

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

PRINTED: 06/17/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/12/2020
NAME OF PROVIDER OR SUPPLIER  ENVOY OF LAWRENCEVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868		
(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 Emergency Preparedness COVID-19 Focused Survey was conducted on 05/11/20 through 05/12/20, and 06/12/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 offsite Focused Infection Control Survey was conducted on 05/11/20 through 05/12/20, and 06/12/20. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations.  The census in this 77 bed certified facility was 67 at the time of the survey. There were no COVID-19 positive residents in the facility. One resident had been tested. The resident initially tested positive, then retested negative and again tested a third time, which was inconclusive. The resident was quarantined. No other staff or residents had been tested at the time of the survey.	F 000			
F 880 SS=E	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	F 880			

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

TITLE

(X6) DATE

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 and control program (IPCP) that must include, at 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	F 880			

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F 880	<p>Continued From page 2</p> <p>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 interviews, and facility document review, the facility staff failed to follow infection control policy to ensure 6 of 6 dry erase boards were properly cleaned and disinfected for use by residents in the facility.</p> <p>Findings include:</p> <p>On 06/12/20 at 1:40 PM, the AA (Activity Assistant) was interviewed regarding activities for residents during the COVID19 pandemic. The AA stated that she does activities individually and that the residents stay in their rooms, with their masks on. The AA stated that the activity department will have a few residents sit at their doorway, with their masks on, and she will hand out dry erase boards and they will play tic tac toe. The AA stated that she has 5 or 6 residents that use the dry erase boards. Six (6) dry erase boards were observed.</p> <p>The AA was asked how the items used for activities were cleaned. The AA stated that the</p>	F 880	<p>1) White Boards were immediately cleaned with disinfectant wipes by the Act. Ast. on 6/12/2020.</p> <p>2) Residents who engage in activities have the potential to be affected. No residents were affected.</p> <p>3) The Activity's Assistant was immediately in-serviced by the Infection Preventionist on 6/12/2020 on proper infection control techniques for disinfecting items used by residents after individual /group activities. Vire &amp; Microkill disinfecting wipes were provided to the activities department. Direct/indirect care</p>		

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F 880	<p>Continued From page 3</p> <p>items were cleaned after each use. The AA stated, "We clean and we wipe down with regular soap and water." The AA was asked again for clarification and the AA stated, "I could use hand sanitizer." The AA stated that she did not have any cleaner/sanitizer in the activity room. The AA stated that she will take a basin of water with her down the hall and clean the dry erase boards. The AA then stated that she would empty the basin after one was cleaned and repeat that process.</p> <p>At 1:46 PM, the ED (Environmental Director) was interviewed regarding what type of cleaners or disinfectants the activity department was supposed to use. The ED stated that the activity department should use Virex spray disinfectant.</p> <p>On 06/12/20 at 1:48 PM, accompanied by the ED and AA, the activity department was observed. The AA presented a spray bottle with liquid contents from the desk drawer. The spray bottle was labeled "Activity" but included no identification or product label. The AA did not know what was in the spray bottle and stated that she had not been using that spray. The AA again stated that she was cleaning the dry erase boards with soap and water and at times used hand sanitizer to clean the white boards. The ED stated the facility had germicidal wipes and Virex disinfectant spray available to clean resident equipment.</p> <p>On 06/12/20 at 1:59 PM, the ED again stated that the activity department is supposed to be cleaning between each resident and that they are supposed to be using Virex or Microkill germicidal bleach wipes.</p>	F 880	<p>staff will be educated on proper infection control techniques for disinfecting items by the Infection Preventionist by June 26,2020.</p> <p>4) Residents' activities will be monitored 5x a week then weekly x 4 weeks and randomly thereafter by the Infection Preventionist/designee to ensure that items being used by residents after activities are being properly disinfected.</p> <p>5) Date of compliance: June 26, 2020.</p>		

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F 880	<p>Continued From page 4</p> <p>At 2:00 PM, the administrator was made aware of the above and was asked for a policy on cleaning and disinfecting resident items. The administrator stated that the activity assistant was supposed to be using Microkill germicidal wipes to clean resident use items.</p> <p>At 2:15 PM, the DON (director of nursing), the ICP (infection control preventionist), and the administrator were made aware of the above concerns. The ICP stated, "We do have cleaner and disinfectant for her (activity assistant) to use and we will make sure she gets it, she is supposed to be using the wipes between residents." The ICP was asked for clarification on the disinfectant that is supposed to be used. The ICP stated, "Disinfectant Virex spray or disinfectant Microkill wipes."</p> <p>The facility's policy titled, "Cleaning and Disinfecting Non-Critical Resident Care Items" (Revised June 2011) was presented and reviewed. The policy stated, "The purpose of this procedure is to provide guidelines for disinfection of non critical resident care items..." Step 3 of this policy stated, "...Reusable items are cleaned and disinfected or sterilized between residents...Intermediate and low-level disinfectants for non-critical items include...Ethyl or isopropyl alcohol...Sodium hypochlorite...Phenolic germicidal detergents...Iodophor germicidal detergents...Quaternary ammonium germicidal detergents...Manufacturers' instructions will be followed for proper use of disinfecting..."</p> <p>No further information and/or documentation was presented prior to the exit conference.</p>	F 880			