

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0409</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/10/2021</b>
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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 MECHANICSVILLE, VA 23116</b>
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 6/8/21 through 6/10/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 169 bed facility was 135 at the time of the survey. The survey sample consisted of 45 current resident reviews and 7 closed record reviews.</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: 12 VAC5 - 371 - 140 B</p> <p>Based on staff interview and facility document review, it was determined the facility staff failed to review and revise all of the facility policy and procedures on an annual basis.</p> <p>The findings include:</p> <p>During the entrance conference on 6/8/2021 at approximately 10:45 a.m., a request was made to ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing, for evidence of the annual review of the policy and procedures.</p> <p>On 6/9/2021 at 8:00 a.m., ASM #2 presented two documents. The first document, documented the review of the Pharmacy Services and Procedure Manual with a review dated on 1/8/2021. The second document was titled, "Record of Adoption." The form documented, "The following</p>	F 001	<p>F001 POLICIES AND PROCEDURES 12VAC5-371-140 Cross reference to F695 Cross reference to POC F695</p> <p>Nursing Services 12VAC5-371-220 Cross reference to F695 Cross reference to POC F695</p> <p>Resident Assessment and Care Planning 12VAC5-371-250 Cross reference F656 and F695 Cross reference to POC F656 and F695</p> <p>Nursing Services 12VACS-371-220 Cross reference F697 Cross reference to POC F697</p> <p>Clinical Records</p>	6/24/21

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

TITLE

(X6) DATE

Electronically Signed

06/24/21

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F 001	<p>Continued From page 1</p> <p>policies and procedures have been reviewed, approved and adopted for the next year. These policies are maintained in (name of computer program)." The following list had a check mark next to each one: Nursing, Pharmacy, Infection Prevention and Control and Food and Nutrition/Dietary." The form was dated 1/8/2021 and was signed by ASM #1, ASM #2 and ASM #2, the medical director.</p> <p>On 6/9/2021 at 8:45 a.m., an interview was conducted with ASM #1 and ASM #2. The list of policies and procedures, required by the state licensure, was reviewed with ASM #1 and ASM #2.</p> <p>12VAC5-371-140. Policies and procedures.</p> <p>A. The nursing facility shall implement written policies and procedures approved by the governing body.</p> <p>B. All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval.</p> <p>C. A written record of the annual policy review, including at least the review dates, participants, recommendations and action dates of the governing body, shall be maintained.</p> <p>D. Administrative and operational policies and procedures shall include:</p> <ol style="list-style-type: none"> <li>1. Administrative records;</li> <li>2. Admission, transfer and discharge;</li> <li>3. Medical direction and physician services;</li> <li>4. Nursing direction and nursing services;</li> </ol>	F 001	<p>12VAC5-371-360 E cross reference to F842 12VAC 5 371 360 (c), 12 VAC 5-371-170 (A) (2), 12VAC 5-371-170 (A) (3), 12 VAC 5-371-170 (B) Cross reference to F842 Cross reference to POC F842</p> <p>F001- Non Compliance</p> <ol style="list-style-type: none"> <li>1. Saber's policy procedure approval page-record of adoption was modified to include administrative and operational, personnel and financial policy and procedure review and approval. Ad hoc QAPI was held on June 22, 2021 to review all of the facility policy and procedure.</li> <li>2. Current residents who reside in Autumn Care of Mechanicsville have the potential to be affected by this deficient practice.</li> <li>3. Regional Vice President of Operation or designee will educate administrator and director of nursing on evidence of annual review of the policy and procedures during QAPI meeting.</li> <li>4. All policies and procedures will be reviewed annually by QAPI committee for appropriateness and department best practices. Recommended changes will be submitted to the governing body for approval. A written record of the annual policy review will be maintained in the QAPI minutes.</li> </ol>	

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F 001	<p>Continued From page 2</p> <p>5. Pharmaceutical services, including drugs purchased outside the nursing facility;</p> <p>6. Dietary services;</p> <p>7. Social services;</p> <p>8. Activities services;</p> <p>9. Restorative and rehabilitative resident services;</p> <p>10. Contractual services;</p> <p>11. Clinical records;</p> <p>12. Resident rights and grievances;</p> <p>13. Quality assurance and infection control and prevention;</p> <p>14. Safety and emergency preparedness procedures;</p> <p>15. Professional and clinical ethics, including:</p> <p>a. Confidentiality of resident information;</p> <p>b. Truthful communication with residents;</p> <p>c. Observance of appropriate standards of informed consent and refusal of treatment; and</p> <p>d. Preservation of resident dignity, with special attention to the needs of the aged, the cognitively impaired, and the dying; and</p> <p>16. Nursing facility security.</p> <p>E. Personnel policies and procedures shall</p>	F 001		

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F 001	<p>Continued From page 3</p> <p>include:</p> <ol style="list-style-type: none"> <li>1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification;</li> <li>2. An on-going plan for employee orientation, staff development, in-service training and continuing education;</li> <li>3. An accurate and complete personnel record for each employee including:               <ol style="list-style-type: none"> <li>a. Verification of current professional license, registration, or certificate or completion of a required approved training course;</li> <li>b. Criminal record check;</li> <li>c. Verification that the employee has reviewed or received a copy of the job description;</li> <li>d. Orientation to the nursing facility, its policies and to the position and duties assigned;</li> <li>e. Completed continuing education program approved for the employee as determined by the outcome of the annual performance evaluation;</li> <li>f. Annual employee performance evaluations; and</li> <li>g. Disciplinary action taken; and</li> </ol> </li> <li>4. Employee health-related information retained in a file separate from personnel files.</li> </ol> <p>F. Financial policies and procedures shall include:</p> <ol style="list-style-type: none"> <li>1. Admission agreements;</li> </ol>	F 001		

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F 001	<p>Continued From page 4</p> <p>2. Methods of billing:</p> <p>a. Services not included in the basic daily or monthly rate;</p> <p>b. Services delivered by contractors of the nursing facility; and</p> <p>c. Third party payers;</p> <p>3. Resident or designated representative notification of changes in fees and charges;</p> <p>4. Correction of billing errors and refund policy;</p> <p>5. Collection of delinquent resident accounts; and</p> <p>6. Handling of resident funds.</p> <p>G. Policies shall be made available for review, upon request, to residents and their designated representatives.</p> <p>H. Policies and procedures shall be readily available for staff use at all times.</p> <p>Statutory Authority</p> <p>§§ 32.1-12 and 32.1-127 of the Code of Virginia.</p> <p>On 6/9/2021 at 9:32 a.m., ASM #2 stated that the reviews are done at the corporate level. Any policy that is updated is reviewed in QAPI (quality assurance Performance Improvement). ASM #2 stated she would look for the missing reviews.</p> <p>On 6/9/2021 at 2:10 p.m., ASM #1 stated they do not have the reviews of the policy and procedures for the other departments. ASM #1 made aware of the above findings.</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>No further information was provided prior to exit.</p> <p>12VAC5-371-140. Policies and procedures. Cross reference to F695</p> <p>12VAC5-371-220. Nursing services Cross reference to F695</p> <p>12VAC5-371-250. Resident assessment and care planning. Cross reference to F656 and F695</p> <p>12VAC5-371-220. Nursing services cross reference to F697.</p> <p>Clinical Records 12VAC5-371-360 E cross reference to F842 12 VAC 5-371-360 (C), 12 VAC 5-371-170 (A)(2), 12 VAC 5-371-170 (A)(3), 12 VAC 5-371-170 (B) cross referenced to F842</p>	F 001		