

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF PORTSMOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 WINCHESTER DR PORTSMOUTH, VA 23707
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(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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 4/12/22 through 4/15/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No State complaints were investigated during the survey.</p> <p>The census in this 108 licensed bed facility was 91 at the time of the survey. The survey sample consisted of 38 current Resident/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: The facility staff was not in compliance with the following Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>22VAC 40-73-90. Emergency Plan. Cross Reference all cited Federal EP tags (E-06, 15, 30, 35, 36, and 37).</p> <p>12VAC5-371-40 C. 10. Advance Directives. Cross reference to F578</p> <p>12 VAC5-371-140(A), (E)(3), (a, b). Cross Reference to F-607.</p> <p>12 VAC 5-371-150 (C, I). Resident Rights. Cross Reference to F622 and F623</p> <p>12 VAC 5-371-200 (A). Cross reference to F727</p> <p>12 VAC 5-371-220 (C, C1). Nursing Services. Cross-Reference to F684 and F686</p>	F 001		

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

TITLE

(X6) DATE

05/11/22

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F 001	<p>Continued From page 1</p> <p>12 VAC 5-371-230 (B1). Medical Direction. Cross-Reference to F661</p> <p>12 VAC 5-371-250 (G). Resident Assessment and Care Planning. Cross-Reference to F657</p> <p>12 VAC 5-371-300 (D). Pharmaceutical Services. Cross-Reference to F-756</p> <p>12 VAC 5-371-360 (E) (9) Resident Records. Cross reference to F-842</p>	F 001		