

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495258</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AUTUMN CARE OF SUFFOLK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2580 PRUDEN BOULEVARD SUFFOLK, VA 23434</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 observation, staff interviews, clinical record review and facility documentation review, the facility staff failed to ensure 1 of 3 residents in the survey sample, (Resident #1) was wearing a facial covering as part of source control when being transferred from one room to another on different hallways. The findings included: Resident #1 was originally admitted to the facility on [DATE]. The most recent discharge to the hospital was on 10/12/2020 and Resident #1 was readmitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Resident #1's Quarterly Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 10/01/2020 was coded with a BIMS (Brief Interview for Mental Status) score of 15 indicating no cognitive impairment. In addition, the Minimum Data Set coded Resident #1 as requiring total dependence of 1 with bathing, extensive assistance of 2 with bed mobility, transfer and toilet use, extensive assistance of 1 with dressing and personal hygiene and supervision of 1 with eating. On 10/20/2020 at approximately 10:45 a.m., during tour of the 400 Hall two staff members from Maintenance were observed transporting Resident #1 on a stretcher down the hallway into Room (number). It was observed that Resident #1 was not wearing a face mask or facial covering. Registered Nurse (RN) #1 was observed entering and then exiting Resident #1's room. A brief interview was conducted with RN #1 and the observation was reviewed. RN #1 stated, I did not notice because I had my back turned when they pushed the resident into the room. When asked if residents are suppose to have a facemask on when in the hallway, RN stated, Yes, always. On 10/20/2020 at approximately 10:50 a.m., an interview was conducted with the Maintenance staff member and the observation was discussed. When asked should residents wear a face mask when in the hall, Maintenance stated, (Administrators Name) has already said something to me. The nurse disconnected the concentrator and the resident should of had a face mask on in the hall. When asked if Resident #1 had a face mask on in the hall during the transfer, Maintenance stated, No she did not have a face mask on. When asked where Resident #1 was being transferred from, Maintenance stated, Moved her out of Room (number) where a resident is quarantined for new admissions. During a briefing with the Administrator and Interim Director of Nursing on 10/20/2020 at approximately 11:45 a.m., discussed observation of Resident #1 being transferred on a stretcher in the hallway from one room to another and was not wearing a face mask. When asked if a resident should have a face mask on when in the hallway, Administrator stated, Yes. The Administrator said that staff usually have a face mask on residents when they transfer them to another room. On 10/21/2020 Resident #1's clinical record was reviewed and revealed the following: Daily Skilled Nursing Note dated 10/20/2020 09:37 read: Respiratory: The resident has a [MEDICAL CONDITION] [DIAGNOSES REDACTED]. [MEDICAL CONDITIONS], asthma, etc. (etcetera). No identified changes observed in past 24 hours r/t (Related To) [MEDICAL CONDITION] disease. Lung sounds are normal/clear in all fields. Respirations are regular/unlabored. Cough was noted: productive. No dyspnea/shortness of breath noted. Resident #1's Comprehensive Care Plan was reviewed on 10/21/2020 and there was no documentation stating that the resident should not have a face mask or facial covering on when in the hallway. On 10/21/2020 at approximately 5:15 p.m., an exit meeting was conducted via telephone with the Administrator and Interim Director of Nursing informing them of the finding. The Administrator stated, The resident can't tolerate a face mask due to Asthma, [MEDICAL CONDITION] . When asked if the residents inability to tolerate a face mask was addressed in the care plan, the Administrator said she was not sure. The Administrator stated that she had a note that she could provide stating that the resident could not tolerate a face mask. No further information was presented by facility staff. Per CDC guidance: Implement Source Control Measures. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></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.