

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Autumn Care of Madison		STREET ADDRESS, CITY, STATE, ZIP CODE Number One Autumn Court Madison, VA 22727	

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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on staff interview and clinical record review, it was determined the facility staff failed to notify the physician and the responsible party of changes in condition for one of four residents in the survey sample, Resident # 3.</p> <p>The findings include:</p> <p>For Resident #3, the facility staff failed to notify the responsible party of a bruise on 12/19/24 and a fall on 12/25/24.</p> <p>The nurse's note dated 12/19/24 at 6:47 p.m. documented, Hospice CNA (certified nursing assistant) reported to this speaker that resident has bruising to R. (right) buttock. There is no documentation the physician or responsible party were notified of the bruise.</p> <p>The nurse's note dated 12/25/24 at 6:47 p.m. documented, Resident had unwitnessed fall in bathroom located beside commode, resident was sitting upward, Resident (+) (positive for) PEERLA (pupils, equal, round, reactive to light and accommodation), upper and lower extremities move at previous levels, respirations even and resident abdomen soft and non-tender resident denies pain and discomfort. There is no documentation the physician or responsible party were notified of the fall.</p> <p>On 2/5/25 at 1:46 p.m., An interview was conducted with RN (registered nurse) #,1 RN #1 stated When there is a fall, bruise or any change in condition, the nurse should notify the doctor, family and the director of nursing.</p> <p>On 2/5/25 at 2:16 p.m., ASM (administrative staff member) #2, the director of nursing, stated, They did not have any documentation that the provider and/or responsible party was notified of the above.</p> <p>The facility policy, Incident/Accident Policy documented in part, 5. The incident will be reported to the provider as soon as practicably possible .6. The incident will be reported to the resident's responsible party as soon as practicably possible, including any known injury and provider orders.</p> <p>ASM #1, the administrator, ASM #2, and ASM #3, the regional director of operations.</p> <p>No further information was provided prior to exit.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and clinical record review, it was determined the facility staff failed to maintain a complete and accurate clinical record for one of four residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on [DATE]. The resident was transferred to the hospital on 6/29/24 and did not return to the facility after her stay in the hospital. Resident was transferred elsewhere.</p> <p>Review of the clinical record revealed documented a physician note dated, 7/23/24, documented in part, Patient seen and evaluated for continuity of necessity of rehabilitation stay/skilled nursing/medication order review. Nurses' notes/vitals reviewed in PCC (initials of computer program), discussed patient status/progress with nursing staff.</p> <p>A second physician note dated, 8/27/24, documented in part, Patient seen and evaluated for continuity of necessity of rehabilitation stay/skilled nursing/medication order review. Nurses' notes/vitals reviewed in PCC, discussed patient status/progress with nursing staff.</p> <p>The physician was not available for interview at this time.</p> <p>On 2/5/25 at 2:27 p.m., The above was shared with ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of operations ASM #3 stated, They have reached out to the physician regarding this.</p> <p>No further information was provided prior to exit.</p>