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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	С	(X3) DATE SURVEY COMPLETED	
	495413	B. WING	B. WING 12		
		7			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
Initial Comments		E 000			
Preparedness CO conducted on 12/9 in substantial com 483.73, Requirem Facilities.	VID-19 Focused Survey was 7/20-12/11/20. The facility was pliance with 42 CFR Part ent for Long-Term Care	F 000			
standard survey at was conducted 12 complaint (VA0005 deficiencies) was in The facility was in F-880 of 42 CFR F	nd COVID-19 Focused Survey /9/20 through 12/11/2020. One 50284- substantiated with no nvestigated during the survey. substantial compliance with Part 483 Federal Long Term	310			
123. Of the 123 cu had tested positive survey sample cor resident reviews (Resident #4, Resid #7 and Resident # review (Resident # Lab Reports in Re	rrent residents, 13 residents for the COVID-19 virus. The disisted of seven current Resident #2, Resident #3, dent #5, Resident #6, Resident 8) and one closed record 11.	F 775		12/23/20	
§483.50(a)(2) The (iv) File in the residence reports that are dated address of the test This REQUIREME by: Based on staff interview, and clinical	facility must- dent's clinical record laboratory ted and contain the name and ing laboratory. NT is not met as evidenced erview, facility document I record review, it was		F775 □ Lab Reports in Record □ Lab Name/Address 1. Resident #5 and resident # 6 medica	d	
	Initial Comments An unannounced Preparedness CO conducted on 12/9 in substantial compatibles. INITIAL COMMEN An unannounced standard survey ar was conducted 12 complaint (VA0005 deficiencies) was in The facility was in F-880 of 42 CFR F Care requirement(The census in this 123. Of the 123 cu had tested positive survey sample corresident reviews (Resident # review (Resident # review (Resident # review (Resident # CFR(s): 483.50(a) §483.50(a)(2) The (iv) File in the resident reviews of the test This REQUIREMED by: Based on staff intereview, and clinical determined the face	ROVIDER OR SUPPLIER N CARE OF MECHANICSVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments 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. INITIAL COMMENTS 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) §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	PROVIDER OR SUPPLIER N CARE OF MECHANICSVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments 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. INITIAL COMMENTS F 000 An unannounced Medicare/Medicaid abbreviated standard survey and COVID-19 Focused Survey was conducted 12/9/20 through 12/11/2020. One complaint (VA0050284- 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) (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	STREET ADDRESS, CITY, STATE, ZIP CODE TROUDER OR SUPPLIER N CARE OF MECHANICSVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments 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. INITIAL COMMENTS 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 positive for the COVID-19 virus. The survey sample consisted of seven current resident reviews (Resident #3, Resident #8), Resident #3, Resident #8, Resident #8, Resident #6, Resident #7 and Resident #8) and one closed record review (Resident #8). Resident #6, Resident #7 and Resident #8) and one closed record review (Resident #8). Resident #6, Resident #7 and Resident #8). Resident #8,	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C 12/11/2020	
		495413	B. WING				
	PROVIDER OR SUPPLIER	ICSVILLE		76	TREET ADDRESS, CITY, STATE, ZIP CODE 600 AUTUMN PARKWAY IECHANICSVILLE, VA 23116		11/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 775	COVID - 19 test reand contained the Ithe name of the lab for two of eight resis. Residents # 5 and The findings includ. 1. Resident #5 was 10/23/2019 with dianot limited to: demo Alzheimer's diseas ability and function, personality change and COVID - 19 (A coronavirus that haidentified. The virus 2019 [COVID-19], i coronaviruses that humans and cause cold.) (2) The most recent M assessment, a quawith a Medicare 5 of (assessment refere coded the resident term memory difficials moderately imparts and cause cold.) (2) The eMAR (electronal resident term memory difficials moderately imparts activities of daily lives. The eMAR (electronal record) note dated, documented in part protocolas needed	sults were in the clinical record aboratory address, a date, and coratory that performed the test idents in the survey sample, #6. e: admitted to the facility on agnoses that included but were entia, high blood pressure, e (a progressive loss of mental, often accompanied by and emotional instability.) (1) novel coronavirus is a new as not been previously a causing coronavirus disease is not the same as the commonly circulate among is mild illness, like the common. DS (minimum data set) retrly assessment, combined day assessment, with an ARD ence date) of 12/3/2020, as having both short and long culties. Resident #5 was coded aired to make daily cognitive dent was coded as requiring staff member for most of her	F 7	75	record were updated to reflect position COVID-19 test results. A resident COVID-19 test result for developed to include laboratory add a place for a date and the name of laboratory that performed COVID to the A quality review of current residents tested for COVID-19 was reviewed chart updated to ensure COVID-19 results were in clinical record. 2. Residents who reside in Autum of Mechanicsville have the potential affected by this deficient practice. 3. Nurses who perform COVID-19 testing were educated by the Region Vice President of Operation or desion documentation of COVID-19 testing the conduct weekly audits to validate documentation of 100% compliance. 4. The Director of Nursing or desimilar conduct weekly audits to validate documentation of 100% compliance. COVID-19 test results in clinical record. x 12 weeks and PRN as indicated the ensure ongoing compliance. Audit results will be presented more three months to the Quality Assurar Performance Improvement committer review and recommendation. Date of Compliance: December 28,	m was dress, the est. s who and test n Care I to be onal gnee it gnee te e of cord. weekly o thly for nce tee for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C	
		495413	B. WING		12	2/11/2020	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP O 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116			
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F 775	effective - negative The nurse practit 5:13 p.m. docume (patient's) daught test. Also informe Review of the clir any laboratory test 11/30/2020. An interview was (administrative st administrator, an nursing, on 12/11 ASM #2 were asl Resident #5's por ASM #2 stated, " know they were of census sheets." results are locate stated they had it order shows on t name of the test, name and address record, ASM #2 stated, "Yes, in the review of Re 2020, revealed th 19 testing. Under was nothing docume test results docume #5.	doner note dated, 11/30/2020 at lented, "Called and updated pt's er in law on pt's positive COVID ed her of pts new orders." Inical record failed to evidence at results in the clinical record for conducted with ASM aff member) #1, the d ASM #2, the director of /2020 at 12:55 p.m. ASM #1 and ked about the test results of sitive COVID test on 11/30/2020. I personally did the testing so I done. I record them on the When asked where the test d in the clinical record, ASM #2 as a physician's order and the the date and the laboratory as is located in the clinical stated, "We do our own tests, we When asked if the test results tented in the clinical record, ASM we when asked if the test results tented in the clinical record, ASM	F 77				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495413	B. WING		C 12/11/2020	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116			31172020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 775	documented in partest results will be record." ASM #1 and ASM above concern on No further information (2) This information following website: https://search.cdc.ycovid-+-19+defir%E2%9C%93&affii 2. Resident #6 was 9/20/2019 with diagnot limited to: demonstrated decline, espipudgement, often a (1), chronic pain, documented in parter or cognitive decisions. The eMAR (electro record) note dated documented in parter protocolas needed (medical doctor) miles.	tt, "Documentation of resident retained in the resident health retained in the resident health #2 were made aware of the 12/11/2020 at 3:30 p.m. ion was provided prior to exit hary of Medical Terms, 5th g and Chapman, page 26. In was obtained from the gov/search/index.html?query= hition&sitelimit=&utf8= hiate=cdc-main#content hadmitted to the facility on gnoses that included but were entia (a progressive state of pecially memory function and progression, and COVID 19. DS assessment, a quarterly ined with a Medicare 5 day an ARD of 12/2/2020, coded ing short and long term and resident was coded as dependence for making daily	F 77			

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		N IDENTIFICATION NUMBER: A. BUIL		LE CONSTRUCTION	COI	C C	
		495413	B. WING			/11/2020	
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F 775	consented to tes were made awar positive for COV would be moving Resident denied consisted with Coriented x 4 (per Both verbalized a symptoms of Cowith contracting of the notification taken." The nurse practification taken." The nurse practification data mother's COVID Review of Reside 2020, revealed the for the COVID 11/27/2020 was results documented. An interview was (administrative standinistrative, and an interview was (administrative, and an interview was (administrative, and the consustant of the consu	page 4 e and both resident and daughter ting. Both resident and daughter e that their roommate had tested ID 19 and that this resident to our Covid observation area. The any signs or symptoms ovid 19. She was alert and son, place, time and situation) understanding of sings and vid 19 and the risks associated the virus, and were appreciative in and extra precautions being tioner note dated, 11/27/2020 at mented, "Called and left detailed uighters (sic) cell phone that her 19 test came back positive." The ent 6's eMAR for November the documented physician order 19 testing. The space for blank. There were no COVID test and ASM #2, the director of 1/2020 at 12:55 p.m. ASM #1 and sked about the test results of positive COVID test on 11/30/2020. "I personally did the testing so I done. I record them on the When asked where the test ed in the clinical record, ASM #2 it as a physician's order and the the MAR. When asked where the test, the date and the laboratory in the second of the laboratory in the laboratory					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495413	B. WING			С	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116	<u> 12</u>	2/11/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	,	LD BE	(X5) COMPLETION DATE	
F 775	name and address record, ASM #2 sta don't use a lab." W	is located in the clinical ted, "We do our own tests, we hen asked if the test results ted in the clinical record, ASM	F 7	75			
E 940	documented in part, test results will be re record." ASM #1 and ASM # above concern on 1 No further information (1) Barron's Diction Non-Medical Reade Chapman, page 124	COVID Testing Guidance" "Documentation of resident etained in the resident health 2 were made aware of the 2/11/2020 at 3:30 p.m. on was provided prior to exit. ary of Medical Terms for the r, 5th edition, Rothenberg and l. Identifiable Information					
SS=D	CFR(s): 483.20(f)(5) §483.20(f)(5) Reside (i) A facility may not resident-identifiable (ii) The facility may r resident-identifiable accordance with a c agrees not to use or except to the extent to do so. §483.70(i) Medical r §483.70(i)(1) In according professional standar	ent-identifiable information. release information that is to the public. elease information that is to an agent only in ontract under which the agent disclose the information the facility itself is permitted	F 8	42		12/23/20	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	COMPLETED C	
		495413	B. WING		12/11/2020	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116		
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F 842	(i) Complete; (ii) Accurately doc (iii) Readily access (iv) Systematically §483.70(i)(2) The all information cor regardless of the f records, except w (i) To the individual representative wh (ii) Required by La (iii) For treatment, operations, as per with 45 CFR 164.5 (iv) For public hea neglect, or domes activities, judicial a law enforcement p purposes, researd medical examiner a serious threat to by and in complian §483.70(i)(3) The record information unauthorized use. §483.70(i)(4) Med for- (i) The period of ti (ii) Five years from there is no require (iii) For a minor, 3 legal age under St §483.70(i)(5) The	umented; sible; and organized facility must keep confidential stained in the resident's records, form or storage method of the hen release isl, or their resident ere permitted by applicable law; aw; payment, or health care mitted by and in compliance 506; Ith activities, reporting of abuse, tic violence, health oversight and administrative proceedings, burposes, organ donation on the purposes, or to coroners, s, funeral directors, and to avert to health or safety as permitted ince with 45 CFR 164.512. facility must safeguard medical against loss, destruction, or it ical records must be retained me required by State law; or the date of discharge when the ement in State law; or years after a resident reaches	F 842			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ICSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116			
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F 842	(iii) A record of the record (iii) The comprehend provided; (iv) The results of an and resident review determinations con (v) Physician's, numprofessional's prog (vi) Laboratory, rad services reports as This REQUIREMENDS: Based on staff interested and clinical record facility staff failed to accurate clinical recin the survey sample. There were not clinical records for the findings included the findings included to the findings included to the findings included the findings incl	resident's assessments; asive plan of care and services any preadmission screening are evaluations and ducted by the State; se's, and other licensed aress notes; and iology and other diagnostic required under §483.50. No is not met as evidenced arview, facility document review review, it was determined the cord for two of eight residents le, Resident #5 and Resident #6.	F 84	F842: Resident Records – Identinformation 1. Resident #5 and resident # 6 records were updated to reflect C status. A quality review of all current resident who received a COVID-19 test was reviewed to ensure a complete an accurate clinical record. 2. Residents who reside in Auturof Mechanicsville have the potent affected by this deficient practice. 3. Staff who perform COVID-19 were educated by the Regional Vipresident of Operation or designed ensure accurate and timely COVI test result documentation. 4. The Director of Nursing or deswill conduct weekly audits to valid 100% documentation compliance COVID-19 test results in clinical results will be accomplished to the compliance. Audit results will be presented most three months to the Quality Assurberformance Improvement commits.	medical OVID-19 dents is id mn Care ial to be testing ce e to D-19 signee ate of ecord. d weekly to nthly for ance		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED C	
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F 842	coded the reside term memory diff as moderately im decisions. The resupervision of on activities of daily The eMAR (elect record) note date documented in p protocolas nee needed) adminis effective - negative. The nurse practition of the standard protocol The nurse practition of the standard protocol The nurse practition of the standard protocol Review of the clinary laboratory te 11/30/2020.	erence date) of 12/3/2020, and as having both short and long iculties. Resident #5 was coded paired to make daily cognitive esident was coded as requiring e staff member for most of her living. Tonic medication administration and the code of the	F 842	review and recommendation. Date of Compliance: December	r 28, 2020		
	(administrative s administrator, an nursing, on 12/1 asked about Res on 11/30/2020, A the testing so I k them on the cens the results are lo #2 stated they ha the order shows COVID test resu record, ASM #2 When asked aga	taff member) #1, the di ASM #2, the director of 1/2020 at 12:55 p.m. When sident #5's positive COVID test aSM #2 stated, "I personally did now they were done. I record sus sheets." When asked where cated in the clinical record, ASM ad it as a physician's order and on the MAR. When asked if the lts be documented in the clinical stated, "Yes, it's on the MAR." ain where this information is nical record, ASM #2 did not					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		495413	B. WING	B. WING		C 12/11/2020		
	PROVIDER OR SUPPLIER N CARE OF MECHANI	CSVILLE		STREET ADDRESS, CITY, STATE, Z 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 2311		12/11/2020		
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F 842	respond. The review of the M documented the ord Under the date of 1 documented. There for Resident #5 doc date of 11/30/2020, The facility policy, "Gocumented in part test results will be rerecord." ASM #1 and ASM # above concern on 1 No further information following website: https://search.cdc.gc/COVID+-+19+defini/%E2%9C%93&affilii/2. Resident #6 was 9/20/2019 with diagrand limited to: dememental decline, esperiudgement, often acc (1), chronic pain, de The most recent MD assessment, with ar assessment and assessment, with ar assessment, with ar assessment assessment with ar assessment with a service	JAR for November 2020 der for COVID 19 testing. 1/30/2020, there was nothing were no COVID test results rumented on the MAR for the or in the clinical record. COVID Testing Guidance", "Documentation of resident retained in the resident health 2 were made aware of the 2/11/2020 at 3:30 p.m. on was provided prior to exit ary of Medical Terms, 5th and Chapman, page 26. was obtained from the ov/search/index.html?query= tion&sitelimit=&utf8= ate=cdc-main#content admitted to the facility on noses that included but were ntia (a progressive state of recially memory function and companied by disorientation. pression, and COVID 19. OS assessment, a quarterly ned with a Medicare 5 day a ARD of 12/2/2020, coded ng short and long term	F8	42				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED C	
		495413	B. WING		12	/11/2020	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 842	memory difficulties having modified in cognitive decisions requiring supervisis staff member for miving. The eMAR (electrorecord) note dated documented in paprotocolas need (medical doctor) in tested with PCR to was made aware a consented to testiff were made aware positive for COVID would be moving to Resident denied a consisted with Cororiented x 4 (personal to the notification taken." The nurse practition taken." The nurse practition taken." The nurse practition taken." The nurse practition taken."	age 10 a. The resident was coded as dependence for making daily and to be resident #6 was coded as on to limited assistance of one most of her activities of daily onic medication administration 11/19/2020 at 2:00 p.m. ort, "May test for COVID - 19 per red for COVID testing. MD hade aware, and resident was rest for COVID 19. Her daughter and both resident and daughter that their roommate had tested of 19 and that this resident of our Covid observation area. The signs or symptoms wid 19. She was alert and on, place, time and situation and extranding of sings and the risks associated the virus, and were appreciative and extra precautions being the oner notes dated, 11/27/2020 at rented, "Called and left detailed and extra precautions being the situation of the covid of the covid ace for 11/27/2020 was blank. Ovid test results for Resident of the eMAR for the date of the clinical record.	F	342			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER	CSVILLE		STREET ADDRESS, CITY, STATE, ZIP O 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116		12/11/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	An interview was co (administrative staff administrator, and A nursing, ono 12/11/2 asked about Reside on 11/27/2020, ASM the testing so I know them on the census the COVID results a record, ASM #2 stat order and the order asked if the COVID the clinical record, A the MAR." When as information is locate #2 did not respond. The facility policy, "O documented in part, test results will be record." ASM #1 and ASM #2 above concern on 1.1. No further information.	anducted with ASM member) #1, the ASM #2, the director of 2020 at 12:55 p.m. When ent #6's positive COVID test M #2 stated, "I personally did w they were done. I record sheets." When asked where are located in the clinical ted they had it as a physician's shows on the MAR. When test results be documented in ASM #2 stated, "Yes, it's on ked again where this ad in the clinical record, ASM COVID Testing Guidance" "Documentation of resident etained in the resident health at were made aware of the 2/11/2020 at 3:30 p.m. on was provided prior to exit. ary of Medical Terms for the r, 5th edition, Rothenberg and	F 84	42			