STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495203	A. BUILDING ______ B. WING ______	C 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF ALEXANDRIA, LLC	**900 VIRGINIA AVENUE ALEXANDRIA, VA 22302**

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E 000	Initial Comments An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted 11/19/2020 through 11/23/2020. 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 Infection Control Survey was conducted 11/19/2020 through 11/23/2020. A complaint [VA00049753] was investigated during this survey. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). The census in this 111 certified bed facility was 97. Of the 97 current residents, seven (7) residents were currently positive for the COVID-19 virus. The survey sample consisted of ten current resident reviews (Residents #1 through #10).	F 000		
F 880 SS=D	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	F 880		12/23/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 12/09/2020

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	Continued From page 1 a minimum, the following elements: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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: (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 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.	F 880		

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F 880	Continued From page 2 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 staff failed to implement infection control procedures to prevent the spread of a communicable disease during an identified COVID 19 outbreak for two of ten residents in the survey sample, Residents #9 and #10. Both Residents #9 and #10, on isolation precautions for having been exposed to COVID-19, were observed ambulating in the hallway without wearing masks and Resident #10 was observed sitting in the day room without wearing a mask. The findings include: Resident #9 was admitted to the facility on 2/15/19 with diagnoses including, but not limited to dementia with behaviors and schizoaffective disorder (2). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 11/7/2020, Resident #9 was coded as moderately cognitively	F 880	1. Residents #9 and #10 were provided masks and redirection by staff to stay in their room during their isolation period. Residents #9 and #10 were monitored by staff to ensure they maintained appropriate social distancing when out of their room and were compliant with masking. On 11/26/2020, Residents # 9 and #10 completed their 14-day quarantine period and were tested for Covid. Both residents tested negative for Covid; their isolation was discontinued on 11/27/2020. Infection Preventionist re-educated LPN #4 regarding isolation precautions, resident masking, social distancing, and appropriate ways to redirect residents with cognitive impairment as it related to Covid-19 prevention. 2. Current residents in the Center are at	

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F 880	Continued From page 3 impaired for making daily decisions, having scored 10 out 15 on the BIMS (brief interview for mental status). She was coded as requiring limited assistance for walking on the unit, and as using a walker for safety. Resident #10 was admitted to the facility on 1/23/18 with diagnoses including, but not limited to epilepsy (3) and Alzheimer's dementia (4) with behaviors. On the most recent MDS, a quarterly assessment with an ARD of 10/4/2020, she was coded as severely cognitively impaired for making daily decisions, having scored zero out of 15 on the BIMS. She was coded as requiring only the supervision of one staff member for walking around the unit. On 11/19/2020 at 10:42 a.m., an open door to a room was observed. The tags outside the door indicated both Residents #9 and #10 lived in this room. The signage on the door documented the residents were on isolation precautions. Resident #9 was observed walking down the hallway outside of her room; she was using a walker for safety, and had a mask in her hand. Resident #9 passed by a staff member, LPN (licensed practical nurse) #4, who stood in another resident's doorway facing Resident #9 as she passed by. The staff member did not initially say anything to Resident #9. Resident #9 continued to walk down the hallway, and passed within three feet of another resident sitting in the hallway in a wheelchair; this resident was wearing a mask. At 10:44 a.m., LPN #4 acknowledged the surveyor, then walked down the hallway and redirected Resident #9 to walk back to her room. LPN #4 did not ask Resident #9 to put her mask on her face. On 11/19/2020 at 10:44 a.m., Resident #10 was	F 880	risk for Covid-19. Outbreak testing continues. 3. Director of Nursing, or designee, to re-educate Center staff on the Pandemic Plan including: isolation/droplet precautions, resident masking, and social distancing, as it relates to Covid-19 prevention. Director of Nursing, or designee, to re-educate Center staff on appropriate ways to redirect residents with cognitive impairments, when non-compliance with infection control practices is observed. Director of Nursing or designee, to re-educate residents with a BIMS of 9 or higher about isolation protocols, mask compliance, and social distancing. 4. Director of Nursing, or designee, to conduct Quality Monitoring Review through random facility observations to ensure proper resident masking in common areas, social distancing between residents, and appropriate staff response to resident non-compliance, as it relates to Covid-19 prevention. Observations to be conducted 5 times a week for four weeks, then weekly for four weeks. Follow-up based on findings. Findings to be reported to QAPI Committee monthly and updated as indicated by the Executive Director and Director of Nursing. Quality Monitoring schedule to be modified based on findings.	

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observed sitting in the day room at the end of the hallway; she was not wearing a mask. There were no other residents in the day room at this time. At 10:45 a.m., Resident #10 left the day room and began walking down the hallway. When she approached the doorway to the room belonging to her and Resident #9, LPN #4 redirected Resident #10 to join Resident #9 in their room. Neither resident was wearing a mask at this time.

On 11/19/2020 at 11:23 a.m., the surveyor returned to the unit where Residents #9 and #10 resided. Resident #9 was seated in a chair in her room. Resident #10 was again seated in the day room and was not wearing a mask. At 11:24 a.m., LPN #4 was interviewed. When asked why Residents #9 and #10 were on isolation, LPN #4 stated, "They came into contact with a staff member who has COVID. It is just a precaution." When asked what kind of PPE (personal protective equipment) the residents should be wearing if they go outside of their room, she stated they should both be wearing masks.

A review of Resident #9's physician orders revealed, in part: "11/11/20 Droplet isolation precautions (5) due to potential exposure. Start date 11/11/2020."

A review of Resident #9's comprehensive care plan updated 11/11/19 revealed, in part: "[Resident #9] is at risk for infection d/t (due to) possible exposure to COVID-19...Maintain Standard, Contact, and Droplet precautions."

A review of Resident #10's physician orders revealed, in part: "11/11/20 Droplet isolation precautions (5) due to potential exposure. Start

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F 880	Continued From page 5 date 11/11/2020." A review of Resident #10's comprehensive care plan updated 5/11/2020 revealed, in part: "Resident is at risk for infection d/t possible exposure to COVID-19...Maintain Standard, Contact, and Droplet Precautions." On 1/23/2020 at 9:18 a.m., LPN #2, the unit manager for Residents #9 and #10, was interviewed. When asked what type of isolation precautions were ordered for both residents, LPN #2 stated, "Droplet." When asked if residents who were on droplet precautions should be allowed outside of their rooms without masks, he stated they should not come out of their rooms. LPN #2 stated, "We try to keep them in the room, but it can be difficult." He stated if the residents leave their room, they should at least be wearing masks. He stated residents should not be allowed in the day room, as other residents and staff might wander in without the room having been cleaned appropriately. On 1/23/2020 at 9:33 a.m., RN (registered nurse) #1, the assistant DON (director of nursing and infection preventionist) was interviewed. When asked what sort of isolation was ordered for Residents #9 and #10, she stated that if a resident had a possible exposure to COVID-19, the resident was put on droplet precautions for 14 days. When asked if these residents should be allowed in the hallway or in the day room without wearing a mask, RN #1 stated, "We try to explain and to help them understand." She added Residents #9 and #10 have advanced dementia, and "it is hard to get them to comply." RN #1 stated the residents "cannot really grasp" the concept of masking and staying in their rooms.	F 880		

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When asked if the day room is used by other residents, she stated it is not regularly being used for activities, but some residents do go in and out. RN #1 stated the day room is not "open" for residents at this time, and that most of the time, the door is closed. When asked what sort of PPE the residents should have been wearing when they ventured out of their room, RN #1 stated, "They should have been wearing masks."

On 11/23/2020 at 9:48 a.m., LPN #4 was interviewed. She stated Residents #9 and #10 had been exposed to a therapy staff member who had tested positive for COVID-19. She stated both residents were ordered to be on isolation with droplet precautions. She stated both residents should stay in their rooms, and if they did leave their rooms, they should both wear a mask. When asked if she remembered seeing Resident #9 walk by her in the hallway on 11/19/2020, she stated she was not sure. LPN #4 stated, "It is not easy to keep them in their rooms. They have dementia. They like to wander around the unit. They will not keep their mask on." When asked if the day room was open for any residents, LPN #4 stated, "It's not open all the time." She stated Residents #9 and #10 enjoy going into the day room, and "we stop other residents from going in there."

On 11/23/2020 at 10:14 a.m., CNA (certified nursing assistant) #2 was interviewed. When asked if she was familiar with Residents #9 and #10, she stated she cared for them frequently. She stated they were supposed to be on droplet precautions. When asked what this meant for the residents if they left their room, she stated they have to wear masks. She stated it was "not easy" to keep these two residents in their rooms, or to

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keep their masks on. She stated both residents frequently went to sit in the day room. CNA #2 stated, "We try to keep an eye on them, but it's hard."

On 11/23/2020 at 1:16 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the DON, were informed of these concerns. Policies related to isolation and masking were requested.

A review of the facility policy, "COVID-19 Pandemic Plan," revealed, in part: "17. The Center will designate an area (PUI unit) for residents who: Upon admission the COVID-19 status is unknown or is awaiting test results.
Resident with possible exposure and awaiting test results.
Resident with possible signs and symptoms awaiting test results - Place resident in a private room or cohort with another resident whose status is unknown, initiate transmission based precautions(standard, contact, and droplet)...21. If resident leaves the room for outpatient dialysis, physician visits or for transfer/movement about the center (smoking, room transfer), apply a facemask to the resident. 22. All residents will cover their noses and mouths when staff are in the room. Residents can use items such as; a piece of cloth or non-medical mask. These should be placed in a labeled paper bag at the resident beside. Residents who are COVID-19 positive or suspected positive, should wear a medical mask. These should be placed in a labeled paper bag, stored at the resident beside. The medical mask should be discarded and replaced when it becomes moist or damaged."

No further information was provided prior to exit.

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REFERENCES
(1) "Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named SARSCoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by SARS-CoV-2 has been named COVID-19." This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments

(2) "Schizoaffective disorder is a mental condition that causes both a loss of contact with reality (psychosis) and mood problems (depression or mania)." This information is taken from the website https://medlineplus.gov/ency/article/000930.htm.

(3) "The epilepsies are a spectrum of brain disorders ranging from severe, life-threatening and disabling, to ones that are much more benign. In epilepsy, the normal pattern of neuronal activity becomes disturbed, causing strange sensations, emotions, and behavior or sometimes convulsions, muscle spasms, and loss of consciousness." This information is taken from the website https://www.ninds.nih.gov/Disorders/All-Disorders/Epilepsy-Information-Page.

(4) "Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks. It is the

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F 880	Continued From page 9 most common cause of dementia in older adults." This information is taken from the website https://www.nia.nih.gov/health/alzheimers/basics. (5) "Use personal protective equipment (PPE) appropriately. Don mask upon entry into the patient room or patient space. Limit transport and movement of patients outside of the room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette." This information is taken from the website https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.	F 880		