

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OR SUPPLIER ENVOY OF WESTOVER HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE RICHMOND, VA 23225		
(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) COMPLETION DATE	
E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted offsite 04/14/2020 through 04/15/2020 and onsite 06/25/2020 continuing with offsite review through 06/26/2020. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000			
F 000	The census in this 174 certified bed facility was 135 at the time of the onsite survey. INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted offsite 04/14/2020 through 04/15/2020 and onsite 06/25/2020 continuing with offsite review through 06/26/2020. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	F 000			
F 880 SS=D	The census in this 174 certified bed facility was 135 at the time of the onsite survey. Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable	F 880		7/17/20	

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

TITLE

(X6) DATE

Electronically Signed

07/14/2020

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.

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F 880	<p>Continued From page 1 diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility 	F 880			

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F 880	<p>Continued From page 2</p> <p>must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility documentation, the facility staff failed to maintain infection control practices in accordance with the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommendations to prevent the spread of COVID-19 in 1 of 2 areas of the facility.</p> <p>The findings included:</p> <p>The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19.</p> <p>On 6/25/2020 at approximately 11:55 AM Surveyor A observed CNA A don (put on) personal protective equipment (PPE) outside of</p>	F 880	<ol style="list-style-type: none"> 1. The Certified Nursing Assistant was educated immediately on 6/26/20 by the Infection Preventionist in regard to the proper donning and doffing PPE and how to properly apply and remove N95 mask. 2. All residents have the potential to be affected. The Director of Nursing observed staff donning and doffing PPE for other residents on transmission based precautions and no issues were identified. 3. All applicable staff will be educated by the Director of Nursing or Designee on properly donning and doffing of PPE to include handwashing and application of N95 mask when dealing with residents under transmission based precautions. 		

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F 880	<p>Continued From page 3</p> <p>room 220 in the presence of the Director of Nursing (DON). CNA A washed her hands, then put on her gloves, donned her N95 mask (medical respirator) over top of her procedure mask she was wearing. CNA A then put on her isolation gown, hair bonnet and eye wear. When asked the importance of wearing PPE, CNA A stated: "for droplet precautions". CNA A then proceeded to knock on the Resident room door. Surveyor A stopped CNA A from entering as she was not properly protected. By applying the N95 mask over the procedure mask CNA A failed to have a seal on her N95.</p> <p>On 6/25/2020 at approximately 12 noon, Surveyor A observed CNA A doff (take off) her PPE. CNA A removed the eye wear, removed her gloves, the hair bonnet and then removed the N95 mask using both hands, touching all surfaces of the mask and made no efforts to remove the lower strap before removing the top strap as to not contaminate herself. CNA A then proceeded to remove the isolation gown and discarded items in a plastic trash bag. CNA A then touched her N95 mask and eye wear to put back in a zip lock bag in her pocket without performing any hand hygiene during the doffing process.</p> <p>On 6/25/2020 at approximately 12:02 PM as Surveyor A and CNA A walked toward the unit exit CNA A told the Director of Nursing (DON) "I put my gloves on first, I'm sorry".</p> <p>On 6/25/2020 prior to Surveyor A exiting the facility, Surveyor A shared her observation concerns with the DON.</p> <p>On 6/25/2020 at 12:20 PM a telephone conference was held with the survey team and</p>	F 880	<p>4. Facility staff will complete skills competency of donning and doffing PPE to include application of N95 mask upon hire and annually by the Director of Nursing or designee. The Director of Nursing or designee will conduct random observations of staff donning and doffing PPE weekly for 8 weeks to ensure compliance with Infection Control guidelines and training. Findings will be reviewed by the Quality Assurance Performance Improvement Committee monthly and plan will be revised as necessary.</p> <p>5. Date of Compliance: 7/17/2020</p>		

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F 880	<p>Continued From page 4</p> <p>the facility Administrator and DON to discuss the observation findings/concerns. During this call the DON stated she expected staff to never put an N95 mask on over a surgical/procedure mask and the gloves should have been the last item of PPE to be donned (put on).</p> <p>On 6/25/2020 and 6/26/2020 a review of the facility policy titled "COVID-19 Pandemic Plan" with a revision date of 6/23/2020 read, "Staff will be re-trained in hand hygiene and proper use of PPE including competency". This policy further stated: "Follow CDC (Center for Disease Control) guidance".</p> <p>On 6/26/2020 the facility staff provided the survey team with a competency for Donning/Doffing Personal Protective Equipment that CNA A completed on 3/12/2020; which indicated CNA A had knowledge of and demonstrated proper doning and doffing of PPE. The facility staff also provided evidence of training on how to wear an N95 mask that CNA A attended on 6/11/2020.</p> <p>Per the CDC's guidance stated "Put on NIOSH-approved N95 filtering facepiece respirator or higher. If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.* Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator". accessed online 6/26/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/u</p>	F 880			

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F 880	Continued From page 5 sing-ppe.html The CDC gives this direction on how to properly don (put on) and doff (remove) PPE: "1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training). 2. Perform hand hygiene using hand sanitizer. 3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel. 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.* Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator. 5. Put on face shield or goggles. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common. 6. Put on gloves. Gloves should cover the cuff (wrist) of gown. 7. Healthcare personnel may now enter patient room."	F 880			

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F 880	<p>Continued From page 6</p> <p>To remove PPE:</p> <p>"Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).</p> <p>2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *</p> <p>3. Healthcare personnel may now exit patient room.</p> <p>4. Perform hand hygiene.</p> <p>5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.</p> <p>6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.* Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.</p> <p>7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse". Accessed online 6/26/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</p> <p>The facility Administrator and DON were made aware of the findings during the end of day meeting held on 6/26/2020. No further information was provided.</p>	F 880			