

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2019
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NAME OF PROVIDER OR SUPPLIER ENVOY OF ALEXANDRIA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 900 VIRGINIA AVENUE ALEXANDRIA, VA 22302
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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 01/23/19 through 01/25/19. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 111 certified bed facility was 95 at the time of the survey. The survey sample consisted of 28 current Resident reviews and three closed 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: 12 VAC 5 -371 - 250 A - cross references to Federal deficiency F 641</p> <p>12 VAC 5 - 371 - 200 B.1. - cross references to Federal Deficiency F 658</p> <p>12 VAC 5 - 371 - 360 E. 11. - cross references to Federal Deficiency F 661</p> <p>12 VAC 5 - 371 - 300 A - cross references to Federal Deficiency F 761</p> <p>12 VAC 5 - 371 - 360 E 7 - cross references to Federal Deficiency F 842</p> <p>12VAC5-371-140. Policies and Procedures. Cross reference to F622, F695</p> <p>12VAC5-371-150. Resident Rights. Cross reference to F622</p>	F 001	<p>F-641</p> <ol style="list-style-type: none"> 1. Resident #98's MDS was modified to capture accurate discharge location on Section A2100. 2. MDS Coordinator completed review of discharges from facility dating back to 12/1/18 to ensure accurate discharge location was coded in Section A2100 on MDS. Follow-up based on findings. 3. Director of Nursing re-educated MDS Coordinators about accurate coding in Section A2100 on MDS. 4. Executive Director, or designee, will conduct Quality Monitoring Review of MDS Section A2100 to ensure accurate coding of residents' discharge status, weekly for four weeks, bi-weekly for two 	3/5/19

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

TITLE

(X6) DATE

Electronically Signed

02/14/19

State of Virginia

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F 001	<p>Continued From page 1</p> <p>12VAC5-371-220. Nursing Services. Cross reference to F676, F695</p> <p>12VAC5-371-250. Resident Assessment and Care Planning. Cross reference to F656, F676, F695</p> <p>12VAC5-371-360. Clinical Records. Cross reference to F622</p>	F 001	<p>weeks, then monthly. Follow up based on findings. Findings to be reported to QAPI Committee monthly and updated as indicated. Quality Monitoring schedule to be modified based on findings.</p> <p>Refer to POC for F-658.</p> <p>Refer to POC for F-661.</p> <p>Refer to POC for F-761.</p> <p>Refer to POC for F-842.</p> <p>Refer to POC for F-622 and F-695.</p> <p>Refer to POC for F-622.</p> <p>Refer to POC for F-676 and F-695.</p> <p>Refer to POC for F-656, F-676, and F-695.</p> <p>Refer to POC for F-622.</p>	