resident #31 was most recently admitted to the facility on 10/01/2018. Her diagnoses included</p>	F 578			

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F 578	<p>Continued From page 22</p> <p>hypertension and peripheral vascular disease (2). Resident #31's most recent MDS Assessment was a Quarterly Assessment with an ARD of 06/12/2019. The BIMS scored Resident #31 at 12, indicating mild impairment.</p> <p>A review of Resident #31's medical record was conducted beginning on 08/19/2019. As part of the record review, facility staff were asked to provide documentation of Resident #31's wishes regarding advanced directives. Facility Staff provided only a sticky note saying "[RESIDENT #31] - FULL CODE".</p> <p>On 08/20/2019 at 9:07 a.m., an interview was conducted with other staff member (OSM) #1, the Director of Social Services. When asked what is discussed related to advanced directives, OSM # 1 stated we discuss what are their wishes and if they have an advanced directive. We ask them if they understand what an advanced directive is. If the resident states, 'I have a living will,' we then ask for copies." When asked if the discussion is based on the requirements of an advanced directive, OSM # 1 stated, yes, it's the code status, the POA (power of attorney), and what their wishes are for care. OSM # 1 was asked if this is done for all residents, OSM # 1 stated that they do it for the short-term rehab people but we have not been doing them for long-term care admissions. We have started a new modified one (meeting), a 'Welcome Meeting' that discusses these things but not rehab and discharge planning. When asked if they complete periodic reviews, she stated they only discuss code status, not the other aspects of advanced directive.</p> <p>Administrative Staff Member (ASM) #1, the Facility Administrator, and ASM #2, the Director of</p>	F 578			

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F 578	<p>Continued From page 23</p> <p>Nursing, were informed of the findings at the end of day meeting on 08/22/2019. No further information was provided.</p> <p>7. The facility staff failed to review periodically Resident #4's wishes regarding Advanced Directives.</p> <p>Resident #4 was most recently admitted to the facility on 12/17/2015. His diagnoses included hypertension, gout (3), and diverticulosis (4) of the large intestine. The most recent MDS (minimum data set) assessment was an annual with an ARD of 8/10/19 coded the resident as scoring a 15 on the brief interview for mental status indicating the resident was cognitively intact.</p> <p>A review of Resident #4's medical record was conducted beginning on 08/19/2019. As part of the record review, facility staff were asked to provide documentation of Resident #4's wishes regarding advanced directives. Facility Staff provided only a sticky note saying "[RESIDENT #4] - FULL CODE".</p> <p>On 08/20/2019 at 9:07 a.m., an interview was conducted with other staff member (OSM) #1, the Director of Social Services. When asked what is discussed related to advanced directives, OSM # 1 stated we discuss what are their wishes and if they have an advanced directive. We ask them if they understand what an advanced directive is. If the resident states, 'I have a living will,' we then ask for copies." When asked if the discussion is based on the requirements of an advanced directive, OSM # 1 stated, yes, it's the code status, the POA (power of attorney) and what their wishes are for care. OSM # 1 was asked if</p>	F 578			



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F 578	<p>Continued From page 24</p> <p>this is done for all residents, OSM # 1 stated that they do it for the short-term rehab people but we have not been doing them for long-term care admissions. We have started a new modified one (meeting), a 'Welcome Meeting' that discusses these things but not rehab and discharge planning. When asked if they complete periodic reviews, she stated they only discuss code status, not the other aspects of advanced directive.</p> <p>Administrative Staff Member (ASM) #1, the Facility Administrator, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 08/22/2019. No further information was provided.</p> <p>8. The facility staff failed to document or periodically review the Resident #13's wishes regarding Advanced Directives.</p> <p>Resident #13 was most recent admitted to the facility on 04/26/2018. His diagnoses included hypertension, diabetes, and dementia. Resident #13's most recent MDS Assessment was a Quarterly Assessment with an ARD of 05/23/2019. The BIMS scored Resident #13 at an 8, indicating significant impairment.</p> <p>A review of Resident #13's medical record was conducted beginning on 08/19/2019. As part of the record review, facility staff were asked to provide documentation of Resident #13's wishes regarding advanced directives. Facility Staff provided a copy of a Virginia Dept. of Health Durable Do Not Resuscitate Order for Resident #13, dated 04/26/2018. No documentation regarding Resident #13's wishes with regard to what treatment they would accept was provided.</p>	F 578			

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F 578	<p>Continued From page 25</p> <p>No documentation of periodic reviews of Resident #13's wishes provided.</p> <p>On 08/20/2019 at 9:07 a.m., an interview was conducted with other staff member (OSM) #1, the Director of Social Services. When asked if they complete periodic reviews of residents' wishes for advanced directives, OSM #1 stated they only discuss code status, not the other aspects of advanced directive.</p> <p>Administrative Staff Member (ASM) #1, the Facility Administrator, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 08/22/2019. No further information was provided.</p> <p>9. The facility staff failed to document or periodically review the Resident #95's wishes regarding Advanced Directives.</p> <p>Resident #95 was most recently admitted to the facility on 10/06/2015. Her diagnoses included heart failure, hypertension, and dementia. Resident #95's most recent MDS Assessment was a Quarterly Assessment with an ARD of 07/18/2019. The BIMS scored Resident #95 at a 2, indicating severe impairment.</p> <p>A review of Resident #95's medical record was conducted beginning on 08/19/2019. As part of the record review, facility staff were asked to provide documentation of Resident #95's wishes regarding advanced directives. Facility Staff provided only a sticky note saying "[RESIDENT #95] - FULL CODE".</p> <p>On 08/20/2019 at 9:07 a.m., an interview was</p>	F 578			

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F 578	<p>Continued From page 26</p> <p>conducted with other staff member (OSM) #1, the Director of Social Services. When asked if they complete periodic reviews of residents' wishes for advanced directives, OSM #1 stated they only discuss code status, not the other aspects of advanced directive.</p> <p>Administrative Staff Member (ASM) #1, the Facility Administrator, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 08/22/2019. No further information was provided.</p> <p>10. The facility staff failed to document or periodically review Resident #85's wishes regarding Advanced Directives.</p> <p>Resident #85 was most recently admitted to the facility on 09/12/2018. Her diagnoses included heart failure, hyperlipidemia (elevated cholesterol), and schizophrenia (5). Resident #85's most recent MDS Assessment was a Quarterly Assessment with an ARD of 07/13/2019. The BIMS scored Resident #85 at a 9, indicating significant impairment.</p> <p>A review of Resident #85's medical record was conducted beginning on 08/19/2019. As part of the record review, facility staff were asked to provide documentation of Resident #85's wishes regarding advanced directives. Facility Staff provided a copy of a Virginia Dept. of Health Durable Do Not Resuscitate Order for Resident #85, dated 04/13/2018. No documentation regarding Resident #85's wishes with regard to what treatment they would accept was provided. No documentation of periodic review of Resident #85's wishes provided.</p>	F 578			

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F 578	<p>Continued From page 27</p> <p>On 08/20/2019 at 9:07 a.m., an interview was conducted with other staff member (OSM) #1, the Director of Social Services. When asked what is discussed related to advanced directives, OSM # 1 stated we discuss what are their wishes and if they have an advanced directive. We ask them if they understand what an advanced directive is. If the resident states, 'I have a living will,' we then ask for copies." When asked if the discussion is based on the requirements of an advanced directive, OSM # 1 stated, yes, it's the code status, the POA (power of attorney) and what their wishes are for care. OSM #1 was asked if this is done for all residents. OSM # 1 stated that they do it for the short-term rehab people; but we have not been doing them for long-term care admissions. We have started a new modified one (meeting), a 'Welcome Meeting' that discusses these things but not rehab and discharge planning. When asked if they complete periodic reviews, she stated they only discuss code status, not the other aspects of advanced directive.</p> <p>Administrative Staff Member (ASM) #1, the Facility Administrator, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 08/22/2019. No further information was provided.</p> <p>1. Heart failure is a condition in which the heart can't pump enough blood to meet the body's needs. Heart failure does not mean that your heart has stopped or is about to stop working. This information was obtained from the website: <a href="https://medlineplus.gov/heartfailure.html">https://medlineplus.gov/heartfailure.html</a></p> <p>2. Peripheral arterial disease (PAD) happens when there is a narrowing of the blood vessels outside of your heart. The cause of PAD is</p>	F 578			

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F 578	<p>Continued From page 28</p> <p>atherosclerosis. This information was obtained from the website: <a href="https://medlineplus.gov/peripheralarterialdisease.html">https://medlineplus.gov/peripheralarterialdisease.html</a></p> <p>3. Gout is a common, painful form of arthritis. It causes swollen, red, hot and stiff joints. Gout happens when uric acid builds up in your body. This information was obtained from the website: <a href="https://medlineplus.gov/gout.html">https://medlineplus.gov/gout.html</a></p> <p>4. Diverticulosis occurs when small, bulging sacs or pouches form on the inner wall of the intestine. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/007668.htm">https://medlineplus.gov/ency/article/007668.htm</a></p> <p>5. Schizophrenia is a serious brain illness. This information was obtained from the website: <a href="https://medlineplus.gov/schizophrenia.html">https://medlineplus.gov/schizophrenia.html</a></p> <p>11. The facility staff failed to provide information on how to develop an advance directive at the time of admission and to provide periodic review regarding advance directives with the Resident # 76 and/or Resident # 76's representative.</p> <p>Resident # 76 was admitted to the facility on 04/01/2014 with a readmission of 06/27/2019 with diagnoses that included but were not limited to: high blood pressure, and high cholesterol.</p> <p>Resident # 76's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 07/11/19, coded Resident # 76 as scoring an 11 on the brief interview for mental status (BIMS) of a score of 0 - 15, 11 - being moderately impaired of cognition for making daily decisions.</p> <p>The POS (physician's order sheet) for Resident #</p>	F 578			

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F 578	<p>Continued From page 29</p> <p>76 dated August 2019 documented. "DNR [Do Not Resuscitate] (1). Order Date: 06/27/2019"</p> <p>The comprehensive care plan for Resident # 76 with a revision date of 05/04/2016 documented "Focus. Resident/Responsible party has chosen DNR." Under "Interventions" "it documented, "If resident/responsible party chooses to change code status, necessary protocol will be completed IE (that is) new order, update documentation/care plan. Date Initiated: 03/23/2016."</p> <p>Review of the EHR (electronic health record) for Resident # 76 failed to evidence an advance directive, evidence that information on how to develop an advance directive was provided at the time of admission or evidence of periodic review for an advance directive.</p> <p>A request was made on 8/19/19 at 5:00 p.m. to administrative staff member (ASM) #1, the administrator, for the evidence of advanced directives were discussed upon admission and periodic reviews were conducted.</p> <p>On 8/21/19 at 8:08 a.m. OSM (other staff member) # 1, director of social services, stated that she doesn't have any more information regarding advanced directives for Resident # 76.</p> <p>On 8/21/19 at approximately 9:05 a.m., an interview was conducted with Resident # 76. When asked if they provided a copy of their advance directive to the facility and if the facility staff reviewed advance directive information periodically Resident # 76 stated they could not recall.</p> <p>On 08/21/19 at 11:20 a.m., an interview was</p>	F 578			

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F 578	<p>Continued From page 30</p> <p>conducted with OSM (other staff member) # 1, director of social services. When asked if information was provided on how to develop an advance directive at the time of admission and to provide periodic review with the Resident # 76 and/or Resident # 76's representative OSM # 1 stated, "No."</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>References: (1) A DNR order is created, or set up, before an emergency occurs. A DNR order allows you to choose whether or not you want CPR in an emergency. It is specific about CPR. It does not have instructions for other treatments, such as pain medicine, other medicines, or nutrition. The doctor writes the order only after talking about it with the patient (if possible), the proxy, or the patient's family. This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000473.htm">https://medlineplus.gov/ency/patientinstructions/000473.htm</a></p> <p>12. The facility staff failed to provide information on how to develop an advance directive at the time of admission and to provide periodic review with the Resident # 8 and/or Resident # 8's representative.</p> <p>Resident # 8 was admitted to the facility on 02/17/2017 with diagnoses that included but were not limited to: heart failure, and difficulty</p>	F 578			

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F 578	<p>Continued From page 31</p> <p>swallowing. Resident # 8's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/15/19, coded Resident # 8 as scoring an 11 on the brief interview for mental status (BIMS) of a score of 0 - 15, 11 - being moderately impaired of cognition for making daily decisions.</p> <p>The POS (physician's order sheet) for Resident # 8 dated August 2019 documented. "DNR [Do Not Resuscitate] (1). Order Date: 08/15/2019."</p> <p>The comprehensive care plan for Resident # 8 dated of 08/16/2019 documented "Focus. Resident has chosen DNR. Date Initiated: 08/16/2019." Under "Interventions" "it documented, "If resident/responsible party chooses to change code status, necessary protocol will be completed IE (that is) new order, update documentation/care plan. Date Initiated: 08/16/2019."</p> <p>Review of the EHR (electronic health record) for Resident # 8 failed to evidence an advance directive, evidence that information on how to develop an advance directive was provided at the time of admission or evidence of periodic review for an advance directive.</p> <p>A request was made on 8/19/19 at 5:00 p.m. to administrative staff member (ASM) #1, the administrator, for the evidence of advanced directives were discussed upon admission and periodic reviews were conducted.</p> <p>On 8/20/19 at approximately 9:00 a.m., a copy of the "Your Path" was presented for Resident # 8. The form documented "Advanced Directive/Code statutes reviewed." A check mark was</p>	F 578			



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F 578	<p>Continued From page 32 documented next to, "Yes."</p> <p>08/20/19 at 9:07 a.m. an interview was conducted with other staff member (OSM) #1. When asked when this form is, "Your Path," is reviewed with the resident, OSM #1 stated it is discussed when the staff get together with the resident and plan the resident's discharge. When asked what is discussed related to advanced directives, OSM # 1 stated we discuss what are their wishes and if they have an advanced directive. We ask them if they understand what an advanced directive is. If the resident states, 'I have a living will,' we then ask for copies." When asked if the discussion is based on the requirements of an advanced directive, OSM # 1 stated, yes, it's the code status, the POA (power of attorney), and what their wishes are for care. OSM #1 was asked if this is done for all residents. OSM # 1 stated that they do it for the short-term rehab people; but we have not been doing them for long-term care admissions. We have started a new modified one (meeting), a 'Welcome Meeting' that discusses these things but not rehab and discharge planning. When asked if they complete periodic reviews, she stated they only discuss code status, not the other aspects of advanced directive.</p> <p>On 8/21/19 at 8:08 a.m., OSM # 1 stated that she doesn't have any more information regarding advanced directives for Resident # 8.</p> <p>On 8/21/19 at approximately 9:00 a.m., an interview was conducted with Resident # 8. When asked if they provided a copy of their advance directive to the facility and if the facility staff reviewed advance directive information periodically Resident # 8 stated they could not recall.</p>	F 578			

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
(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 578	<p>Continued From page 33</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>References: (1) A DNR (do not resuscitate). This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000473.htm">https://medlineplus.gov/ency/patientinstructions/000473.htm</a></p> <p>13. The facility staff failed to provide information on how to develop an advance directive at the time of admission and to provide periodic review regarding advance directives with Resident # 30 and/or Resident # 30's representative.</p> <p>Resident # 30 was admitted to the facility on 01/01/2016 and a readmission on 03/02/2019 with diagnoses that included but were not limited to: high blood pressure, and pain. Resident # 30's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 06/12/19, coded Resident # 30 as scoring an 14 on the brief interview for mental status (BIMS) of a score of 0 - 15, 14 - being cognitively intact for making daily decisions.</p> <p>The POS (physician's order sheet) for Resident # 30 dated August 2019 documented "DNR [Do Not Resuscitate] (1). Order Date: 10/19/2018."</p> <p>The comprehensive care plan for Resident # 30 with a revision date of 05/04/2016 documented, "Focus. Resident/Responsible party has chosen</p>	F 578			

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
(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 578	<p>Continued From page 34</p> <p>DNR. Date Initiated: 04/22/2016." Under "Interventions" "it documented, "If resident/responsible party chooses to change code status, necessary protocol will be completed IE (that is) new order, update documentation/care plan. Date Initiated: 04/22/2016."</p> <p>Review of the EHR (electronic health record) for Resident # 30 failed to evidence an advance directive, evidence that information on how to develop an advance directive was provided at the time of admission or evidence of periodic review for an advance directive.</p> <p>A request was made on 8/19/19 at 5:00 p.m. to administrative staff member (ASM) #1, the administrator, for the evidence of advanced directives were discussed upon admission and periodic reviews were conducted.</p> <p>On 8/21/19 at 8:08 a.m. OSM (other staff member) # 1, director of social services stated that she doesn't have any more information regarding advanced directives for Resident # 30.</p> <p>On 8/21/19 at approximately 9:10 a.m., an interview was conducted with Resident # 30. When asked if they provided a copy of their advance directive to the facility and if the facility staff reviewed advance directive information periodically Resident # 30 stated they could not recall.</p> <p>On 08/21/19 at 11:20 a.m., an interview was conducted with OSM (other staff member) # 1, director of social services. When asked if information was provided on how to develop an advance directive at the time of admission and to provide periodic review with the Resident # 30</p>	F 578			

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
(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 578	<p>Continued From page 35</p> <p>and/or Resident # 30's representative OSM # 1 stated, "No."</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>References: (1) A DNR (do not resuscitate). This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000473.htm">https://medlineplus.gov/ency/patientinstructions/000473.htm</a></p> <p>14. The facility staff failed to provide periodic review with the Resident # 84 and/or Resident # 84's representative.</p> <p>Resident # 84 was admitted to the facility on 04/01/2017 with diagnoses that included but were not limited to: heart failure, and high blood pressure.</p> <p>Resident # 84's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/15/19, coded Resident # 84 as scoring an 14 on the brief interview for mental status (BIMS) of a score of 0 - 15, 14 - being cognitively intact for making daily decisions.</p> <p>The POS (physician's order sheet) for Resident # 84 dated August 2019 documented. "DNR [Do Not Resuscitate] (1). Order Date: 02/14/2019"</p> <p>The comprehensive care plan for Resident # 84</p>	F 578			

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
(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 578	<p>Continued From page 36</p> <p>with a revision date of 22/14/2019 documented "Focus. Resident/Responsible party has chosen DNR. Revision on: 04/02/2019." Under "Interventions" "it documented, "If resident/responsible party chooses to change code status, necessary protocol will be completed IE (that is) new order, update documentation/care plan. Date Initiated: 04/02/2019."</p> <p>Review of the EHR (electronic health record) for Resident # 84 failed to evidence periodic reviews of Resident # 84's advance directive.</p> <p>A request was made on 8/19/19 at 5:00 p.m. to administrative staff member (ASM) #1, the administrator, for the evidence of advanced directives were discussed upon admission and periodic reviews were conducted.</p> <p>On 8/20/19 at approximately 9:00 a.m., a copy of the advance directive and a copy of "Your Path" was presented for Resident # 84. The form documented "Advanced Directive/Code statutes reviewed." A check mark was documented next to, "Yes."</p> <p>08/20/19 at 9:07 a.m., an interview was conducted with other staff member (OSM) #1, social services director. When asked if they complete periodic reviews of advanced directives with residents, she stated they only discuss code status, not the other aspects of advanced directive.</p> <p>On 8/21/19 at 8:08 a.m., OSM # 1 stated that she doesn't have any more information regarding periodic reviews of the advanced directive for Resident # 84.</p>	F 578			

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
(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 578	<p>Continued From page 37</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>References: (1) A DNR (do not resuscitate). This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000473.htm">https://medlineplus.gov/ency/patientinstructions/000473.htm</a></p> <p>15. The facility staff failed to provide information on how to develop an advance directive at the time of admission with Resident # 23 and/or Resident # 23's representative.</p> <p>Resident # 23 was admitted to the facility on 06/01/2019 with diagnoses that included but were not limited to: heart failure, and high cholesterol. Resident # 23's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 06/08/19, coded Resident # 23 as scoring a seven on the brief interview for mental status (BIMS) of a score of 0 - 15, seven - being severely impaired of cognition for making daily decisions.</p> <p>The POS (physician's order sheet) for Resident # 23 dated August 2019 documented. "DNR [Do Not Resuscitate] (1). Order Date: 06/13/2019."</p> <p>The comprehensive care plan for Resident # 23 with a revision date of 07/28/2019 documented "Focus. Resident/Responsible party has chosen DNR." Under "Interventions" "it documented, "If resident/responsible party chooses to change</p>	F 578			

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
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F 578	<p>Continued From page 38</p> <p>code status, necessary protocol will be completed IE (that is) new order, update documentation/care plan. Date Initiated: 06/13/2019."</p> <p>Review of the EHR (electronic health record) for Resident # 23 failed to evidence that information on how to develop an advance directive was provided at the time of admission to Resident # 23 and/or Resident # 23's responsible party.</p> <p>A request was made on 8/19/19 at 5:00 p.m. to administrative staff member (ASM) #1, the administrator, for the evidence of advanced directives were discussed upon admission and periodic reviews were conducted.</p> <p>On 8/21/19 at 8:08 a.m., OSM # 1 stated that she doesn't have any more information regarding advanced directives for Resident # 23.</p> <p>On 08/21/19 at 11:20 a.m., an interview was conducted with OSM (other staff member) # 1, director of social services. When asked if information was provided on how to develop an advance directive at the time of admission and if staff provided periodic reviews of advanced directives to Resident # 23 and/or Resident # 23's representative, OSM # 1 stated, "No."</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>References: (1) A DNR (do not resuscitate). This information was obtained from the website:</p>	F 578			

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F 578	<p>Continued From page 39 <a href="https://medlineplus.gov/ency/patientinstructions/000473.htm">https://medlineplus.gov/ency/patientinstructions/000473.htm</a></p> <p>16. The facility staff failed to provide information on how to develop an advance directive at the time of admission and to provide periodic review with the Resident # 36 and/or Resident # 36's representative.</p> <p>Resident # 36 was admitted to the facility on 09/15/2014 with diagnoses that included but were not limited to: high blood pressure, and chronic pain. Resident # 36's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/15/19, coded Resident # 36 as scoring an 10 on the brief interview for mental status (BIMS) of a score of 0 - 15, 10 - being moderately impaired of cognition for making daily decisions.</p> <p>The POS (physician's order sheet) for Resident # 36 dated August 2019 documented, "Full Code. Oder Date: 02/21/2016."</p> <p>The comprehensive care plan for Resident # 36 dated of 04/22/2016 documented "Focus. Resident/Responsible party has chosen Full Code." Under "Interventions," it documented, "If resident/responsible party chooses to change code status, necessary protocol will be completed IE (that is) new order, update documentation/care plan. Date Initiated: 04/22/2016."</p> <p>Review of the EHR (electronic health record) for Resident # 36 failed to evidence an advance directive, evidence that information on how to develop an advance directive was provided at the time of admission or evidence of periodic review for an advance directive.</p>	F 578			



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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
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F 578	<p>Continued From page 40</p> <p>A request was made on 8/19/19 at 5:00 p.m. to administrative staff member (ASM) #1, the administrator, for the evidence of advanced directives were discussed upon admission and periodic reviews were conducted for Resident # 36.</p> <p>On 8/21/19 at 8:08 a.m., OSM # 1 stated that she doesn't have any more information regarding advanced directives for Resident # 36.</p> <p>On 8/21/19 at approximately 9:15 a.m., an interview was conducted with Resident # 36. When asked if they provided a copy of their advance directive to the facility and if the facility staff reviewed advance directive information periodically Resident # 36 stated they could not recall.</p> <p>On 08/21/19 at 11:20 a.m., an interview was conducted with OSM (other staff member) # 1, director of social services. When asked if information was provided on how to develop an advance directive at the time of admission and if staff provided periodic reviews of advanced directives to Resident # 36 and/or Resident # 36's representative, OSM # 1 stated, "No."</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>17. The facility staff failed to provide information on how to develop an advance directive at the</p>	F 578			

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F 578	<p>Continued From page 41</p> <p>time of admission and to provide periodic review with the Resident # 66 and/or Resident # 66's representative.</p> <p>Resident # 66 was admitted to the facility on 10/02/2017, with readmission on 06/13/2019 with diagnoses that included but were not limited to: high blood pressure, and post-surgical care on the digestive system. Resident # 66's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 07/11/19, coded Resident # 66 as scoring an 13 on the brief interview for mental status (BIMS) of a score of 0 - 15, 13 - being cognitively intact for making daily decisions.</p> <p>The POS (physician's order sheet) for Resident # 66 dated August 2019 documented, "Full Code. Oder Date: 06/13/2019."</p> <p>The comprehensive care plan for Resident # 66 dated of 10/11/2017 documented "Focus. Resident/Responsible party has chosen Full Code. Date Initiated: 10/11/2017" Under "Interventions" "it documented," If resident/responsible party chooses to change code status, necessary protocol will be completed IE (that is) new order, update documentation/care plan. Date Initiated: 10/11/2017."</p> <p>Review of the EHR (electronic health record) for Resident # 66 failed to evidence an advance directive, evidence that information on how to develop an advance directive was provided at the time of admission or evidence of periodic review for an advance directive.</p> <p>A request was made on 8/19/19 at 5:00 p.m. to administrative staff member (ASM) #1, the</p>	F 578			

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F 578	<p>Continued From page 42</p> <p>administrator, for the evidence of advanced directives were discussed upon admission and periodic reviews were conducted.</p> <p>On 8/21/19 at 8:08 a.m. OSM # 1, social services director stated that she doesn't have any more information regarding advanced directives for Resident # 66.</p> <p>On 8/21/19 at approximately 9:20 a.m., an interview was conducted with Resident # 66. When asked if they provided a copy of their advance directive to the facility and if the facility staff reviewed advance directive information periodically Resident # 66 stated they could not recall.</p> <p>On 08/21/19 at 11:20 a.m., an interview was conducted with OSM (other staff member) # 1, director of social services. When asked if information was provided on how to develop an advance directive at the time of admission and if staff provided periodic reviews of advanced directives to Resident # 66 and/or Resident # 66's representative, OSM # 1 stated, "No."</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>18. The facility staff failed to periodically review Resident #21's (or the resident's representative) decisions regarding advance directives.</p> <p>Resident #21 was admitted to the facility on 02/23/2015 with a readmission on 05/31/2017.</p>	F 578			

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
(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 578	<p>Continued From page 43</p> <p>Resident #21's diagnoses included but were not limited to dementia without behavioral disturbance (1), type 2 diabetes mellitus (2), and malignant neoplasm of colon (3). Resident #21's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/6/19, coded Resident #21 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3- being severely impaired for making daily decisions.</p> <p>Review of Resident #21's clinical record revealed the status of DNR (do not resuscitate (4)) but failed to reveal documentation of periodic review regarding advance directives.</p> <p>The comprehensive care plan for Resident #21 dated 06/01/2017 documented, "Resident/Responsible party has chosen DNR. Date Initiated: 06/01/2017 Revision on: 03/20/2019." Under "Interventions", it documented, "If resident/responsible party chooses to change code status, necessary protocol will be completed ie (that is) new order, update documentation/care plan."</p> <p>On 8/19/19 at 5:00 p.m., a request was made to ASM (administrative staff member) #1, the administrator, for the evidence that advance directives were discussed upon admission and periodic reviews were conducted for Resident #21.</p> <p>On 8/20/19 at approximately 7:30 a.m., OSM (other staff member) #1, director of social services provided a document titled "Department of Veterans Affairs VA Advance Directive Durable Power of Attorney for Health Care and Living Will", dated 01/07/2015 for Resident #21. A copy</p>	F 578			

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
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F 578	<p>Continued From page 44</p> <p>of a durable do not resuscitate order for Resident #21 dated 02/23/2015 was also included with the document. The information provided by the facility failed to evidence documentation of periodic review of advance directives for Resident #21.</p> <p>On 08/20/19 at 9:07 a.m., an interview was conducted with OSM #1. When asked if periodic reviews are conducted with residents' regarding advance directives, OSM #1 stated that they discuss code status, not the other aspects of advance directives.</p> <p>On 08/20/19 at approximately 9:30 a.m., a request was made to OSM #1 for any additional documentation for Resident #21 regarding periodic review of advance directives.</p> <p>On 08/21/19 at 8:08 a.m., OSM #1 stated that the facility does not have any additional information regarding periodic review of advance directives for Resident #21.</p> <p>On 08/21/19 at approximately 1:30 p.m., ASM (administrative staff member) #1, the administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>1. Dementia: A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a>.</p>	F 578			

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F 578	Continued From page 45  2. Diabetes mellitus: A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a> .  3. Malignant neoplasm: The term "malignancy" refers to the presence of cancerous cells that have the ability to spread to other sites in the body (metastasize) or to invade nearby (locally) and destroy tissues. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/002253.htm">https://medlineplus.gov/ency/article/002253.htm</a> .  4. DNR (do not resuscitate). This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000473.htm">https://medlineplus.gov/ency/patientinstructions/000473.htm</a>  19. The facility staff failed to periodically review Resident #48's (or the resident's representative) decisions regarding advance directives.  Resident #48 was admitted to the facility on 09/21/2015 with a readmission on 01/07/2019. Resident #48's diagnoses included but were not limited to unspecified dementia (1), essential hypertension (2), and major depressive disorder (3). Resident #48's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/21/19, coded Resident #48 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions.  Review of Resident #48's clinical record revealed	F 578			

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F 578	<p>Continued From page 46</p> <p>the status of DNR (do not resuscitate) (4) but failed to reveal documentation of periodic review regarding advance directives.</p> <p>On 8/19/19 at 5:00 p.m., a request was made to ASM (administrative staff member) #1, the administrator, for the evidence that advance directives were discussed upon admission and periodic reviews were conducted for Resident #48.</p> <p>On 8/20/19 at approximately 7:30 a.m., OSM (other staff member) #1, director of social services provided a copy of a durable do not resuscitate order dated 6/10/2017 for Resident #48. The information provided by the facility failed to evidence documentation of periodic review of advance directives for Resident #48.</p> <p>On 08/20/19 at 9:07 a.m., an interview was conducted with OSM #1. When asked if periodic reviews are conducted with residents' regarding advance directives, OSM #1 stated that they discuss code status, not the other aspects of advance directives.</p> <p>On 08/20/19 at approximately 9:30 a.m., a request was made to OSM #1 for any additional documentation for Resident #48 regarding periodic review of advance directives.</p> <p>On 08/21/19 at 8:08 a.m., OSM #1 stated that the facility does not have any additional information regarding periodic review of advance directives for Resident #48.</p> <p>On 08/21/19 at approximately 1:30 p.m., ASM (administrative staff member) #1, the administrator, ASM # 2, director of nursing and</p>	F 578			

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F 578	<p>Continued From page 47</p> <p>ASM # 7, regional director of clinical services, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <ol style="list-style-type: none"> <li>1. Dementia. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a>.</li> <li>2. hypertension- High blood pressure. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/highbloodpressure.html">https://www.nlm.nih.gov/medlineplus/highbloodpressure.html</a>.</li> <li>3. Major depressive disorder- Major depression is a mood disorder. It occurs when feelings of sadness, loss, anger, or frustration get in the way of your life over a long period of time. It also changes how your body works. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000945.htm">https://medlineplus.gov/ency/article/000945.htm</a>.</li> <li>4. DNR (do not resuscitate). This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000473.htm">https://medlineplus.gov/ency/patientinstructions/000473.htm</a></li> </ol> <p>20. The facility staff failed to obtain a copy of the resident's living will to place in the clinical record for Resident #156.</p> <p>Resident #156 was admitted to the facility on 7/25/19 with diagnoses that included but were not limited to: acute cholecystitis (Acute cholecystitis is sudden swelling and irritation of the gallbladder. It causes severe belly pain) (1), depression, and high blood pressure. The most recent MDS</p>	F 578			



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F 578	<p>Continued From page 48</p> <p>(minimum data set) an admission assessment, with an assessment reference date of 8/1/19, coded the resident as scoring an "8", indicating the resident is moderately impaired to make daily cognitive decisions.</p> <p>Review of the clinical record failed to evidence an advanced directive or documentation of the discussion about advanced directives upon admission.</p> <p>A request was made on 8/19/19 at 5:00 p.m. to administrative staff member (ASM) #1, the administrator, for the evidence of advanced directives were discussed upon admission and periodic reviews were conducted.</p> <p>On 8/20/19 at approximately 9:00 a.m., a copy of the "Your Path" was presented for Resident #156. The form documented "Advanced Directive/Code statutes reviewed." A check mark was documented next to, "Yes."</p> <p>08/20/19 at 9:07 a.m. an interview was conducted with other staff member (OSM) #1. When asked about the facility obtaining copies of advanced directives, OSM # 1 stated, "If the resident states, 'I have a living will,' we then ask for copies."</p> <p>An interview was conducted with Resident #156 on 8/20/19 at 9:49 a.m. When asked if her advanced directive was discussed upon admission, Resident #156 stated, "I don't recall." When shown "The Path" form, which she had signed, she didn't recall the form. When asked if she has an advanced directive, Resident # 156 stated, "I have a living will." When asked if she provide the facility with a copy of that, she stated her daughter and (Name of primary care doctor)</p>	F 578			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F 578	Continued From page 49 have a copy of it."  On 8/20/19 at 9:52 a.m., an interview was conducted with OSM #1, the social director, OSM #1 was asked about the location of a copy of the living will for Resident #156 in the clinical record as the resident states she has a living will. OSM # 1 stated she would check.  On 8/21/19 at 8:08 a.m., OSM #1 stated that she doesn't have any more information regarding advanced directives for any of the residents requested including a copy of Resident #156's living will.  Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional director of clinical services were made aware of the above information. ASM #3 stated, "We need to get a copy of that here."  No further information was provided prior to exit.  (1) This information was obtained from the following website: <a href="https://medlineplus.gov/ency/article/000264.htm">https://medlineplus.gov/ency/article/000264.htm</a>	F 578			
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but	F 583		9/19/19	

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F 583	<p>Continued From page 50</p> <p>this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility document review it was determined facility staff failed to promote privacy for two of 11 residents in the medication administration observation, (Resident #96, and #72 ), by administering medications to the residents in the hallway.</p> <p>The findings include:</p> <p>1. The facility staff failed to provide privacy by administering medications in the hallway during medication administration for Resident #96.</p>	F 583	<p>F583 <input type="checkbox"/> Personal Privacy/Confidentiality of Records</p> <p>1. Identified LPN #6 was educated on promoting privacy during medication administration.</p> <p>Resident #72 and Resident #96 will receive medications in a private area and/or personal preference area.</p> <p>2. All residents who reside at Autumn Care of Mechanicsville have the potential to be affected by deficient practice.</p>		

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F 583	<p>Continued From page 51</p> <p>Resident #96 was admitted to the facility on 07/10/2019. Resident #96's diagnoses included but were not limited to compression fracture of vertebra (1) and unspecified dementia (2). Resident #96's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 7/18/19, coded Resident #96 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3- being severely impaired for making daily decisions.</p> <p>On 8/19/19 at 9:34 a.m., an observation was made of medication administration to Resident #96 by LPN (licensed practical nurse) #6. Resident #96 was observed in a wheelchair in the hallway of the Spring unit. LPN #6 pushed her cart to the area beside Resident #96 in the hallway and told Resident #96 that she had his medicine for him. LPN #6 proceeded to sanitize her hands and prepared the following medications for Resident #96.</p> <ol style="list-style-type: none"> <li>1. One daily multivitamin 1 tablet. (vitamin supplement)</li> <li>2. Oyster shell calcium 1 tablet. (used to promote bone health)</li> <li>3. Vitamin C 500mg (milligram) 1 tablet. (vitamin supplement)</li> </ol> <p>LPN #6 proceeded to administer the medications above to Resident #96 in the hallway of the unit.</p> <p>Review of the POS (physician order summary) for Resident #96 on 8/20/2019 at 9:30 a.m. revealed the medications documented above.</p> <p>On 8/20/19 at 12:30 p.m., an interview was conducted with LPN # 6. When asked how privacy is ensured when giving medications, LPN #6 stated, "We don't give (medications) in a</p>	F 583	<p>A Quality review through walking rounds of current residents receiving medications was completed by the Director of Nursing or designee to ensure no medications are given in hall ways.</p> <p>3. Licensed nurse staff was educated by Director of Nursing or designee to policy titled Resident Rights and Facility Responsibilities to ensure policy is followed regarding maintaining resident's privacy during medication administration.</p> <p>4. The Director of Nursing or designee will conduct observational audits of residents receiving medications, to ensure policy is followed regarding resident rights and facility responsibilities. The audit will be completed 5 times weekly x 4 weeks, 3x weekly x 4 weeks, 2x weekly x 4 weeks and PRN as indicated to ensure ongoing compliance. Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation. Date of Compliance: September 19, 2019</p>		

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F 583	<p>Continued From page 52</p> <p>group, we don't verbalize specifics about the medication, we only generalize information." When asked what the process is for giving medications in the hallway, LPN #6 stated that she assesses the resident on admission and knows what their preferences are regarding medication administration. LPN #6 stated that if the residents want to get their medications in the room she has established that on admission. When asked about residents that are not cognitively intact, LPN #6 stated that she watches the resident for non-verbal gestures or responses that queue her that the resident is uncomfortable. When asked what gestures or responses she watches for, LPN #6 stated that if the resident is not comfortable she will see the eyebrows furrow or the resident stiffen up. LPN #6 stated, "There are lots of signs, if I see a change I back up, reevaluate and re-approach." When asked about the observation made during medication pass on 8/19/19 at 9:34 a.m., LPN #6 stated that she has an established relationship with Resident #96 and she knows that he does not mind getting his medications in the hallway. When asked whether she assesses if the resident wants their medications in the hallway with each medication pass, LPN #6 stated that she does not. LPN #6 agreed that every resident should have the right to receive their medications in private.</p> <p>On 8/20/19 at 1:20 p.m., an interview was conducted with RN (registered nurse) #2, unit manager. When asked if the option of privacy should be offered to each resident during medication administration, RN #2 stated, "Yes." When asked if cognition status of residents makes a difference in offering privacy to residents during medication administration, RN #2 stated, "No, all residents are entitled to their privacy."</p>	F 583			

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F 583	<p>Continued From page 53</p> <p>When asked how often residents are assessed for preferences on location of receiving medications, RN #2 stated that each time a resident receives medications they should be offered in the resident room.</p> <p>The facility policy "Resident Rights and Facility Responsibilities. Effective Date: Nov. 2016" documents in part, "The resident has a right to personal privacy and confidentiality of his or her personal and medical records. 1. Scope of Personal Privacy. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident."</p> <p>The facility policy "LTC Facilities Receiving Pharmacy Products and Services from Pharmacy. Effective Date 12/01/07" documents, "5.6 Observe each resident's privacy and rights in accordance with Applicable Law (e.g., knocking before entering the room, pulling privacy curtains, informing resident what is to occur before administration)."</p> <p>On 8/21/2019 at approximately 1:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing and ASM #3, regional director of clinical services were notified of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>1. Compression fracture of vertebra Broken vertebrae. Vertebrae are the bones of the</p>	F 583			

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(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 583	<p>Continued From page 54</p> <p>spine. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000443.htm">https://medlineplus.gov/ency/article/000443.htm</a>.</p> <p>2. Dementia A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a>.</p> <p>2. The facility staff failed to provide privacy by giving medications in the hallway during medication administration for Resident #72.</p> <p>Resident #72 was admitted to the facility on 09/12/2015. Resident #72's diagnoses included but were not limited to diabetes mellitus (1) and Parkinson's disease (2). Resident #72's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/09/19, coded Resident #72 as scoring a 5 (five) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 5- being severely impaired for making daily decisions.</p> <p>On 8/19/19 at 9:40 a.m., an observation was made of medication administration to Resident #72 by LPN (licensed practical nurse) #6. Resident #72 was observed in a wheelchair in the dining area of the Spring unit. LPN #6 confirmed with another staff member that Resident #72 was finished with her meal and asked the staff member to push the resident in her wheelchair to her in the hallway of the Spring unit for her medications. LPN #6 told Resident #72 that she had medicine for her. LPN #6 proceeded to sanitize her hands and prepared the following medications for Resident #72.</p>	F 583			

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F 583	<p>Continued From page 55</p> <ol style="list-style-type: none"> <li>1. B-Complex 1 capsule (vitamin supplement)</li> <li>2. Cranberry 250mg (milligram) daily 1 capsule (used for urinary tract health)</li> <li>3. Fish oil 1000mg omega 3 capsules (supplement)</li> <li>4. One-daily multivitamin 1 capsule (vitamin supplement)</li> <li>5. Oyster shell calcium 500mg 1 tablet (used for bone health)</li> <li>6. Senna-S 50mg 2 capsules (used for constipation)</li> <li>7. Oxycodone 5/325mg 1 tablet (used for pain)</li> <li>8. Hippur 1gm (gram) 1 tablet (used for urinary tract infections)</li> <li>9. Primidone 50mg 1 tablet (used for seizures)</li> <li>10. Ropinirole hcl 0.25mg 3 tablets (used for Parkinson's)</li> <li>11. Vitamin C 250mg 1 tablet (vitamin supplement)</li> </ol> <p>LPN #6 proceeded to administer the medications above to Resident #72 in the hallway of the unit.</p> <p>On 8/20/19 at 12:30 p.m., an interview was conducted with LPN # 6. When asked how privacy is ensured when giving medications, LPN #6 stated, "We don't give (medications) in a group, we don't verbalize specifics about the medication, we only generalize information." When asked what the process is for giving medications in the hallway, LPN #6 stated that she assesses the resident on admission and knows what their preferences are regarding medication administration. LPN #6 stated that if the residents want to get their medications in the room she has established that on admission. When asked about residents that are not cognitively intact, LPN #6 stated that she watches the resident for non-verbal gestures or responses</p>	F 583			



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F 583	<p>Continued From page 56</p> <p>that queue her that the resident is uncomfortable. When asked what gestures or responses she watches for, LPN #6 stated that if the resident is not comfortable she will see the eyebrows furrow or the resident stiffen up. LPN #6 stated, "There are lots of signs, if I see a change I back up, reevaluate and re-approach." When asked about the observation made during medication pass on 8/19/19 at 9:34 a.m., LPN #6 stated that she has an established relationship with Resident #96 and she knows that he does not mind getting his medications in the hallway. When asked whether she assesses if the resident wants their medications in the hallway with each medication pass, LPN #6 stated that she does not. LPN #6 agreed that every resident should have the right to receive their medications in private.</p> <p>On 8/20/19 at 1:20 p.m., an interview was conducted with RN (registered nurse) #2, unit manager. When asked if the option of privacy should be offered to each resident during medication administration, RN #2 stated, "Yes." When asked if cognition status of residents makes a difference in offering privacy to residents during medication administration, RN #2 stated, "No, all residents are entitled to their privacy." When asked how often residents are assessed for preferences on location of receiving medications, RN #2 stated that each time a resident receives medications they should be offered in the resident room.</p> <p>Review of the POS (physician order summary) for Resident #72 on 8/20/2019 at 9:45 a.m. revealed the medications documented above.</p> <p>On 8/21/2019 at approximately 1:25 p.m., ASM (administrative staff member) #1, the</p>	F 583			

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F 583	Continued From page 57 administrator, ASM #2, director of nursing and ASM #3, regional director of clinical services were notified of the findings.  No further information was provided prior to exit.  References:  1. Diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a> .  2. Parkinson's disease A type of movement disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a> .	F 583			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;	F 600		9/19/19	

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F 600	<p>Continued From page 58</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review it was determined facility staff failed to ensure residents were free from abuse for two of 67 residents in the survey sample, (Resident #124, and #21). Resident #124 was touched in the private area by Resident #21 on 4/25/19 and Resident #21 was hit in the back by, Resident #128, on 4/22/19.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Resident #124 was touched in the private area by Resident #21 on 4/25/19.</li> </ol> <p>Resident #124 was admitted to the facility on 10/21/2016. Resident #124's diagnoses included but were not limited to dementia (1), major depressive disorder (2) and anxiety disorder (3). Resident #124's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/26/19, coded Resident #124 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3- being severely impaired for making daily decisions.</p> <p>Resident #21 was admitted to the facility on 02/23/2015. Resident #21's diagnoses included but were not limited to dementia, major depressive disorder and unspecified psychosis (4). Resident #21's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/06/19, coded Resident #21 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3- being severely impaired for making daily decisions.</p>	F 600	<p>F600 <input type="checkbox"/> Freedom from Abuse, Neglect, and Exploitation</p> <ol style="list-style-type: none"> <li>Comprehensive care plans were reviewed for resident #124, 128, and resident #21 revisions were accomplished to reflect resident's person centered approaches and current status.</li> <li>All residents residing at Autumn Care of Mechanicsville have the potential to be affected by deficient practice. The DON or designee completed a quality review of current residents with inappropriate behaviors, to safeguard residents from the risk of abuse was completed to ensure care plans reflect person centered approaches and current status.</li> <li>The Administrator or designee educated staff in all departments on freedom from abuse.</li> <li>The Director of Nursing or designee will conduct an audit weekly of all reported incidence of abuse to ensure facility staff are following person centered care plans and approaches to keep residents free from abuse. Audits of all reported incidence of abuse will be completed weekly x 12 weeks and PRN as indicated to ensure ongoing compliance.</li> </ol> <p>Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p>		

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F 600	Continued From page 59  The Facility Reported Incident dated 4/25/19 documented, "[name of Resident #21] allegedly rubbed [name of Resident #124] private area. [Resident #124] did not appear to be injured or showed any signs or symptoms of being fearful or [sic] frightened. [Resident #124] does not recall incident. No concerns voiced by either party."  The comprehensive care plan for Resident #124 documented, "Displays/At risk for behaviors and/or mood issues ... Resident being touched by another resident. Date Initiated: 11/09/2016. Revision on: 07/16/2019." Under "Interventions" it documented, "Ensure resident feels safe in environment Date Initiated: 10/30/2017."  The comprehensive care plan for Resident #21 documented, "Resident exhibits the following inappropriate behaviors: inappropriate touching of another resident. Date Initiated: 04/26/2019. Revision on: 04/29/2019." Under "Interventions" it documented, "Monitor for any inappropriate behaviors. Date Initiated: 04/29/2019."  Review of Resident #124's record revealed the following documentation. A nursing progress note dated "4/25/2019 14:00 (2:00 p.m.) Occurrence Details: While sitting in the hallway in her wheel chair a male resident was noted to have his hand between her legs Immediate Intervention: Resident removed from area and assessment completed ... Resident is Disoriented ...She is very confused as her baseline and was unable to recall any events. Her answers to questions didn't make any sense or correlate to the situation." A social services note dated "4/25/2019 16:18 (4:18 p.m.) ...SS (social services) was informed	F 600	Date of compliance: September 19, 2019		

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F 600	<p>Continued From page 60</p> <p>by nursing staff of an incident between a male resident and this resident that occurred today ...Company policy was followed and local authorities were notified. SS will meet with resident on a regular basis to ensure her psychosocial needs are being met..."</p> <p>Review of Resident #21's record revealed the following documentation. A nursing progress note dated "4/25/2019 14:00 (2:00 p.m.) Occurrence Details: While sitting in wheel chair resident noted to have hand in between the legs of a female resident he was sitting next to. Immediate Intervention: They were separated ... During interview of resident he stated that he didn't understand what he was asked and looked confused." A social services note dated "4/25/2019 16:39 (4:39 p.m.) SS (social services) was informed by nursing staff of an incident between this resident and a female resident that occurred today ...Company policy was followed and local authorities were notified ..."</p> <p>On 8/21/2019 at approximately 9:00 a.m., RN (registered nurse) #2, assistant director of nursing was requested to arrange an interview with the staff member who witnessed the incident described above. At approximately 11:30 a.m., OSM (other staff member) #6, staffing coordinator stated that she was unable to reach the staff member; she had left a voice mail.</p> <p>On 8/21/2019 at 10:20 a.m., an interview was conducted with RN (registered nurse) #4, unit manager. When asked about the incident above RN #4 stated that it was reported to her the date that it happened but she was not sure of the exact time. RN #4 stated that she was not aware</p>	F 600			

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F 600	<p>Continued From page 61</p> <p>of any previous behavior of that type from Resident #21 and it has not been witnessed again. RN #4 stated that all staff are trained on abuse when hired by watching a video. RN #4 stated that it is periodically reviewed at least several times a year and that they also complete computer training modules. RN #4 stated that staff are reeducated any time there is an occurrence and that the training is generalized for all staff but CNA's are educated to report immediately any concerns or if they think something is not being handled appropriately.</p> <p>On 8/21/2019 at 10:35 a.m., an interview was conducted with CNA (certified nursing assistant) #7. When asked about the incident above CNA #7 stated that she knew it happened but she did not witness it. CNA #7 stated that she has worked with Resident #124 and Resident #21 frequently. CNA #7 stated they closely monitor the Resident #21 for behaviors since the incident happened. CNA #7 stated that they are trained on recognizing the signs and different forms of abuse on hire and anytime there is an incident. CNA #7 stated that staff also have monthly training on the computer and frequent in-services from the unit managers and other sources.</p> <p>On 8/21/2019 at approximately 1:00 p.m., an interview was conducted with ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing. When asked the process for ensuring residents are free from abuse ASM #1 stated that there are interventions used for example soft barriers like the stop signs on the doors to prevent residents from wandering into rooms. ASM #1 stated that they also utilize private rooms if needed and change resident's roommates at times. When asked how staff</p>	F 600			

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F 600	<p>Continued From page 62</p> <p>ensure residents are safe from resident to resident abuse in common areas of the facility</p> <p>ASM #1 stated that some residents get territorial over certain seats or spots and they try to maintain the residents routines and choices.</p> <p>ASM #1 stated that they have weekly behavioral committee meetings to discuss incidents and identify changes in behavior as well as have the psychiatrist come in weekly.</p> <p>The facility policy "Virginia Resident Abuse Policy. Effective Date: May 2008. Date Revised: July 28, 2017" documented "This facility will not tolerate abuse, neglect, mistreatment, exploitation of residents, and misappropriation of resident property by anyone." The policy also documented, "3) Prevention &amp; Identification h. The assessment, care planning, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors, residents who have behaviors such as entering other residents' rooms, residents with self-injurious behaviors, residents with communication disorders, those that require heavy nursing care and/or are totally dependent on staff. 10) Follow Up b. Resident-to-Resident. In the case of resident-to-resident Abuse or Misappropriation of property, the facility will refer the matter to Facility's interdisciplinary team to determine the appropriate intervention."</p> <p>On 8/21/2019 at approximately 1:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing and ASM #3, regional director of clinical services were notified of the findings.</p> <p>No further information was provided prior to exit.</p>	F 600			

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F 600	Continued From page 63  References:  1. Dementia A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a> .  2. Major depressive disorder Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/003213.htm">https://medlineplus.gov/ency/article/003213.htm</a> .  3. Anxiety Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .  4. Unspecified psychosis Psychosis occurs when a person loses contact with reality. The person may have false beliefs about what is taking place, or who one is (delusions), see or hear things that are not there (hallucinations). This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/001553.htm">https://medlineplus.gov/ency/article/001553.htm</a> .  2. Resident #21 was hit in the back by Resident #128 4/22/19.	F 600			



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F 600	Continued From page 64  Resident #21 was admitted to the facility on 02/23/2015. Resident #21's diagnoses included but were not limited to dementia (1), major depressive disorder (2) and unspecified psychosis (3). Resident #21's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/06/19, coded Resident #21 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3- being severely impaired for making daily decisions.  Resident #128 was admitted to the facility on 04/27/2015 with a readmission on 04/03/2019. Resident #128's diagnoses included but were not limited to altered mental status, encephalopathy (4), unspecified dementia, delusional disorders (5) and anxiety disorder (6). Resident #128's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/28/19, coded Resident #128 as scoring a 2 (two) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 2- being severely impaired for making daily decisions.  The Facility Reported Incident dated 4/22/19 documented, "Staff member reported seeing [name of Resident #128] hit [name of Resident #21] in the back while yelling out offensive words. Residents were immediately separated and assessed head to toe. No bruising, no redness or apparent injuries were noted. [Name of Resident #21] denied that she hit him. He stated, "of course he feels safe". MD (medical doctor) notified. No new orders. This is being investigated and findings will follow."  The comprehensive care plan for Resident #21	F 600			

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F 600	<p>Continued From page 65</p> <p>documented, "At risk for behaviors, mood issues ... Resident has diagnoses of depression, psychosis ... Date Initiated 07/20/2016. Revision on: 07/10/2019." Under "Goal" it documented, "Resident will exhibit peaceful affect and appropriate interpersonal communication thru next review Revision on: 03/20/2019."</p> <p>The comprehensive care plan for Resident #21 documented, "Resident has/risk of grief issues relating to being approached by another resident who was swinging their arms at him, being hit by another resident, physical aggression from roommate. Date Initiated 12/20/2018. Revision on: 08/15/2019." Under "Goal" it documented, "Resident will have no adverse outcome due to another resident swinging their arms at him, hitting him, physical aggression towards him through next review. Date Initiated 12/20/2018. Revision on: 08/15/2019." Under "Interventions" it documented, "Allow resident to vent feelings and validate feelings ...Staff to monitor for any s/s (signs and symptoms) of grief. Date Initiated: 12/20/2018."</p> <p>The comprehensive care plan for Resident #128 documented, "At risk for behaviors and/or mood issues and/or depression ...Resident noted to be yelling out, making sexually inappropriate statements, talking loudly, striking out, being agitated, disrobing, hitting another resident. Resident has diagnoses of psychosis, anxiety. 3/21/19 struck another resident on the arm. 3/23/19 struck another resident on the arm with her fist. 6/2/19 struck another resident on the hand. Date initiated 01/29/2019. Revision on: 06/02/2019."</p> <p>Review of Resident #21's record revealed the</p>	F 600			

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F 600	<p>Continued From page 66 following documentation.</p> <p>A nursing progress note dated "4/22/2019 13:00 (1:00 p.m.) Occurrence Details: Resident was observed by a staff member being struck in the back by another resident during [sic] lunch. Immediate Intervention: Residents were separated ... Resident continued to eat lunch and did not acknowledge aggressors behaviors. He denied pain or discomfort."</p> <p>A social services note dated "4/22/2019 14:01 (2:01 p.m.) SS (social services) visited with resident on 4/22/19 after report of hi being hit by another resident. Resident does not remember being hit by another resident and stated he felt fine ...Resident said he was okay and felt safe. SS to assist as needed."</p> <p>A nursing progress note dated "4/22/2019 14:31 (2:31 p.m.) When asked about incident, resident denied being hit by anyone."</p> <p>Review of Resident #128's record revealed the following documentation.</p> <p>A nursing progress note dated "4/22/2019 12:48 (p.m.) Occurrence Details: Resident was observed by another staff member pounding her fist on another residents back and yelling out offensive words Immediate Intervention: resident immediately removed from the situation and redirected to her room ...Resident is Disoriented. Resident is Anxious. Resident has delusions. Resident has combative behavior ...Residents family/responsible party was notified of occurrence. Notified of altercation [sic] na na."</p> <p>A physician progress note dated "4/23/2019 13:20 (1:20 p.m.) ...Dementia with behaviors, aggression, agitation - worsening. ..."</p> <p>On 8/21/2019 at 10:20 a.m., an interview was conducted with RN (registered nurse) #4, unit</p>	F 600			

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F 600	<p>Continued From page 67</p> <p>manager regarding abuse. RN #4 stated that CNA's spend most of their day with the residents so they are specifically trained to monitor and report any abuse immediately. RN #4 stated that all staff are trained on abuse when hired by watching a video and are periodically retrained several times a year. RN #4 stated that staff are reeducated any time there is any occurrence.</p> <p>On 8/21/2019 at 10:35 a.m., an interview was conducted with CNA (certified nursing assistant) #7 regarding abuse. CNA #7 stated they closely monitor the residents for behaviors before and after any incident. CNA #7 stated that they are trained on recognizing the signs and different forms of abuse on hire and anytime there is an incident. CNA #7 stated that staff also have monthly training on the computer and frequent in-services from the unit managers and other sources.</p> <p>On 8/21/2019 at approximately 1:00 p.m., an interview was conducted with ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing. When asked the process for ensuring residents are free from abuse ASM #1 stated that there are interventions used for example soft barriers like the stop signs on the doors to prevent residents from wandering into rooms. ASM #1 stated that they also utilize private rooms if needed and change resident's roommates at times. When asked how staff ensure residents are safe from resident to resident abuse in common areas of the facility ASM #1 stated that some residents get territorial over certain seats or spots and they try to maintain the residents routines and choices. ASM #1 stated that they have weekly behavioral committee meetings to discuss incidents and</p>	F 600			

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F 600	<p>Continued From page 68</p> <p>identify changes in behavior as well as have the psychiatrist come in weekly.</p> <p>On 8/21/2019 at approximately 1:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing and ASM #3, regional director of clinical services were notified of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <ol style="list-style-type: none"> <li>1. Dementia A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a>.</li> <li>2. Major depressive disorder Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/003213.htm">https://medlineplus.gov/ency/article/003213.htm</a>.</li> <li>3. Unspecified psychosis Psychosis occurs when a person loses contact with reality. The person may have false beliefs about what is taking place, or who one is (delusions), see or hear things that are not there (hallucinations). This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/001553.htm">https://medlineplus.gov/ency/article/001553.htm</a>.</li> </ol>	F 600			

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F 600	Continued From page 69  4. Encephalopathy A term for any diffuse disease of the brain that alters brain function or structure. This information was obtained from the website: <a href="http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm">http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm</a> .  5. Delusional disorders Personality disorders are a group of mental illnesses. They involve long-term patterns of thoughts and behaviors that are unhealthy and inflexible. The behaviors cause serious problems with relationships and work. People with personality disorders have trouble dealing with everyday stresses and problems. They often have stormy relationships with other people. The symptoms of each personality disorder are different. They can mild or severe. People with personality disorders may have trouble realizing that they have a problem. To them, their thoughts are normal, and they often blame others for their problems. They may try to get help because of their problems with relationships and work. Treatment usually includes talk therapy and sometimes medicine. This information was obtained from the website: <a href="https://medlineplus.gov/personalitydisorders.html">https://medlineplus.gov/personalitydisorders.html</a> .  6. Anxiety Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .	F 600			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments.	F 641		9/19/19	

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F 641	<p>Continued From page 70</p> <p>The assessment must accurately reflect the resident's status.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, it was determined that the facility staff failed to maintain an accurate MDS (minimum data set) for one of 67 residents in the survey sample, Resident #154. The facility staff failed to accurately code Resident #154 as being incontinent of urine on a quarterly MDS assessment with an ARD (assessment reference date) of 2/8/19.</p> <p>The findings include:</p> <p>Resident #154 was admitted to the facility on 1/20/17. Resident #154's diagnoses included but were not limited to heart failure, diabetes and seizures. Resident #154's most recent MDS, a quarterly assessment with an ARD of 8/8/19, coded the resident's cognition as moderately impaired.</p> <p>Review of Resident #154's quarterly MDS assessment with an ARD of 2/8/19 revealed Section H that coded Resident #154 as always continent of urine during the seven-day look back period. Review of Resident #154's bladder continence ADL (activities of daily living) records revealed the resident presented with urinary incontinence on 2/2/19, 2/4/19, 2/5/19 and 2/6/19.</p> <p>On 8/20/19 at 1:30 p.m., an interview was conducted with RN (registered nurse) #5 (MDS coordinator) regarding section H of Resident #154's 2/8/19 MDS. RN #5 stated that although the 2/8/19 MDS coded Resident #154 as always being continent of urine, review of the ADLs for</p>	F 641	<p>F641 <input type="checkbox"/> Accuracy of Assessments</p> <ol style="list-style-type: none"> <li>Resident #154 Minimum Data Set (MDS) quarterly, with an assessment reference date (ARD) of 2/18/19 modified and re-submitted.</li> <li>Residents who trigger for incontinence have the potential to be affected by this deficient practice.</li> </ol> <p>MDS Coordinator or designee conducted a quality review of section H of the MDS / Bladder and Bowel 0300 Continent / Incontinence of current residents for accuracy of coding.</p> <ol style="list-style-type: none"> <li>The MDS Coordinator or designee educated the MDS staff to ensure section H 0300 urinary incontinence is accurately coded to reflect the resident current status and services provided for residents with occasional incontinence within specified ARD.</li> <li>MDS coordinator or designee will conduct quarterly monitoring of MDS assessments prior to submitting to ensure accuracy of section H/Bladder and Bowel, H0300 Urinary status is accurately coded to reflect the resident's current status and services provided within the specified ARD. MDS Coordinator or designee will audit 15 residents weekly Section H Bladder and Bowel, H 0300 continent/ Incontinence for accuracy weekly x 12</li> </ol>		

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F 641	<p>Continued From page 71</p> <p>the look back period revealed the resident presented with incontinent episodes of urine. RN #5 stated the 2/8/19 MDS was inaccurately coded by someone no longer employed at the facility. RN #5 was asked why it is important to accurately code section H of the MDS. RN #5 stated, "So we know their status and how to provide care." When asked what she references when coding MDS assessments, RN #5 stated she references the CMS (Centers for Medicare and Medicaid Services) RAI (Resident Assessment Instrument) manual.</p> <p>On 8/20/19 at 4:45 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #7 (the regional director of clinical services) were made aware of the above concern.</p> <p>The CMS RAI manual documented, "H0300: Urinary Continence Steps for Assessment</p> <ol style="list-style-type: none"> <li>1. Review the medical record for bladder or incontinence records or flow sheets, nursing assessments and progress notes, physician history, and physical examination.</li> <li>2. Interview the resident if he or she is capable of reliably reporting his or her continence. Speak with family members or significant others if the resident is not able to report on continence.</li> <li>3. Ask direct care staff who routinely work with the resident on all shifts about incontinence episodes.</li> </ol> <p>DEFINITIONS URINARY INCONTINENCE The involuntary loss of urine. CONTINENCE Any void that occurs voluntarily, or as the result of prompted toileting, assisted toileting, or</p>	F 641	<p>weeks and PRN as indicated to ensure ongoing compliance.</p> <p>Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>Date of compliance: September 19, 2019</p>		



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F 641	Continued From page 72 scheduled toileting. Coding Instructions ·Code 0, always continent: if throughout the 7-day look-back period the resident has been continent of urine, without any episodes of incontinence. ·Code 1, occasionally incontinent: if during the 7-day look-back period the resident was incontinent less than 7 episodes. This includes incontinence of any amount of urine sufficient to dampen undergarments, briefs, or pads during daytime or nighttime. ·Code 2, frequently incontinent: if during the 7-day look-back period, the resident was incontinent of urine during seven or more episodes but had at least one continent void. This includes incontinence of any amount of urine, daytime and nighttime. ·Code 3, always incontinent: if during the 7-day look-back period, the resident had no continent voids..."	F 641			
F 656 SS=D	No further information was presented prior to exit. 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	F 656		9/19/19	

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F 656	Continued From page 73 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 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 resident interview, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed implement the comprehensive care plan for the use of non-pharmacological interventions prior to the administration of prn (as needed) pain medication for two of 67 residents in the survey sample, Residents # 30 and # 36.  The findings include:	F 656	F656 <input type="checkbox"/> Develop/Implement Comprehensive Care Plan 1. Comprehensive care plan reviewed for resident #30 and #36 to address a person centered approach to include non-pharmacological approaches of the resident preference.  Education was provided to those nurses who did not document		

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F 656	Continued From page 74  1. The facility staff failed to implement the comprehensive care plan for the use of non-pharmacological interventions prior to the administration of the prn pain medication Oxycodone (1) to Resident # 30.  Resident # 30 was admitted to the facility on 01/01/2016 and a readmission on 03/02/2019 with diagnoses that included but were not limited to: high blood pressure, and pain.  Resident # 30's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 06/12/19, coded Resident # 30 as scoring an 14 on the brief interview for mental status (BIMS) of a score of 0 - 15, 14 - being cognitively intact for making daily decisions. Resident # 30 was coded as requiring extensive assistance of one staff member for ADLs (activities of daily living). Section J "Health Conditions" coded Resident # 30 with having moderate pain occasionally.  The POS (physician's order sheet) for Resident # 30 dated August 2019 documented, "Oxycodone HCl (hydrochloride) Tablet 5 (five) mg (milligrams). Give 0.5 tablet by mouth every 12 hours as needed for pain. Order Date: 10/26/2018. Start date: 10/26/2018."  The comprehensive care plan for Resident # 30 with a revision date of 05/04/2016 documented, "Focus. Actual pain r/t (related to) arthritis, dx (diagnoses) chronic pain, RA (rheumatoid arthritis), polyneuropathy, lupus, headaches, shoulder, back and knee pain. Date Initiated: 02/27/2018."	F 656	non-pharmacological interventions prior to the administration of oxycodone from 7/4/2019 □ 8/6/2019 for resident #30.  Education was provided to the nurse who did not evidence attempts or implementation of non-pharmacological interventions prior to the administration of acetaminophen for resident #36.  2. Residents who reside at Autumn Care of Mechanicsville and receive prn pain medications have the potential to be affected by this deficient practice.  The Director of Nursing or designee will conduct a quality review of the current care plans of residents who receive prn pain medication to ensure non-pharmacological interventions of resident preference are included in their comprehensive plan of care.  3. The Director of Nursing or designee will educate Licensed nurses policy titled Care Plan, and Implementation of the comprehensive care plan to include the use of non- pharmacological approaches prior to prn pain medication administration.  4. The Director of Nursing or designee will conduct quality monitoring audits to ensure the comprehensive care plan is developed to include non-pharmacological interventions: 15 Care Plans will be audited weekly x 12 weeks and PRN as indicated to ensure ongoing compliance. Audit results will be presented monthly for		

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MECHANICSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY</b> <b>MECHANICSVILLE, VA 23116</b>		
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F 656	<p>Continued From page 75</p> <p>The eMAR (electronic administration record) for Resident # 30 dated July and August 2019 documented the above physician's order. The eMAR dated July 2019 documented the administration of Oxycodone five milligrams on: "07/04/19 at 2100 (9:00 p.m.) with a pain level of 4 (four), 07/06/19 at 22:38 (10:38 p.m.) with a pain level of 4, 07/08 at 20:30 (8:30 p.m.) with a pain level of 4 and on 07/10/19 at 23:04 with a pain level of 4."</p> <p>The eMAR dated August 2019 documented the administration of Oxycodone five milligrams on: "08/06/19 at 0229 (2:09 a.m.) with a pain level of 4 (four).</p> <p>The facility's nurse's notes and eMAR notes dated 07/04/19 through 08/06/19 failed to evidence any attempts or implementation of non-pharmacological interventions prior to the administration of five milligrams of oxycodone on the dates listed above.</p> <p>On 08/21/19 at 9:10 a.m., an interview was conducted with LPN # 1, unit manager regarding the process of administering prn pain medication. LPN # 1 stated, "First they should try nonmedical approaches, repositioning, or if a headache dim lights or move them in a quiet area. If they don't work the resident is medicated as ordered, and then follow up in thirty minutes to one hour to see if it was effective." When asked where staff document the non-pharmacological interventions, LPN # 1 stated, "It should be documented in a nurse's note and it should be attempted each time the medication is administered." When asked to describe the purpose of the comprehensive care plan, LPN # 1 stated, "It is the contract between the resident and the facility</p>	F 656	<p>three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>Date of Compliance: September 19, 2019</p>		

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F 656	<p>Continued From page 76</p> <p>It is the individualized plan of care of what we are going to do for them. After reviewing the eMARs dated July and August 2019, eMAR notes and nurse's notes dated 07/04/19 through 08/06/19 and the comprehensive care plan for resident # 30, LPN # 1 was asked if the care plan was followed. LPN # 1 stated, "No."</p> <p>The facility's policy "Care Plan" documented in part, "Z) 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."</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>References: (1) Indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f2137f1a-b49a-40bd-97ac-cd6b36e295f4">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f2137f1a-b49a-40bd-97ac-cd6b36e295f4</a>.</p> <p>2. The facility staff failed to implement the comprehensive care plan for the use of non-pharmacological interventions prior to the administration of the prn pain medication Acetaminophen (1) to Resident # 36.</p>	F 656			

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F 656	<p>Continued From page 77</p> <p>Resident # 36 was admitted to the facility on 09/15/2014 with diagnoses that included but were not limited to: high blood pressure, and chronic pain.</p> <p>Resident # 36's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/15/19, coded Resident # 36 as scoring an 10 on the brief interview for mental status (BIMS) of a score of 0 - 15, 10 - being moderately impaired of cognition for making daily decisions. Resident # 30 was coded as requiring extensive assistance of one staff member for ADLs (activities of daily living). Section J "Health Conditions" coded Resident # 30 with having severe pain almost constantly.</p> <p>The POS (physician's order sheet) for Resident # 36 dated August 2019 documented, "Acetaminophen Tablet. Give 650 mg (milligrams) by mouth every 4 (four) hours as needed for Pain. Order Date: 02/28/2016. Start date: 02/28/2016."</p> <p>The comprehensive care plan for Resident # 36 dated of 04/22/2016 documented "Focus. Actual pain r/t (related to) hx (history): of Chronic pain, gout, arthropathy, neuropathy. Date Initiated: 03/18/2016." Under "Interventions" it documented, "Staff to offer non-pharmacological intervention as tolerated. Date Initiated: 05/06/2016."</p> <p>The eMAR (electronic administration record) for Resident # 36 dated June 2019 documented the above physician's order. The eMAR dated June 2019 documented the administration of Acetaminophen 650 milligrams on: "06/10/19 at 0857 (8:57 a.m.) with a pain level of 5 (five)."</p>	F 656			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 656	Continued From page 78  The facility's nurse's notes and eMAR notes dated 06/10/19 failed to evidence attempts or implementation of non-pharmacological interventions prior to the administration of 650 milligrams of acetaminophen on the date listed above.  On 08/21/19 at 9:10 a.m., an interview was conducted with LPN # 1, unit manager regarding the process of administering prn pain medication. LPN # 1 stated, "First they should try nonmedical approaches, repositioning, or if a headache dim lights or move them in a quiet area. If they don't work the resident is medicated as ordered, and then follow up in thirty minutes to one hour to see if it was effective." When asked where staff document the non-pharmacological interventions, LPN # 1 stated, "It should be documented in a nurse's note and it should be attempted each time the medication is administered." When asked to describe the purpose of the comprehensive care plan, LPN # 1 stated, "It is the contract between the resident and the facility. It is the individualized plan of care of what we are going to do for them. After reviewing the eMAR dated June 2019, the eMAR note and nurse's note dated 06/10/19 and the comprehensive care plan for resident # 36, LPN # 1 was asked if the care plan was followed. LPN # 1 stated, "No."  The facility's policy "Care Plan" documented in part, "Z) 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."	F 656			

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F 656	Continued From page 79 On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.  No other information was provided prior to exit.  References: (1) Used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a> .	F 656			
F 697 SS=D	Pain Management CFR(s): 483.25(k)  §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed ensure pain management was provided	F 697	F697 <input type="checkbox"/> Pain Medication 1. A comprehensive care plan review for resident #30 and #36 was completed to address a person centered approaches to	9/19/19	



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F 697	<p>Continued From page 80</p> <p>consistent with professional standards of practice, the comprehensive person-centered care plan for two of 67 residents in the survey sample, Residents # 30 and # 36. The facility staff failed to implement non-pharmacological interventions prior to the administration of prn (as needed) pain medication to Resident #30 and #36.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>The facility staff failed to implement non-pharmacological interventions prior to the administration of the prn pain medication Oxycodone (1) to Resident # 30.</li> </ol> <p>Resident # 30 was admitted to the facility on 01/01/2016 and a readmission on 03/02/2919 with diagnoses that included but were not limited to: high blood pressure, and pain.</p> <p>Resident # 30's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 06/12/19, coded Resident # 30 as scoring an 14 on the brief interview for mental status (BIMS) of a score of 0 - 15, 14 - being cognitively intact for making daily decisions. Resident # 30 was coded as requiring extensive assistance of one staff member for ADLs (activities of daily living). Section J "Health Conditions" coded Resident # 30 with having moderate pain occasionally.</p> <p>The POS (physician's order sheet) for Resident # 30 dated August 2019 documented, "Oxycodone HCl (hydrochloride) Tablet 5 (five) mg (milligrams). Give 0.5 tablet by mouth every 12 hours as needed for pain. Order Date: 10/26/2018. Start date: 10/26/2018."</p>	F 697	<p>include non-pharmacological approaches of the resident preference.</p> <p>Education was provided to those nurses who did not document non-pharmacological interventions prior to the administration of oxycodone on 7/4/2019 <input type="checkbox"/> 8/6/2019 for resident #30.</p> <p>Education was provided to the nurse who did not evidence attempts or implementation of non-pharmacological interventions prior to the administration of acetaminophen for resident #36.</p> <ol style="list-style-type: none"> <li>Residents who reside at Autumn Care of Mechanicsville and receive prn pain medications have the potential to be affected by this deficient practice.</li> <li>The Director of Nursing or designee educated the Licensed nurses on policy titled Pain Medication and Pain Protocol regarding non-pharmacological interventions prior to administration of prn pain medications.</li> <li>The Director of Nursing or designee will conduct quality monitoring audits to ensure non-pharmacological interventions are used prior to prn pain medications administration: Five Medication observations will be accomplished weekly x 4 weeks, then three Medication observations will be accomplished weekly x 4 weeks, then two Medication observations will be accomplished weekly x 4 weeks and PRN as indicated to ensure ongoing compliance.</li> </ol>		

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F 697	<p>Continued From page 81</p> <p>The comprehensive care plan for Resident # 30 with a revision date of 05/04/2016 documented, "Focus. Actual pain r/t (related to) arthritis, dx (diagnoses) chronic pain, RA (rheumatoid arthritis), polyneuropathy, lupus, headaches, shoulder, back and knee pain. Date Initiated: 02/27/2018."</p> <p>The eMAR (electronic administration record) for Resident # 30 dated July and August 2019 documented the aboce physician's order. The eMAR dated July 2019 documented the administration of Oxycodone five milligrams on: "07/04/19 at 2100 (9:00 p.m.) with a pain level of 4 (four), 07/06/19 at 22:38 (10:38 p.m.) with a pain level of 4, 07/08 at 20:30 (8:30 p.m.) with a pain level of 4 and on 07/10/19 at 23:04 with a pain level of 4."</p> <p>The eMAR dated August 2019 documented the administration of Oxycodone five milligrams on: "08/06/19 at 0229 (2:09 a.m.) with a pain level of 4 (four).</p> <p>The facility's nurse's notes and eMAR notes dated 07/04/19 through 08/06/19 failed to evidence documentation of non-pharmacological interventions prior to the administration of five milligrams of oxycodone on the dates listed above.</p> <p>On 08/20/19 at 1:22 p.m., an interview was conducted with LPN (licensed practical nurse) # 10 regarding the process of administering prn pain medication. LPN # 10 stated, "First I try to alleviate the pain by nonmedical means. If it doesn't work I ask what their [resident's] pain level is and where the pain is, check the doctors'</p>	F 697	<p>Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>Date of Compliance: September 19, 2019</p>		

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F 697	<p>Continued From page 82</p> <p>orders to see what was prescribed, administer the medication and recheck the resident's pain about thirty to forty-five minutes later." When asked where staff document the non-pharmacological interventions LPN # 10 stated, "In the eMAR notes."</p> <p>On 08/21/19 at 9:10 a.m., an interview was conducted with LPN # 1, unit manager regarding the process of administering prn pain medication. LPN # 1 stated, "First they should try nonmedical approaches, repositioning, or if a headache dim lights or move them in a quiet area. If they don't work the resident is medicated as ordered, and then follow up in thirty minutes to one hour to see if it was effective." When asked where staff document the non-pharmacological interventions LPN # 1 stated, "It should be documented in a nurse's note and it should be attempted each time the medication is administered." After reviewing the eMARs dated July and August 2019, eMAR notes and nurse's notes dated 07/04/19 through 08/06/19 for Resident #30, LPN # 1 was asked if non-pharmacological interventions were implemented and documented. LPN # 1 stated, "No and if it isn't documented I can't say it was being done."</p> <p>The facility's policy "Pain Medication and Pain Protocol" documented in part, "Non-pharmacological intervention will be attempted prior to the administration of PRN pain medications. When it is determined the resident's pain will need pharmacological interventions: a. Documentation of administration of medications will be located on the Medication Administration Record, b. The response(s) of the medication(s) will be identified on the pain flow record for effectiveness of the medication."</p>	F 697			

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F 697	<p>Continued From page 83</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.</p> <p>No other information was provided prior to exit.</p> <p>References: (1) Indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f2137f1a-b49a-40bd-97ac-cd6b36e295f4">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f2137f1a-b49a-40bd-97ac-cd6b36e295f4</a>.</p> <p>2. The facility staff failed to implement non-pharmacological interventions prior to the administration of the prn pain medication Acetaminophen (1) to Resident # 36.</p> <p>Resident # 36 was admitted to the facility on 09/15/2014 with diagnoses that included but were not limited to: high blood pressure, and chronic pain.</p> <p>Resident # 36's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/15/19, coded Resident # 36 as scoring an 10 on the brief interview for mental status (BIMS) of a score of 0 - 15, 10 - being moderately impaired of cognition for making daily decisions. Resident # 30 was coded as requiring extensive assistance of one staff member for ADLs (activities of daily living). Section J "Health Conditions" coded Resident # 30 with having severe pain almost constantly.</p>	F 697			

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F 697	Continued From page 84  The POS (physician's order sheet) for Resident # 36 dated August 2019 documented, "Acetaminophen Tablet. Give 650 mg (milligrams) by mouth evert 4 (four) hours as needed for Pain. Oder Date: 02/28/2016. Start date: 02/28/2016."  The comprehensive care plan for Resident # 36 dated of 04/22/2016 documented "Focus. Actual pain r/t (related to) hx (history): of Chronic pain, gout, arthropathy, neuropathy. Date Initiated: 03/18/2016." Under "Interventions" it documented, "Staff to offer non-pharmacological intervention as tolerated. Date Initiated: 05/06/2016."  The eMAR (electronic administration record) for Resident # 36 dated June 2019 documented the above physician's order. The eMAR dated June 2019 documented the administration of Acetaminophen 650 milligrams on: "06/10/19 at 0857 (8:57 a.m.) with a pain level of 5 (five)."  The facility's nurse's notes and eMAR notes dated 06/10/19 failed to evidence documentation of non-pharmacological interventions prior to the administration of 650 milligrams of acetaminophen on the date listed above.  On 08/20/19 at 1:22 p.m., an interview was conducted with LPN (licensed practical nurse) # 10 regarding the process of administering prn pain medication. LPN # 10 stated, "First I try to alleviate the pain by nonmedical means. If it doesn't work I ask what their [resident's] pain level is and where the pain is, check the doctors' orders to see what was prescribed, administer the medication and recheck the resident's pain about	F 697			

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F 697	<p>Continued From page 85</p> <p>thirty to forty-five minutes later." When asked where staff document the non-pharmacological interventions LPN # 10 stated, "In the eMAR notes."</p> <p>On 08/21/19 at 9:10 a.m., an interview was conducted with LPN # 1, unit manager regarding the process of administering prn pain medication. LPN # 1 stated, "First they should try nonmedical approaches, repositioning, or if a headache dim lights or move them in a quiet area. If they don't work the resident is medicated as ordered, and then follow up in thirty minutes to one hour to see if it was effective." When asked where staff document the non-pharmacological interventions, LPN # 1 stated, "It should be documented in a nurse's note and it should be attempted each time the medication is administered." After reviewing the eMAR dated June 2019, the eMAR note and the nurse's note dated 06/10/19, for Resident #36, LPN # 1 was asked if non-pharmacological interventions were implemented and documented. LPN # 1 stated, "No and if it isn't documented I can't say it was being done."</p> <p>The facility's policy "Pain Medication and Pain Protocol" documented in part, "Non-pharmacological intervention will be attempted prior to the administration of PRN pain medications. When it is determined the resident's pain will need pharmacological interventions: a. Documentation of administration of medications will be located on the Medication Administration Record, b. The response(s) of the medication(s) will be identified on the pain flow record for effectiveness of the medication."</p> <p>On 08/21/19 at 1:00 p.m., ASM (administrative</p>	F 697			

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F 697	Continued From page 86 staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 7, regional director of clinical services.  No other information was provided prior to exit.  References: (1) Used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a> .	F 697			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper	F 761		9/19/19	

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F 761	<p>Continued From page 87</p> <p>temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility document review, the facility staff failed to properly store and dispose of expired biologicals and sterile supplies available for use in two of two medication rooms, (Spring unit and Autumn unit medication rooms) and one of four medication carts observed (medication cart designated on the 300 hall of the Autumn unit).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>The facility staff failed to dispose of expired Diabetisource AC (1) cartons that were available for use in the medication preparation room located on the Spring unit of the facility.</li> </ol> <p>On 8/20/19 at approximately 12:15 p.m., an inspection of the facility's medication preparation room located on the Spring unit was conducted with LPN (licensed practical nurse) #1, unit manager. Observation of the room revealed a cardboard box containing 7 (seven) 250ml (milliliter) cartons of Diabetisource AC complete nutrition, unflavored located on a shelf with stock medication bottles that were available for use.</p>	F 761	<p>F761 <input type="checkbox"/> Label Storage Drugs and Biologicals</p> <ol style="list-style-type: none"> <li>Expired Diabetisource AC was discarded 8/20/2019.</li> </ol> <p>Expired sterile water was discarded 8/20/2019.</p> <p>Expired syringe was discarded 8/20/2019.</p> <p>Bisacodyl suppository 10mg (milligram) lying alone in top drawer out of original package was discarded 8/20/2019.</p> <p>Expired canister of 70 count Clorox germicidal bleach wipes was discarded 8/20/2019.</p> <ol style="list-style-type: none"> <li>All residents who reside at Autumn Care of Mechanicville who receive medications or utilize sterile supplies have the potential to be affected by this deficient practice.</li> </ol> <p>The Director of Nursing or designee</p>		



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F 761	<p>Continued From page 88</p> <p>The cartons documented a use by date of "26 Jan 2019." LPN #1 stated that these were not used by any residents on the unit and should not be on the shelf. LPN #1 agreed that the cartons were available for use and past their use by date. LPN #1 removed the cartons from the room.</p> <p>2. The facility staff failed to dispose of expired sterile water that was available in the medication preparation room located on the Autumn unit of the facility.</p> <p>On 8/20/19 at approximately 12:30 p.m., an inspection of the facility's medication preparation room located on the Autumn unit was conducted with RN (registered nurse) #2, unit manager. Observation of the room revealed one 100ml (milliliter) container of Argyle (brand name) sterile water with an expiration date of "exp [expires] 01/2018." RN #2 stated that the sterile water was used for wound care. RN #2 agreed that the sterile water was available for use and past its expiration date. RN #2 removed the sterile water from the room.</p> <p>3. The facility staff failed to dispose of expired syringes and properly store medication on the medication cart designated on the 300 hall of the Autumn unit.</p> <p>On 8/20/19 at approximately 12:45 p.m., an inspection of the facility's medication cart on the Autumn hall was conducted with LPN #10. LPN #10 stated the medication cart was designated for the 300 hall of the unit. Observation of the cart revealed 3 (three) sterile 1ml (milliliter) tuberculin syringes regular tip available for use in the top drawer of the medication cart. The syringes documented an expiration date of "2019-03."</p>	F 761	<p>conducted a Quality review of medication carts and medication rooms on 8/20/19 to ensure medication and sterile supplies were in compliance with expiration dates.</p> <p>3. The Director of Nursing or designee educated the all departments to policy titled Storage and Expiration of Medications, Biologicals, Syringes and Needles and Clorox Germicidal Bleach Wipes to ensure properly disposal of expired Clorox Germicidal Bleach Wipes, biologicals and sterile supplies.</p> <p>4. The Director of Nursing or designee will conduct audits to include medication rooms and medication carts to ensure proper storage and dispose of expired biologicals and sterile supplies 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: September 19, 2019</p>		

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F 761	<p>Continued From page 89</p> <p>LPN #10 stated that she does not use these syringes, stated that they have syringes in the other drawer with the needle already attached that she uses. LPN #10 agreed that the syringes were available for use and that they were past their expiration date.</p> <p>Further observation revealed one Bisacodyl (2) suppository 10mg (milligram). The suppository was lying alone in the top drawer of the medication cart. It was not observed in its original packaging. LPN #10 stated that she did not know why it was on the cart like that and that the normal process is to keep them in the medication preparation room and get them as needed. LPN #10 stated that the suppository should not be stored on the cart alone in the drawer not in any packaging.</p> <p>Further observation revealed one canister of 70 count (Clorox) germicidal bleach wipes in the bottom drawer of the medication cart. The wipes documented an expiration date of "14 Jun 19." LPN #10 stated that staff use these wipes to clean the glucometers. LPN #10 stated that the wipes were past their expiration date and that they were available for use. Observation of the cart did not reveal any additional germicidal wipes.</p> <p>The facility policy "LTC (long term care) Facility's Pharmacy Services and Procedure Manual" documented "Procedure 4. Facility should ensure that medications and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate from other medications until destroyed or</p>	F 761			

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F 761	<p>Continued From page 90</p> <p>returned to the pharmacy or supplier. 16. Facility should ensure that medications and biologicals for expired or discharged or hospitalized residents are stored separately, away from use, until destroyed or returned to the provider." The policy further documented "10. Facility should ensure that the medications and biologicals for each resident are stored in the containers in which they were originally received."</p> <p>On 08/21/2019 at approximately 3:45 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing and ASM #7, the regional director of clinical services were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>1. Diabetisource AC Diabetisource® AC is a specialized formula to meet the nutritional needs of individuals with diabetes and stress-induced hyperglycemia. This information was obtained from the website: <a href="https://www.medline.com/product/Diabetisource-AC-Nutritional-Formula/Nutrients/Z05-PF11276">https://www.medline.com/product/Diabetisource-AC-Nutritional-Formula/Nutrients/Z05-PF11276</a></p> <p>2. Bisacodyl suppository Dulcolax (bisacodyl) is a laxative that stimulates bowel movements. Dulcolax is used to treat constipation or to empty the bowels before surgery, colonoscopy, x-rays, or other intestinal medical procedure. Dulcolax tablets generally produce a bowel movement in 6 to 12 hours. Dulcolax suppositories generally produces bowel movements in 15 minutes to 1 hour. This information was obtained from the website: <a href="https://www.drugs.com/dulcolax.html">https://www.drugs.com/dulcolax.html</a></p>	F 761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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