

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

PRINTED: 08/18/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF WOODBRIDGE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>14906 JEFFERSON DAVIS HIGHWAY</b> <b>WOODBIDGE, VA 22191</b>		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated standard survey was conducted 8/3/2021 through 8/4/2021. Two complaints were investigated during the survey, VA00050398, VA00050088. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 120 certified bed facility was 97 at the time of the survey. The survey sample consisted of three current Resident reviews (Residents #2through #4) and one closed record reviews (Resident's #1).	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580			8/24/21

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

TITLE

(X6) DATE

Electronically Signed

08/17/2021

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 580	<p>Continued From page 1</p> <p>(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to immediately or (within 24 hours) notify the responsible party of a change in condition/ need to alter treatment for one of four residents in the survey sample, Resident #2.</p> <p>On 10/13/2020, Resident #2 was placed into quarantine due to exposure to COVID - 19. The RP (responsible party) was not notified until</p>	F 580	<p>1. Resident #2 is responsible party was notified of order to quarantine on 10/19/20.</p> <p>2. Residents who are in quarantine will be audited to ensure notification to Responsible Party is completed and documented in the medical record within 24 hours of change in condition.</p> <p>3. Licensed Nursing Staff will be educated</p>		

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F 580	<p>Continued From page 2 10/19/20.</p> <p>The findings include:</p> <p>Resident #2 was admitted to the facility on 4/1/2020 with diagnoses that included but were not limited to: Alzheimer's disease (a progressive loss of mental ability and function, often accompanied by personality changes and emotional instability.) (1), high blood pressure, history of COVID (A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 [COVID-19], is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.) (2), and depression.</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/18/2021, coded Resident #2 as scoring a "9" on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired to make daily cognitive decisions. The resident was coded as requiring supervision to extensive assistance of one staff member for her activities of daily living.</p> <p>A nurse's note dated, 10/13/2020 at 1:32 p.m. documented, "Resident is placed on quarantine due to exposure to COVID - 19." The nurse who wrote this note is no longer employed at the facility and unavailable for interview.</p> <p>A "Care Plan Note" dated 10/19/2020 at 2:16 p.m. documented in part, "RP (responsible party) was informed that her resident is on isolation due to possible COVID exposure. RP was not notified</p>	F 580	<p>by Director of Nursing/Designee for residents who are in quarantine that notification of quarantine status or change of condition will occur and documented in the medical record within 24 hrs.</p> <p>4. Quality Monitoring to be done weekly times 4 weeks by Director of Nursing or designee to ensure notification of quarantine is document notification to the responsible party within 24 hours. Any findings will be reported to the monthly QAPI Committee for further review.</p>		

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F 580	<p>Continued From page 3 last week when isolation occurred."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing (DON), on 8/4/2021 at 8:39 a.m. When asked about the process staff follows for notification to the responsible party for possible exposure if a resident's roommate becomes COVID positive, ASM #2 stated she wasn't the DON at that time, but stated she would have notified the resident's responsible party of the exposure to COVID by the roommate. When asked to find documentation of when the responsible party was notified, ASM #2 stated she would look.</p> <p>An interview was conducted with ASM #1, the executive director, on 8/4/2021 at 9:04 a.m. When asked if a roommate of a resident develops COVID, should the family of the exposed resident be notified of the exposure, ASM #1 stated she was not here at that time and stated the procedure was to call the roommate's family to notify them of the family member having been exposed to COVID.</p> <p>An interview was conducted with RN (registered nurse) #3 on 8/5/2021 at 10:15 a.m. RN #3 presented the above documented "Care Plan Note." When asked if she told the responsible party of Resident #2 about the isolation for possible COVID exposure, RN #3 stated she could not recall who in the care plan meeting said it but it is documented in the note that she was made aware and was not notified the week before.</p> <p>The facility policy, "Notification of Change in Condition" documented in part, "Policy: The</p>	F 580			

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F 580	Continued From page 4  Center to promptly notify the Patient/Resident, the attending physician, and the Resident Representative when there is a change in the status or condition....The nurse to notify the attending physician and Resident Representative when there is a significant change in the patient/resident's physical, mental or psychosocial status. Need to alter treatment significantly and new treatment."  ASM #1 and ASM #2 were made aware of the above concern on 8/4/2021 at 1:10 p.m.  No further information was provided prior to exit.  COMPLAINT DEFICIENCY  References: (1) Barron's Dictionary of Medical Terms, 5th edition, Rothenberg and Chapman, page 26. (2) This information was obtained from the following website: <a href="https://search.cdc.gov/search/index.html?query=COVID+-+19+definition&amp;sitelimit=&amp;utf8=%E2%9C%93&amp;affiliate=cdc-main#content">https://search.cdc.gov/search/index.html?query=COVID+-+19+definition&amp;sitelimit=&amp;utf8=%E2%9C%93&amp;affiliate=cdc-main#content</a> .	F 580			
F 773 SS=D	Lab Svcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii)  §483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance	F 773			8/24/21

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F 773	<p>Continued From page 5</p> <p>with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to obtain a physician's order for a laboratory test performed on one of four residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 12/21/2010 with diagnoses that included but were not limited to: HIV (Human Immunodeficiency Virus - a virus that causes acquired immunodeficiency syndrome - AIDS) (1), dementia (a progressive state of mental decline, especially memory function and judgement, often accompanied by disorientation.) (2), high blood pressure, cirrhosis of the liver (chronic disease condition of the liver in which fibrous tissue and modules replace normal tissue, interfering with blood flow and normal function of the organ.) (3), and schizophrenia (any of a group of mental disorders characterized by gross distortions of reality, withdrawal of thought, language, perception and emotional response) (4).</p> <p>The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date at 5/9/2021, coded Resident #1 as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring limited to extensive assistance of one or</p>	F 773	<p>1. Resident #1 is no longer a resident at Envoy of Woodbridge</p> <p>2. A complete audit of medical records for residents at Envoy of Woodbridge will be audited to ensure residents COVID-19 lab orders are obtained and documented in the medical record.</p> <p>3. Licensed Nursing Staff will be educated by Director of Nursing/Designee to ensure physician's orders are received and documented in the medical record for COVID-19 lab orders. Quality Monitoring to be done weekly times 4 weeks by Director of Nursing or designee to ensure physicians orders are received and documented in the medical record.</p> <p>4. Quality Monitoring to be done weekly times 4 weeks by Director of Nursing or designee to ensure physicians orders are received and documented in the medical record. Any findings will be reported to the monthly QAPI Committee for further review.</p>		

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F 773	<p>Continued From page 6</p> <p>more staff members except eating, in which he was independent after set up assistance was provided.</p> <p>A document provided by the facility documented in part, "Resident Results for COVID - 19 testing." Dated 5/28/2020, Resident #1's name was documented. Next to his name was documented, "DID NOT TEST, Broke off in nose."</p> <p>Review of the SBAR (situation, background, assessment, review and recommendations) dated 5/28/2020, documented in part, "Staff was trying to do a COVID -19 test and the swab tip broke in the side of the nose, R (right) nostril."</p> <p>Review of the clinical record failed to evidence a physician order for the testing for COVID - 19 for Resident #1.</p> <p>An interview was conducted with ASM (administrative staff member) #1, the executive director, and ASM #2, the director of nursing, on 8/4/2021 at 11:30 a.m. When asked if you need a physician order to test a resident for COVID, ASM #1 stated, "I'm sure, it's a lab (laboratory) test, we should." ASM #1 and ASM #2 went to look for a physician order for Resident #1.</p> <p>On 8/4/2021 at 11:55 a.m., ASM #2 returned and stated the facility did not have an order in the clinical record. ASM #2 stated, "The medical director gave us an order to test everyone but it's not in the clinical record."</p> <p>The facility policy, "Laboratory, Diagnostic and X-ray" documented in part, "Policy: To provide guidance on ordering, obtaining, documenting and reporting laboratory, diagnostic and x-ray</p>	F 773			

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F 773	<p>Continued From page 7</p> <p>results. Procedure: Obtain a physician's order for laboratory work, diagnostic testing and x-ray."</p> <p>ASM #1 and ASM #2 were made aware of the above findings on 8/4/2021 at 1:10 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 276.</p> <p>(2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p> <p>(3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 114.</p> <p>(4) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 522.</p>	F 773			