

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

PRINTED: 03/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OR SUPPLIER ENVOY OF WILLIAMSBURG, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185	
(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 onsite 8-5-2020 and continued with offsite review through 8-6-2020. 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 130 certified bed facility was 86 at the time of the survey. INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted onsite 8-5-2020 and continued with offsite review through 8-6-2020. 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 130 certified bed facility was 86 at the time of the 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 diseases and infections.	F 880		8/27/20

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

TITLE

(X6) DATE

Electronically Signed

08/20/2020

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>§483.80(a) Infection prevention and control program.</p> <p>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> <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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 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 2 of 2 nursing units of the facility.</p> <p>The findings included:</p> <p>1) The facility staff were unaware of the chemicals used and the contact/dwell time required to properly sanitize and disinfect the facility and surfaces.</p> <p>2) The facility staff failed to properly wear personal protective equipment (PPE) to prevent the spread of COVID-19.</p>	F 880	<p>F880</p> <p>1. The Housekeeping staff was educated immediately on 8/6/2020 by the Infection Preventionist regarding contact times for disinfectants. Facility staff was educated on 8/5/2020 by the Infection Preventionist on ensuring proper PPE usage.</p> <p>2. All residents have the potential to be affected.</p> <p>3. All applicable staff and residents will be educated by the Director of Nursing or Designee on ensuring proper PPE usage. All housekeeping staff will be educated by the Executive Director or designee on chemical contact/dwell times for disinfectants.</p> <p>4. The Director of Nursing or designee will conduct observations of staff using proper PPE weekly for 8 weeks to ensure</p>		

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F 880	<p>Continued From page 3</p> <p>On 8/5/2020 at approximately 11:15 AM Surveyor A was accompanied by the facility Director of Nursing (DON). During an interview with Employee C, housekeeper, she indicated she uses Virex to clean and disinfect. Employee C was unclear of the surface contact time to provide proper disinfection to surfaces. In addition, Employee C was observed throughout the interview to have her facemask below her nose.</p> <p>On 8/5/2020 at approximately 11:23 AM Surveyor A, while accompanied by the DON, interviewed Employee D, a housekeeper. Employee D stated she uses the chemicals in the housekeeping cart to clean with. Surveyor A observed Virex. When Employee D was asked what she uses the Virex on, Employee D stated she is only using the diluted bleach. Employee D stated the bleach was diluted for her and she is unaware of concentration, contact time, etc.</p> <p>On 8/5/2020 at approximately 11:30 AM an interview was conducted with Employee E, the Housekeeping Supervisor who stated Employees C and Employee D are aware of the chemicals and the dwell time of 10 minutes for Virex.</p> <p>On 8/5/2020 at 11:38 AM Surveyor A observed LPN A at the nursing station on the COVID warm unit with her N95 mask (medical respirator) over top of a procedure mask as she exited the nursing station and proceeded down the hall on the warm unit. The DON was asked why LPN A would have a medical respirator on over a procedure mask, the DON stated she didn't know. On interview LPN A stated she "forgot she had it on". By applying the N95 mask over the procedure mask LPN A failed to have a seal on her N95.</p>	F 880	<p>compliance with Infection Control guidelines and training. Executive Director or designee will conduct random observations of housekeeping staff utilizing disinfectants with appropriate contact/dwell times. Findings will be reviewed by the quality Assurance Performance Improvement Committee monthly and plan will be revised as necessary.</p> <p>5. 8/27/2020</p>		

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F 880	<p>Continued From page 4</p> <p>On 8/5/2020 at approximately 11:50 AM, prior to Surveyor A exiting the facility, Surveyor A shared her observation concerns with the DON.</p> <p>On 8/5/2020 the facility provided a document indicating LPN A was educated on 8/3/2020 of the need to wear an N95 mask while working on the warm unit.</p> <p>On 8/5/2020 a review of the facility policy titled "COVID-19 Pandemic Plan" with a revision date of 7/27/2020 read, "Per CDC guidance when respirator supplies, including fit test kits are severely limited;</p> <ul style="list-style-type: none"> · Review the Voluntary usage form with employee · Assist employee to choose the respirator that fits best · Provide education on donning/applying and doffing/removing respirator · Have employee perform seal test · Complete skills competency". <p>The above referenced policy further stated: "Follow CDC (Center for Disease Control) guidance. Cleaning and disinfection for pandemic COVID-19 follows the general principles used daily in health care settings, per CDC guidance."</p> <p>Per the CDC's guidance, it stated, "Assign environmental services [EVS] staff to work only on the unit. If there are not a sufficient number of EVS staff to dedicate to this unit despite efforts to mitigate staffing shortages, restrict their access to the unit. Also, assign HCP dedicated to the COVID-19 care unit (e.g., NAs) to perform cleaning and disinfection of high-touch surfaces</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>and shared equipment when in the room for resident care activities. HCP should bring an Environmental Protection Agency (EPA)-registered disinfectant (e.g., wipe) from List N into the room and wipe down high touch surfaces (e.g., light switch, doorknob, bedside table) before leaving the room. Ensure that high-touch surfaces in staff break rooms and work areas are frequently cleaned and disinfected (e.g., each shift)" accessed online 8/5/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html. The EPA List N stated the following: Clorox Bleach and Virex both have a surface contact time of 10 minutes. Accessed online 8/5/2020 at: https://cfpub.epa.gov/giwiz/disinfectants/index.cfm.</p> <p>Per the CDC's guidance, it 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 8/5/2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</p> <p>The CDC gives this direction on how to properly don (put on) PPE: "4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>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." Accessed online 8/5/2020 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 8/6/2020.</p> <p>No further information was provided.</p>	F 880			