

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495194</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AUTUMN CARE OF PORTSMOUTH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3610 WINCHESTER DR PORTSMOUTH, VA 23707</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, staff interviews, clinical record review, and facility documentation review, the facility staff failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of a communicable disease (COVID-19), and other infectious diseases. On 6/22/20, the facility's staff failed to implement physical distancing for four of four residents (Residents #1, #2, #3, #4), in the survey sample. The findings included: 1. On 6/22/20 at approximately 12:35 p.m., Resident #1 was observed in bed with a meal tray on the over the bed table and Resident #2 was seated in a wheel chair between bed one and bed two of a three bed room. Resident #2 was observed reaching over and touching Resident #1's bed. Further observation revealed each of the three beds were lined up in a row laterally with all heads of the beds against the same wall and adequate room between each bed when each resident is in bed or not seated between the beds. Resident #2 had not been tested for COVID -19 whereas Resident #1 tested COVID -19 negative prior to discharge from the hospital and admission to the facility; but had not been tested since admission. Resident #1 was originally admitted to the facility 6/12/20 therefore; an MDS assessment had not been completed. Resident #2 was originally admitted to the facility 8/30/17, and readmitted [DATE] after an acute care hospital stay. The resident's current [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/8/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 1 out of a possible 15. This indicated Resident #2's cognitive abilities for daily decision making were severely impaired. In section G (Physical functioning) the resident was coded as requiring supervision after set-up with wheel chair locomotion. An interview was conducted with Unit Manager #1 on 6/22/20 at approximately 12:42 p.m. Unit Manager #1 stated Resident #2 wasn't physically distanced six feet from Resident #1 and proceeded to assist Resident #2 to stop touching Resident #1's bed and to a distal location in the room. 2. On 6/22/20 at approximately 12:55 p.m., Resident #3 and Resident #4 were observed outside. Resident #3 was seated in a wheelchair in front of and facing Resident #4. Resident #4 was seated on a bench blowing cigarette smoke in the direction of Resident #3 as they conversed with each other. Resident #3 stated I don't smoke, I just like sitting outside. Multiple staff were observed passing the area the residents were located in but no one attempted to have the residents physically distance. Resident #3 was originally admitted to the facility 3/1/19, and readmitted [DATE] after an acute care hospital stay. The resident's current [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 4/13/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #3's cognitive abilities for daily decision making were intact. Resident #4 was originally admitted to the facility 6/2/17, and readmitted [DATE] after an acute care hospital stay. The resident's current [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 4/22/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #4's cognitive abilities for daily decision making were intact. An interview was conducted with Registered Nurse (RN) #1 on 6/22/20 at approximately 1:00 p.m. RN #1 stated Resident #3 doesn't smoke but Resident #4 does and the residents were not physically distanced six feet. RN #1 further stated Resident #4 is an independent smoker therefore, staff is not required to make observations during the smoke breaks. On 6/23/20 at approximately 3:21 p.m., the above findings were shared during a phone conference with the Administrator. No additional information was offered.</p>		

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

TITLE

(X6) DATE

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.