

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

PRINTED: 02/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/11/2022
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 HALSTEAD AVENUE REVISED NORFOLK, VA 23502		
(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 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid abbreviated complaint survey was conducted 2/10/22 through 2/11/22. One complaint was investigated during the survey: VA00054261, substantiated with a deficiency. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 120 certified bed facility was 96 at the time of the survey. The survey sample consisted of 1 current resident review (Residents #1) and 1 closed record review (Resident #2).</p> <p>F 698 SS=D Dialysis CFR(s): 483.25(l)</p> <p>§483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive 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 a complaint investigation, medical record review, staff interviews and facility document review the facility staff failed to make a dialysis transportation arrangement for 1 of 2 residents in the survey sample, Resident #2.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 1/15/22 with diagnoses to include but not limited to Acute Kidney Failure and End Stage Renal Disease. Resident #2 was listed on the facility admission record as her own responsible party.</p>	F 000	<p>F 698 F698 Dialysis Facility failed to arrange transportation for a dialysis resident.</p> <ol style="list-style-type: none"> Resident #2 no longer resides at the facility. Transportation was scheduled as soon as the missed transportation was identified. DON also initiated QAPI on 2/2/22 when improvement opportunity arose. All dialysis residents have the potential to be affected. On 2/11/22 DON Validated all current residents receiving dialysis had routine transportation scheduled. The Admissions director was educated on 2/14/22 concerning communicating any new resident requiring dialysis, initial transportation set up by hospital, and info to include 	3/4/22	

dialysis center, address, and phone number, days to receive and chair time. CMA responsible for transport scheduling was educated by ADON on 2/24/22 concerning process for scheduling routine dialysis transport. Licensed nurses were educated on dialysis books and orders which include transportation provider information 2/22/22 and on 3/4/22 by ADON. DON/ADON completed audit on 3/4/22 to validate all residents receiving dialysis had Transportation Company noted in dialysis order.

4. The admission director will notify the clinical team of all new admissions that will receive dialysis services daily in clinical meeting. Audits for all new residents receiving dialysis will be performed 5 times per week x 3 months to validate dialysis information received and transportation has been scheduled by DON/designee. Results of the audits will be reviewed in the QAPI meeting for compliance and follow-up.
5. Date of compliance: March 4, 2022

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Candice Lee LNHA *Administrator* *3/4/22*

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 698	<p>Continued From page 1</p> <p>Resident #2's most recent comprehensive Minimum Data Set (MDS) was an admission/5 day with an Assessment Reference Date (ARD) of 1/22/22. Resident #2's Brief Interview for Mental Status (BIMS) was coded a 13 out of a possible 15 indicating the resident was cognitively intact and capable of daily decision making. Under Section O: Special Treatments, Procedures and Programs Resident #2 was coded for dialysis as a resident.</p> <p>Resident #2's Comprehensive Care Plan dated 1/17/22 was reviewed and is documented in part, as follows:</p> <p>Focus: Resident is on hemodialysis related to ESRD (end stage renal disease). Date initiated: 1/17/22.</p> <p>Resident #2's Hospital Discharge Summary dated 1/15/22 was reviewed and is documented in part, as follows:</p> <p>Discharge Procedure Orders:</p> <p>Follow-up with Specialist: Follow-up with your hemodialysis center per routine schedule.</p> <p>On 2/11/22 at 11:00 a.m. an interview was conducted with the Director of Nursing (DON) regarding Resident #2's dialysis transportation. The DON stated, "Name (Resident #2) was admitted on 1/15/22 and her dialysis days were Tuesday, Thursday and Saturday. The first 3 dialysis transports were set up through the hospital. She went on 1/18/22, 1/20/22 and 1/21/22 due to pending snowstorm. The resident's next dialysis day was 1/25/22 and we did not have transport arranged for her. The</p>	F 698	
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F 698	<p>Continued From page 2 resident's son was at the facility and he said he would take her so she didn't miss a treatment. The Transportation Scheduler set up transport for the remaining dialysis treatment days."</p> <p>On 2/11/22 at 1:02 p.m. an interview was conducted with the facility's Transportation Scheduler regarding Resident #2's dialysis transportation. The Transportation Scheduler stated, "I set up transportation for her (Resident #2) to go to dialysis for January 26th forward. I did not set up transportation on January 25th."</p> <p>On 2/10/22 at 3:09 p.m. a phone interview was conducted with Resident #2's son regarding her dialysis transportation on January 25, 2022. Resident #2's son stated, "I went to visit her on January 25th and was made aware that she did not have transportation to dialysis, it was never arranged. I told her myself that day to her dialysis treatment."</p> <p>On 2/10/22 and 2/11/22 this surveyor attempted to call Resident #2 and messages were left for a return call, prior to exit no return call was received.</p> <p>Resident #2's Post Dialysis Treatment records were reviewed for her facility stay and there was no indication that any dialysis treatments were missed.</p> <p>On 2/11/22 at 1:10 p.m. the Administrator stated that there was no facility policy for arranging resident transportation to dialysis.</p> <p>On 2/11/22 at 2:32 p.m. a pre-exit debriefing was held with the Administrator and the DON where the above information was shared. The</p>	F 698	
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F 698	<p>Continued From page 3</p> <p>Administrator and DON was asked what the facility's expectation was for ensuring transportation for residents to dialysis treatments. The DON stated, "We expect for residents to go to dialysis on the day they are scheduled to go and for the transportation to be set up prior to the dialysis treatment.</p> <p>Prior to exit no further information was received.</p> <p>Complaint Deficiency</p>	F 698		
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