

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

PRINTED: 07/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495389</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF WINCHESTER, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 LAUCK DR WINCHESTER, VA 22603</b>	
(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  An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted remotely and onsite on 6/17/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS  An unannounced abbreviated COVID-19 Focused Survey was conducted remotely and onsite on 6/17/20. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).	F 000		
F 880 SS=D	The census in this 60 certified bed facility was 57. Of the 57 current residents, 0 residents had tested positive for the COVID-19 virus. The survey sample consisted of 9 current resident reviews (Residents #1 through #9).  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 diseases and infections.  §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:  §483.80(a)(1) A system for preventing, identifying,	F 880		7/20/20

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

TITLE

(X6) DATE

Electronically Signed

07/13/2020

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</p> <p>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> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility 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</p> <p>(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</p>	F 880			

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F 880	<p>Continued From page 2 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, facility document review and clinical record review, it was determined that the facility failed to implement infection control practices to prevent the spread of infection and communicable disease for five of nine residents in the survey sample, Residents #1, #2, #3, #4 and #5. CNA (Certified nursing assistant) #1 was observed in Resident #1's room (a contact isolation room) without appropriate PPE (personal protective equipment) and failed to perform hand hygiene before leaving the room and entering Resident #2's room and assisting the resident with a beverage. CNA #2 was observed in Resident #3's room (a contact isolation room) without appropriate PPE and failed to perform hand hygiene before leaving the room and entering Resident #4's and Resident #5's room.</p> <p>The findings include:</p> <p>1. Resident #1 was admitted to the facility on 12/17/18. Resident #1's diagnoses included but were not limited to seizures, urinary tract infection and mood disorder. Resident #1's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of</p>	F 880	<p>1. Cna's #1 and #2 responsible for resident's #1,#2,#3,#4, and #5 care were re-educated on the policies for hand hygiene, and appropriate PPE usage on 6/17/2020 by the Unit manager.</p> <p>2. Observation of appropriate hand hygiene and ppe utilization per policy was conducted on 6/17/2020 by Unit manager no further findings were noted.</p> <p>3. Nursing staff will be re-educated on appropriate hand hygiene and ppe utilization by DCS/designee by 7/20/2020.</p> <p>4. The DCS/Designee to complete the hand hygiene and ppe usage quality review 3x's a week for 4 weeks. Follow up based on findings and reported to the facilities monthly QAPI meeting. Quality review and monitoring schedule modified based on findings.</p> <p>5. Date of Completion 7/20/2020</p>		

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F 880	<p>Continued From page 3</p> <p>5/7/20, coded the resident's cognition as severely impaired. Review of Resident #1's clinical record revealed a physician's order dated 5/4/20 for contact isolation for MRSA (1) in urine. Resident #1's comprehensive care plan dated 6/9/20 documented, "(Name of Resident #1) has infection of the genitals. Contact Isolation..."</p> <p>Resident #2 was admitted to the facility on 5/12/17. Resident #2's diagnoses included but were not limited to diabetes, difficulty swallowing and muscle weakness. Resident #2's most recent MDS, an annual assessment with an ARD of 5/15/20, coded the resident as being cognitively intact.</p> <p>On 6/17/20 at 9:12 a.m., CNA (certified nursing assistant) #1 was observed in Resident #1's room wearing a mask. CNA #1 did not have gloves or a gown on. A contact isolation sign was observed outside of the room door. CNA #1 exited the room with a meal tray and placed the tray on a cart in the hall. CNA #1 did not wash his hands or use hand sanitizer after being in the room. After this observation, CNA #1 was observed entering Resident #2's room without washing his hands or using hand sanitizer. CNA #1 provided Resident #2 with hand over hand assistance while the resident drank a beverage.</p> <p>On 6/17/20 at 9:17 a.m., an interview was conducted with CNA #1. CNA #1 was asked what PPE (personal protective equipment) should be worn while in a contact isolation room and what should be done when leaving the room. CNA #1 stated gloves and a mask should be worn and he should wash his hands or use hand sanitizer when leaving the room. CNA #1 was made aware of the above observation. CNA #1 stated</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>he did not have to wear gloves while just picking up meal trays because he was not touching the resident or the resident's belongings. CNA #1 stated the meal trays were just going back to the kitchen so he would wait to perform hand hygiene after all meal trays were picked up. CNA #1 was asked if he should perform hand hygiene before exiting a contact isolation room. CNA #1 stated he was new and forgot Resident #1's room was a contact isolation room. CNA #1 stated he should have performed hand hygiene.</p> <p>On 6/17/20 at 9:49 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 stated staff should wear a mask, gloves and a gown while in a contact isolation room. ASM #2 stated staff should discard the gloves and gown then wash their hands before leaving a contact isolation room.</p> <p>On 6/17/20 at 9:53 a.m., ASM #1 (the executive director) and ASM #2 were made aware of the above concern.</p> <p>The CDC (Centers for Disease Control and Prevention) document utilized by the facility regarding contact isolation documented, "CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit..."</p> <p>No further information was presented prior to exit.</p> <p>Reference:</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>(1) "MRSA stands for methicillin-resistant Staphylococcus aureus. It causes a staph infection that is resistant to several common antibiotics." This information was obtained from the website: <a href="https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&amp;v%3Asources=medlineplus-bundle&amp;query=mrsa&amp;_ga=2.129274121.461783151.1592479430-1667741437.1550160688">https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&amp;v%3Asources=medlineplus-bundle&amp;query=mrsa&amp;_ga=2.129274121.461783151.1592479430-1667741437.1550160688</a></p> <p>2. Resident #3 was admitted to the facility on 4/16/20 and was readmitted on 6/3/20. Resident #3's diagnoses included but were not limited to neck fracture, heart failure and malnutrition. Resident #3's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 4/22/20, coded the resident's cognitive skills for daily decision-making as severely impaired. Review of Resident #3's clinical record revealed a physician's order dated 6/3/20 for contact isolation times seven days from 6/11 through 6/18. Resident #3's comprehensive care plan dated 4/17/20 failed to reveal documentation regarding contact isolation.</p> <p>Resident #4 was admitted to the facility on 6/1/20. Resident #4's diagnoses included but were not limited to diabetes, acute kidney failure and pneumonia. Resident #4's most recent MDS, an admission assessment with an ARD of 6/7/20, coded the resident's cognition as moderately impaired.</p> <p>Resident #5 was admitted to the facility on 7/5/13. Resident #5's diagnoses included but were not limited to anxiety disorder, diabetes and muscle weakness. Resident #5's most recent MDS, a</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>quarterly assessment with an ARD of 5/20/20, coded the resident as being cognitively intact.</p> <p>On 6/17/20 at 9:25 a.m., CNA (certified nursing assistant) #2 was observed in Resident #3's room wearing a mask. CNA #2 did not have gloves or a gown on. A contact isolation sign was observed outside of the room door. CNA #2 touched and moved an over bed table then picked up a meal tray and exited the room. CNA #2 placed the meal tray on a cart in the hall. CNA #2 did not wash her hands or use hand sanitizer before exiting the room. After this observation, CNA #2 was observed entering Resident #4's and Resident #5's room without washing her hands or using hand sanitizer. CNA #2 removed a meal tray from the room.</p> <p>On 6/17/20 at 9:29 a.m., an interview was conducted with CNA #2. CNA #2 was asked what PPE (personal protective equipment) should be worn while in a contact isolation room and what should be done when leaving the room. CNA #2 stated gloves, a gown and a mask should be worn while in a contact isolation room then stated gloves and a mask should be worn while in a contact isolation room. CNA #2 stated hands should be washed when leaving a contact isolation room. CNA #2 was made aware of the above observation. CNA #2 stated she should have worn gloves while in the contact isolation room and then should have sanitized her hands.</p> <p>On 6/17/20 at 9:49 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 stated Resident #3 was on contact isolation due to the facility COVID-19 new admission/re-admission protocol. ASM #2 stated</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>anyone who is admitted to the facility is placed on droplet isolation for seven days then contact isolation for seven days. ASM #2 stated staff should wear a mask, gloves and a gown while in a contact isolation room. ASM #2 stated staff should discard the gloves and gown then wash their hands before leaving a contact isolation room.</p> <p>On 6/17/20 at 9:53 a.m., ASM #1 (the executive director) and ASM #2 were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p>	F 880			