

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0409	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2019
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MECHANICSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 8/18/19 through 8/21/19. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <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>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: Resident Assessment and Care Planning 12VAC5-371-250G cross reference to F656.</p> <p>Nursing Services 12VAC5-371-220B cross reference to F697.</p> <p>12VAC5-371-150. Resident Rights cross reference to F565.</p> <p>12VAC5-371-250. Resident Assessment and Care Planning cross reference to F641. Resident Rights 12VAC5-371-140 D Cross reference to F583.</p>	F 001	<p>Resident Assessment and Care Planning 12VAC5-371-250G cross reference to F656.</p> <p>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.</p> <p>Education was provided to those nurses who did not document non-pharmacological interventions prior to the administration of oxycodone from 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</p>	9/19/19

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

TITLE

(X6) DATE

Electronically Signed

09/17/19

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F 001	Continued From page 1	F 001	<p>acetaminophen for resident #36.</p> <p>2. Residents who reside at Autumn Care of Mechanicsville and receive prn pain medications have the potential to be affected by this deficient practice.</p> <p>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.</p> <p>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.</p> <p>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 three months to the Quality Assurance Performance Improvement committee for review and recommendation. Date of Compliance: September 19, 2019</p> <p>Nursing Services 12VAC5-371-220B cross reference to F697.</p>	

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F 001	Continued From page 2	F 001	<p>F697 <input type="checkbox"/> Pain Medication</p> <p>1. A comprehensive care plan review for resident #30 and #36 was completed to address a person centered approaches to 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> <p>2. Residents who reside at Autumn Care of Mechanicsville and receive prn pain medications have the potential to be affected by this deficient practice.</p> <p>3. 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.</p> <p>4. 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</p>	

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F 001	Continued From page 3	F 001	<p>x 4 weeks, then two Medication observations will be accomplished 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> <p>12VAC5-371-150. Resident Rights cross reference to F565.</p> <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</p>	

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F 001	Continued From page 4	F 001	<p>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 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> <p>12VAC5-371-250. Resident Assessment and Care Planning cross reference to F641.</p> <p>F641 <input type="checkbox"/> Accuracy of Assessments</p> <p>1. Resident #154 Minimum Data Set (MDS) quarterly, with an assessment reference date (ARD) of 2/18/19 modified and re-submitted.</p> <p>2. Residents who trigger for incontinence have the potential to be affected by this deficient practice.</p> <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> <p>3. The MDS Coordinator or designee educated the MDS staff to ensure section</p>	

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F 001	Continued From page 5	F 001	<p>H 0300 urinary incontinence is accurately coded to reflect the resident current status and services provided for residents with occasional incontinence within specified ARD.</p> <p>4. 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 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> <p>Resident Rights 12VAC5-371-140 D Cross reference to F583.</p> <p>F583 <input type="checkbox"/> Personal Privacy/Confidentiality of Records 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</p>	

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F 001	Continued From page 6	F 001	<p>Care of Mechanicsville have the potential to be affected by deficient practice.</p> <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.</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>	