

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

PRINTED: 01/20/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495413 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/11/2020 |
| NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MECHANICSVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| E 000 | Initial Comments | E 000 | | | |
| F 000 | An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted on 12/9/20-12/11/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. | F 000 | | | |
| F 775 | INITIAL COMMENTS | F 775 | | | |
| SS=D | An unannounced Medicare/Medicaid abbreviated standard survey and COVID-19 Focused Survey was conducted 12/9/20 through 12/11/2020. One complaint (VA00050284- substantiated with no deficiencies) was investigated during the survey. The facility was in substantial compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). | | | | |
| | The census in this 169 certified bed facility was 123. Of the 123 current residents, 13 residents had tested positive for the COVID-19 virus. The survey sample consisted of seven current resident reviews (Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7 and Resident #8) and one closed record review (Resident #1). | | | | |
| | Lab Reports in Record - Lab Name/Address CFR(s): 483.50(a)(2)(iv) | | | 12/23/20 | |
| | §483.50(a)(2) The facility must- (iv) File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to ensure the | | F775 <input type="checkbox"/> Lab Reports in Record <input type="checkbox"/> Lab Name/Address 1. Resident #5 and resident # 6 medical | | |

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

TITLE

(X6) DATE

Electronically Signed

12/23/2020

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 775 | <p>Continued From page 1</p> <p>COVID - 19 test results were in the clinical record and contained the laboratory address, a date, and the name of the laboratory that performed the test for two of eight residents in the survey sample, Residents # 5 and #6.</p> <p>The findings include:</p> <p>1. Resident #5 was admitted to the facility on 10/23/2019 with diagnoses that included but were not limited to: dementia, high blood pressure, Alzheimer's disease (a progressive loss of mental ability and function, often accompanied by personality changes and emotional instability.) (1) and COVID - 19 (A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 [COVID-19], is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.) (2)</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, combined with a Medicare 5 day assessment, with an ARD (assessment reference date) of 12/3/2020, coded the resident as having both short and long term memory difficulties. Resident #5 was coded as moderately impaired to make daily cognitive decisions. The resident was coded as requiring supervision of one staff member for most of her activities of daily living.</p> <p>The eMAR (electronic medication administration record) note dated, 11/27/2020 at 7:08 p.m. documented in part, "May test for COVID -19 per protocol...as needed for COVID testing PRN (as needed) administration: administration was</p> | F 775 | <p>record were updated to reflect positive COVID-19 test results.</p> <p>A resident COVID-19 test result form was developed to include laboratory address, a place for a date and the name of the laboratory that performed COVID test.</p> <p>A quality review of current residents who tested for COVID-19 was reviewed and chart updated to ensure COVID-19 test results were in clinical record.</p> <p>2. Residents who reside in Autumn Care of Mechanicsville have the potential to be affected by this deficient practice.</p> <p>3. Nurses who perform COVID-19 testing were educated by the Regional Vice President of Operation or designee on documentation of COVID-19 test results in clinical record.</p> <p>4. The Director of Nursing or designee will conduct weekly audits to validate documentation of 100% compliance of COVID-19 test results in clinical record. These audits will be accomplished 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: December 28, 2020</p> | | |

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| F 775 | <p>Continued From page 2 effective - negative."</p> <p>The nurse practitioner note dated, 11/30/2020 at 5:13 p.m. documented, "Called and updated pt's (patient's) daughter in law on pt's positive COVID test. Also informed her of pts new orders."</p> <p>Review of the clinical record failed to evidence any laboratory test results in the clinical record for 11/30/2020.</p> <p>An interview was conducted with ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, on 12/11/2020 at 12:55 p.m. ASM #1 and ASM #2 were asked about the test results of Resident #5's positive COVID test on 11/30/2020. ASM #2 stated, "I personally did the testing so I know they were done. I record them on the census sheets." When asked where the test results are located in the clinical record, ASM #2 stated they had it as a physician's order and the order shows on the MAR. When asked where the name of the test, the date and the laboratory name and address is located in the clinical record, ASM #2 stated, "We do our own tests, we don't use a lab." When asked if the test results should be documented in the clinical record, ASM #2 stated, "Yes, it's on the MAR."</p> <p>The review of Resident #5's MAR for November 2020, revealed the documented order for COVID 19 testing. Under the date of 11/30/2020, there was nothing documented. There were no COVID test results documented on the MAR for Resident #5.</p> <p>The facility policy, "COVID Testing Guidance"</p> | F 775 | | | |

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| F 775 | <p>Continued From page 3 documented in part, "Documentation of resident test results will be retained in the resident health record."</p> <p>ASM #1 and ASM #2 were made aware of the above concern on 12/11/2020 at 3:30 p.m.</p> <p>No further information was provided prior to exit</p> <p>Resources: (1) Barron's Dictionary of Medical Terms, 5th edition, Rothenberg and Chapman, page 26. (2) This information was obtained from the following website: https://search.cdc.gov/search/index.html?query=COVID+-+19+definition&sitelimit=&utf8=%E2%9C%93&affiliate=cdc-main#content</p> <p>2. Resident #6 was admitted to the facility on 9/20/2019 with diagnoses that included but were not limited to: dementia (a progressive state of mental decline, especially memory function and judgement, often accompanied by disorientation. (1), chronic pain, depression, and COVID 19.</p> <p>The most recent MDS assessment, a quarterly assessment, combined with a Medicare 5 day assessment, with an ARD of 12/2/2020, coded the resident as having short and long term memory difficulties. The resident was coded as having modified independence for making daily cognitive decisions.</p> <p>The eMAR (electronic medication administration record) note dated 11/19/2020 at 2:00 p.m. documented in part, "May test for COVID - 19 per protocol...as needed for COVID testing. MD (medical doctor) made aware, and resident was tested with PCR test for COVID 19. Her daughter</p> | F 775 | | |

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| F 775 | <p>Continued From page 4</p> <p>was made aware and both resident and daughter consented to testing. Both resident and daughter were made aware that their roommate had tested positive for COVID 19 and that this resident would be moving to our Covid observation area. Resident denied any signs or symptoms consisted with Covid 19. She was alert and oriented x 4 (person, place, time and situation) Both verbalized understanding of signs and symptoms of Covid 19 and the risks associated with contracting the virus, and were appreciative of the notification and extra precautions being taken."</p> <p>The nurse practitioner note dated, 11/27/2020 at 1:50 p.m. documented, "Called and left detailed voicemail on daughters (sic) cell phone that her mother's COVID 19 test came back positive."</p> <p>Review of Resident 6's eMAR for November 2020, revealed the documented physician order for the COVID 19 testing. The space for 11/27/2020 was blank. There were no COVID test results documented on the eMAR for Resident #6.</p> <p>An interview was conducted with ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, on 12/11/2020 at 12:55 p.m. ASM #1 and ASM #2 were asked about the test results of Resident #6's positive COVID test on 11/30/2020. ASM #2 stated, "I personally did the testing so I know they were done. I record them on the census sheets." When asked where the test results are located in the clinical record, ASM #2 stated they had it as a physician's order and the order shows on the MAR. When asked where the name of the test, the date and the laboratory</p> | F 775 | | | |

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| F 775 | Continued From page 5 name and address is located in the clinical record, ASM #2 stated, "We do our own tests, we don't use a lab." When asked if the test results should be documented in the clinical record, ASM #2 stated, "Yes, it's on the MAR." The facility policy, "COVID Testing Guidance" documented in part, "Documentation of resident test results will be retained in the resident health record." ASM #1 and ASM #2 were made aware of the above concern on 12/11/2020 at 3:30 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. | F 775 | | | |
| F 842 SS=D | Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- | F 842 | | 12/23/20 | |

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| F 842 | <p>Continued From page 6</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> | F 842 | | | |

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| F 842 | <p>Continued From page 7</p> <p>(ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain a complete and accurate clinical record for two of eight residents in the survey sample, Resident #5 and Resident #6. There were no COVID - 19 test results in clinical records for Resident #5 and Resident #6.</p> <p>The findings include:</p> <p>1. Resident #5 was admitted to the facility on 10/23/2019 with diagnoses that included but were not limited to: dementia, high blood pressure, Alzheimer's disease (a progressive loss of mental ability and function, often accompanied by personality changes and emotional instability.) (1) and COVID - 19 (A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 [COVID-19], is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.) (2)</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, combined with a Medicare 5 day assessment, with an ARD</p> | F 842 | <p>F842: Resident Records – Identification information</p> <p>1. Resident #5 and resident # 6 medical records were updated to reflect COVID-19 status.</p> <p>A quality review of all current residents who received a COVID-19 test was reviewed to ensure a complete and accurate clinical record.</p> <p>2. Residents who reside in Autumn Care of Mechanicsville have the potential to be affected by this deficient practice.</p> <p>3. Staff who perform COVID-19 testing were educated by the Regional Vice President of Operation or designee to ensure accurate and timely COVID-19 test result documentation.</p> <p>4. The Director of Nursing or designee will conduct weekly audits to validate 100% documentation compliance of COVID-19 test results in clinical record. These audits will be accomplished weekly x 12 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</p> | | |

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| F 842 | <p>Continued From page 8</p> <p>(assessment reference date) of 12/3/2020, coded the resident as having both short and long term memory difficulties. Resident #5 was coded as moderately impaired to make daily cognitive decisions. The resident was coded as requiring supervision of one staff member for most of her activities of daily living.</p> <p>The eMAR (electronic medication administration record) note dated, 11/27/2020 at 7:08 p.m. documented in part, "May test for COVID -19 per protocol...as needed for COVID testing PRN (as needed) administration: administration was effective - negative."</p> <p>The nurse practitioner notes dated, 11/30/2020 at 5:13 p.m. documented, "Called and updated pt's (patient's) daughter in law on pt's positive COVID test. Also informed her of pts new orders."</p> <p>Review of the clinical record failed to evidence any laboratory test results in the clinical record for 11/30/2020.</p> <p>An interview was conducted with ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, on 12/11/2020 at 12:55 p.m. When asked about Resident #5's positive COVID test on 11/30/2020, ASM #2 stated, "I personally did the testing so I know they were done. I record them on the census sheets." When asked where the results are located in the clinical record, ASM #2 stated they had it as a physician's order and the order shows on the MAR. When asked if the COVID test results be documented in the clinical record, ASM #2 stated, "Yes, it's on the MAR." When asked again where this information is located in the clinical record, ASM #2 did not</p> | F 842 | <p>review and recommendation.</p> <p>Date of Compliance: December 28, 2020</p> | | |

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| F 842 | <p>Continued From page 9 respond.</p> <p>The review of the MAR for November 2020 documented the order for COVID 19 testing. Under the date of 11/30/2020, there was nothing documented. There were no COVID test results for Resident #5 documented on the MAR for the date of 11/30/2020, or in the clinical record.</p> <p>The facility policy, "COVID Testing Guidance" documented in part, "Documentation of resident test results will be retained in the resident health record."</p> <p>ASM #1 and ASM #2 were made aware of the above concern on 12/11/2020 at 3:30 p.m.</p> <p>No further information was provided prior to exit</p> <p>Resources: (1) Barron's Dictionary of Medical Terms, 5th edition, Rothenberg and Chapman, page 26. (2) This information was obtained from the following website: https://search.cdc.gov/search/index.html?query=COVID+-+19+definition&sitelimit=&utf8=%E2%9C%93&affiliate=cdc-main#content</p> <p>2. Resident #6 was admitted to the facility on 9/20/2019 with diagnoses that included but were not limited to: dementia (a progressive state of mental decline, especially memory function and judgement, often accompanied by disorientation. (1), chronic pain, depression, and COVID 19.</p> <p>The most recent MDS assessment, a quarterly assessment, combined with a Medicare 5 day assessment, with an ARD of 12/2/2020, coded the resident as having short and long term</p> | F 842 | | |

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| F 842 | <p>Continued From page 10</p> <p>memory difficulties. The resident was coded as having modified independence for making daily cognitive decisions. Resident #6 was coded as requiring supervision to limited assistance of one staff member for most of her activities of daily living.</p> <p>The eMAR (electronic medication administration record) note dated 11/19/2020 at 2:00 p.m. documented in part, "May test for COVID - 19 per protocol...as needed for COVID testing. MD (medical doctor) made aware, and resident was tested with PCR test for COVID 19. Her daughter was made aware and both resident and daughter consented to testing. Both resident and daughter were made aware that their roommate had tested positive for COVID 19 and that this resident would be moving to our Covid observation area. Resident denied any signs or symptoms consisted with Covid 19. She was alert and oriented x 4 (person, place, time and situation) Both verbalized understanding of sings and symptoms of Covid 19 and the risks associated with contracting the virus, and were appreciative of the notification and extra precautions being taken."</p> <p>The nurse practitioner notes dated, 11/27/2020 at 1:50 p.m. documented, "Called and left detailed voicemail on daughters (sic) cell phone that her mother's COVID 19 test came back positive."</p> <p>Review of the eMAR for November 2020 documented the physician order for the COVID 19 testing. The space for 11/27/2020 was blank. There were no COVID test results for Resident #6 documented on the eMAR for the date of 11/30/2020, or in the clinical record.</p> | F 842 | | | |

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

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FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495413 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/11/2020 |
|--|---|--|---|---|
| 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 842 | <p>Continued From page 11</p> <p>An interview was conducted with ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, on 12/11/2020 at 12:55 p.m. When asked about Resident #6's positive COVID test on 11/27/2020, ASM #2 stated, "I personally did the testing so I know they were done. I record them on the census sheets." When asked where the COVID results are located in the clinical record, ASM #2 stated they had it as a physician's order and the order shows on the MAR. When asked if the COVID test results be documented in the clinical record, ASM #2 stated, "Yes, it's on the MAR." When asked again where this information is located in the clinical record, ASM #2 did not respond.</p> <p>The facility policy, "COVID Testing Guidance" documented in part, "Documentation of resident test results will be retained in the resident health record."</p> <p>ASM #1 and ASM #2 were made aware of the above concern on 12/11/2020 at 3:30 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p> | F 842 | | |