

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2021
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NAME OF PROVIDER OR SUPPLIER ENVOY AT THE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 8/15/21 through 8/17/21. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 84 certified bed facility was 62 at the time of the survey. The survey sample consisted of 25 current resident reviews and 3 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-140. Policies and Procedures. Cross reference to F622, F623, F727, F732</p> <p>12VAC5-371-150. Resident Rights. Cross reference to F622, F623</p> <p>12VAC5-371-200. Director of nursing. Cross reference to F727, F732</p> <p>12VAC5-371-210. Nurse staffing. Cross reference to F657, F727, F732</p> <p>12VAC5-371-250. Resident assessment and care planning. Cross reference to F657</p> <p>12VAC5-371-220. Nursing Services Cross reference to F550</p> <p>12VAC5-371-370 Maintenance and</p>	F 001	<p>12VAC5-371-140. Policies and Procedures</p> <p>F 622 SS D Transfer and Discharge Requirements</p> <p>1. Resident #33 did not suffer harm when transferred to the hospital on 6/15/2021 with their comprehensive care plan goals.</p> <p>2. Current residents that transfer out of the facility are at risk. Current Residents that transferred out to the hospital in the last 30 days will be audited by the DCS/ADS/Nurse Manager to ensure the care plans were correctly sent by 9/22/2021.</p> <p>3. Licensed staff to be educated on providing the correct documentation for hospital transfers with an emphasis on Comprehensive Care Plans by the DCS/ADCS/Nurse Manager by 9/22/2021.</p> <p>4. Resident transfers will be reviewed the</p>	9/3/21

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

TITLE

(X6) DATE

Electronically Signed

09/03/21

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F 001	Continued From page 1 Housekeeping Cross reference to F584 Resident assessment and care planning 12VAC5-371-250 A.6 cross reference to F641	F 001	<p>following business day by DCS/Designee to ensure correct documentation is sent. Facility will track for 4 weeks. The results of the quality monitoring will be presented to the quality assurance committee monthly for review, analysis and further recommendations.</p> <p>5. Date of Compliance 9-22-2021</p> <p>F 623 SS D Notice Requirements Before Transfer/Discharge</p> <ol style="list-style-type: none"> 1. Resident #33 did not suffer harm when transferred to the hospital on 6/15/2021 and their RP was not notified in writing. 2. Current residents that transfer out of the facility are at risk. Current Resident transfers audited for the last 30 days will be audited by the DCS/ADCS/Nurse manager and notification will be sent to Responsible Party by 9/22/2021. 3. Social Worker educated by ED on 9/1/21 on providing written documentation to responsible party for resident transfers to the hospital. 4. Resident transfers will be reviewed the following business day by DCS/Designee to ensure correct documentation is sent. Facility will track for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations. 5. Date of Compliance 9-22-2021 <p>F 727 SS C RN 8 Hrs/7 days/Wk</p> <ol style="list-style-type: none"> 1. R.N. Staffing corrected upon notification by staffing coordinator on 8/15/2021. Residents did not suffer harm due to lack of 8 consecutive R.N hours on 7/31/2021 	

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F 001	Continued From page 2	F 001	<p>and 8/1/2021.</p> <p>2. Facility is required to have 8 consecutive hours of R.N. Staffing on a daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to review staffing RN coverage for the past 30 days by 9/22/2021.</p> <p>3. ED educated Staffing Coordinator on ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2021.</p> <p>4. Staffing Coordinator/Designee to review R.N. staffing with DCS/Designee and track 5 days a week for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations</p> <p>5. Date of Compliance 9-22-2021</p> <p>F 732 SS C Posted Nurse Staffing Information</p> <p>1. Staffing posting corrected with accurate staffing numbers and in-house census upon notification by staffing coordinator on 8/15/2021. Residents did not suffer harm due to in-accurate staffing information and in-house census posting.</p> <p>2. Facility is required to post accurate staffing numbers and in-house census on a daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to review staffing RN coverage for the past 30 days by 9/22/2021.</p> <p>3. ED educated Staffing Coordinator on ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2021.</p> <p>4. Staffing Coordinator/Designee to review R.N. staffing with DCS/Designee and track 5 days a week for 4 weeks. The results of</p>	

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F 001	Continued From page 3	F 001	<p>the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations</p> <p>5. Date of Compliance 9-22-2021</p> <p>12VAC5-371-150. Resident Rights</p> <p>F 622 SS D Transfer and Discharge Requirements</p> <p>1. Resident #33 did not suffer harm when transferred to the hospital on 6/15/2021 with their comprehensive care plan goals.</p> <p>2. Current residents that transfer out of the facility are at risk. Current Residents that transferred out to the hospital in the last 30 days will be audited by the DCS/ADS/Nurse Manager to ensure the care plans were correctly sent by 9/22/2021.</p> <p>3. Licensed staff to be educated on providing the correct documentation for hospital transfers with an emphasis on Comprehensive Care Plans by the DCS/ADCS/Nurse Manager by 9/22/2021.</p> <p>4. Resident transfers will be reviewed the following business day by DCS/Designee to ensure correct documentation is sent. Facility will track for 4 weeks. The results of the quality monitoring will be presented to the quality assurance committee monthly for review, analysis and further recommendations.</p> <p>5. Date of Compliance 9-22-2021</p> <p>F 623 SS D Notice Requirements Before Transfer/Discharge</p> <p>1. Resident #33 did not suffer harm when transferred to the hospital on 6/15/2021</p>	

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F 001	Continued From page 4	F 001	<p>and their RP was not notified in writing.</p> <p>2. Current residents that transfer out of the facility are at risk. Current Resident transfers audited for the last 30 days will be audited by the DCS/ADCS/Nurse manager and notification will be sent to Responsible Party by 9/22/2021.</p> <p>3. Social Worker educated by ED on 9/1/21 on providing written documentation to responsible party for resident transfers to the hospital.</p> <p>4. Resident transfers will be reviewed the following business day by DCS/Designee to ensure correct documentation is sent. Facility will track for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations.</p> <p>5. Date of Compliance 9-22-2021</p> <p>12VAC5-371-200. Director of nursing.</p> <p>F 727 SS C RN 8 Hrs/7 days/Wk</p> <p>1. R.N. Staffing corrected upon notification by staffing coordinator on 8/15/2021. Residents did not suffer harm due to lack of 8 consecutive R.N hours on 7/31/2021 and 8/1/2021.</p> <p>2. Facility is required to have 8 consecutive hours of R.N. Staffing on a daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to review staffing RN coverage for the past 30 days by 9/22/2021.</p> <p>3. ED educated Staffing Coordinator on ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2021.</p>	

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F 001	Continued From page 5	F 001	<p>4. Staffing Coordinator/Designee to review R.N. staffing with DCS/Designee and track 5 days a week for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations</p> <p>5. Date of Compliance 9-22-2021</p> <p>F 732 SS C Posted Nurse Staffing Information</p> <p>1. Staffing posting corrected with accurate staffing numbers and in-house census upon notification by staffing coordinator on 8/15/2021. Residents did not suffer harm due to in-accurate staffing information and in-house census posting.</p> <p>2. Facility is required to post accurate staffing numbers and in-house census on a daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to review staffing RN coverage for the past 30 days by 9/22/2021.</p> <p>3. ED educated Staffing Coordinator on ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2021.</p> <p>4. Staffing Coordinator/Designee to review R.N. staffing with DCS/Designee and track 5 days a week for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations</p> <p>5. Date of Compliance 9-22-2021</p> <p>12VAC5-371-210. Nurse staffing.</p> <p>F 657 SS D Care Plan Timing and</p>	

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F 001	Continued From page 6	F 001	<p>Revision</p> <ol style="list-style-type: none"> 1. Resident #25 was assessed for side rail use and care plan was revised upon notification by MDS Nurse on 8/17/21. Residents #45 and #12 that were victims in a resident to resident to resident altercations had psychosocial assessment completed by the facility's social worker and their care plan was updated as needed on 8/16/2021. Residents #45 and #12 did not recall or exhibit any latent negative feels about the resident to resident altercations. 2. Current residents with side rails attached to their bed are at risk. Current residents to be reviewed by DCS/ADS/Nurse Manager to determine if side rails are be utilized appropriately per the assessment and care plan order by 9/22/2021. Residents involved in a resident to resident altercation in the last 45 days will be assessed and care plan updated as needed by the social worker by 9/22/2021. 3. Maintenance Director will utilize an updated list provide by the DCS/ADCS/Nurse Manager to remove side rails from resident beds for residents that have not been assessed and care planned for their use by 9/22/2021. IDT staff that make care plan revisions to be educated by DCS/ADCS/Nurse manager that residents that are using side rails are appropriately assessed and that their care plan has been updated timely by 9/22/2021. ED to educate IDT that residents involved in a resident to resident altercation to include the victims will have a psychosocial assessment completed and 	

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F 001	Continued From page 7	F 001	<p>their care plans reviewed and revised as needed by 9/22/2021.</p> <p>4. Maintenance Director/Designee to conduct weekly side rail audit and track for 4 weeks. Resident that are involved in resident to resident altercations will be tracked for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations.</p> <p>5. Date of Compliance 9-22-2021</p> <p>F 727 SS C RN 8 Hrs/7 days/Wk</p> <p>1. R.N. Staffing corrected upon notification by staffing coordinator on 8/15/2021. Residents did not suffer harm due to lack of 8 consecutive R.N hours on 7/31/2021 and 8/1/2021.</p> <p>2. Facility is required to have 8 consecutive hours of R.N. Staffing on a daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to review staffing RN coverage for the past 30 days by 9/22/2021.</p> <p>3. ED educated Staffing Coordinator on ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2021.</p> <p>4. Staffing Coordinator/Designee to review R.N. staffing with DCS/Designee and track 5 days a week for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations</p> <p>5. Date of Compliance 9-22-2021</p> <p>F 732 SS C Posted Nurse Staffing Information</p>	

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F 001	Continued From page 8	F 001	<ol style="list-style-type: none"> 1. Staffing posting corrected with accurate staffing numbers and in-house census upon notification by staffing coordinator on 8/15/2021. Residents did not suffer harm due to in-accurate staffing information and in-house census posting. 2. Facility is required to post accurate staffing numbers and in-house census on a daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to review staffing RN coverage for the past 30 days by 9/22/2021. 3. ED educated Staffing Coordinator on ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2021. 4. Staffing Coordinator/Designee to review R.N. staffing with DCS/Designee and track 5 days a week for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations 5. Date of Compliance 9-22-2021 <p>12VAC5-371-250. Resident assessment and care planning.</p> <p>F 657 SS D Care Plan Timing and Revision</p> <ol style="list-style-type: none"> 1. Resident #25 was assessed for side rail use and care plan was revised upon notification by MDS Nurse on 8/17/21. Residents #45 and #12 that were victims in a resident to resident to resident altercations had psychosocial assessment completed by the facility's social worker and their care plan was updated as needed on 8/16/2021. Residents #45 and #12 did not recall or exhibit any latent 	

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F 001	Continued From page 9	F 001	<p>negative feels about the resident to resident altercations.</p> <p>2. Current residents with side rails attached to their bed are at risk. Current residents to be reviewed by DCS/ADS/Nurse Manager to determine if side rails are be utilized appropriately per the assessment and care plan order by 9/22/2021.</p> <p>Residents involved in a resident to resident altercation in the last 45 days will be assessed and care plan updated as needed by the social worker by 9/22/2021.</p> <p>3. Maintenance Director will utilize an updated list provide by the DCS/ADCS/Nurse Manager to remove side rails from resident beds for residents that have not been assessed and care planned for their use by 9/22/2021. IDT staff that make care plan revisions to be educated by DCS/ADCS/Nurse manager that residents that are using side rails are appropriately assessed and that their care plan has been updated timely by 9/22/2021.</p> <p>ED to educate IDT that residents involved in a resident to resident altercation to include the victims will have a psychosocial assessment completed and their care plans reviewed and revised as needed by 9/22/2021.</p> <p>4. Maintenance Director/Designee to conduct weekly side rail audit and track for 4 weeks. Resident that are involved in resident to resident altercations will be tracked for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations.</p>	

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F 001	Continued From page 10	F 001	<p>5. Date of Compliance 9-22-2021</p> <p>12VAC5-371-220. Nursing Services</p> <p>F550 SS D Resident Rights</p> <ol style="list-style-type: none"> 1. C.N.A # 2 has resigned from the facility. 2. Current residents requiring assistance with feeding are at risk. Current residents will be reviewed by DCS/ADCS/Nurse Manager to ensure dignity is provide while they are receiving assistance with meals by 9/22/2021. 3. Current licensed and certified staff will be educated on providing dignity while providing care to include when feeding residents by DCS/ADCS/Nurse Manager by 9/22/2021. 4. Don/Designee will observe staff at mealtimes 5 days a week for 4 weeks to reinforce and educate on ensuring dignity while providing care. The results of the quality monitoring data to be reviewed by the quality assurance committee team monthly for review, analysis, and further recommendations. <p>5. Date of Compliance 9-22-2021</p> <p>12VAC5-371-370 Maintenance and Housekeeping</p> <p>F584 SS D Safe/Clean/Comfortable/Homelike Environment</p> <ol style="list-style-type: none"> 1. Patient blanket was changed upon notification by Nurse Manager on 8/16/2021. 2. Current residents have the potential to be affected. Current residents will be reviewed by the DCS/ADCS/Nurse Manager to ensure a clean home like 	

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F 001	Continued From page 11	F 001	<p>environment with a focus on resident linen by 9/22/2021.</p> <p>3. Current staff to be educated on a clean, safe, homelike environment to include ensuring that the residents have clean linen, that it is changed on shower days, and as need when soiled.</p> <p>4. Daily rounds to be conducted by IDT team 5 days a week and tracked for 4 weeks. The results of the quality monitoring tool data to be reviewed by members of the quality assurance committee team meeting monthly for review, analysis and further recommendations.</p> <p>5. Date of Compliance 9-22-2021</p> <p>12VAC5-371-250 Resident assessment and care planning</p> <p>1. Resident # 46 did not suffer harm as a result of being miscoded in the MDS.</p> <p>2. Current hospice residents for the last 30 days will be audited by the DCS/ADCS/Nurse manager by 9/22/2021.</p> <p>3. ED educated MDS nurse on correctly coding hospice residents in the MDS on 8/31/2021.</p> <p>4. New hospice residents will be reviewed the following business day by DCS/Designee to ensure correct coding is in MDS. Facility will track for 4 weeks. The results of the quality monitoring will be presented to the quality assurance committee monthly for review, analysis and further recommendations.</p> <p>5. Date of Compliance 9-22-2021</p>	