

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

PRINTED: 01/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 11/08/2021
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, VA 23055		
(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	{E 000}			
{F 000}	<p>An unannounced Emergency Preparedness revisit to the standard survey of 10/04/2021 through 10/06/2021, was conducted on 11/08/2021. The facility's Emergency Preparedness Plan was reviewed. The facility was found to be in compliance with CFR 483.73, the Federal requirements for Emergency Preparedness in Long Term Care facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid revisit to the standard survey of 10/04/2021 through 10/06/2021 was conducted 11/08/2021. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. New findings were identified.</p> <p>The census in this 60 certified bed facility was 59 at the time of the survey. The survey sample consisted of thirteen (13) current Resident reviews (Residents #101 through #113).</p>	{F 000}			
{F 812} SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p>	{F 812}			11/9/21

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

TITLE

(X6) DATE

Electronically Signed

11/19/2021

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 812}	<p>Continued From page 1</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, the facility staff failed to ensure food was stored in accordance with professional standards of food service safety in the main kitchen.</p> <p>Findings were:</p> <p>On 11/08/2021 at 10:30 a.m., a tour of the kitchen was conducted. The tour was conducted with OS (Other Staff) #1. Observed in the walk-in refrigerator was a milk crate containing 2% milk. All the milk in the crate, a total of 32 single serving cartons, were dated 11/03/2021. OS #1 was asked about the milk. She stated, "All of that is out of date...the truck will be here tomorrow with some more." She was asked what had been used for the residents in the past five days for milk. She stated, "We've been using the regular milk." She was asked why the expired 2% milk was still in the refrigerator and available for distribution to the residents. She stated, "I just don't think we've pulled it out yet." She removed the crate from the walk-in refrigerator and set it on the floor outside of the refrigerator door. An additional carton of expired milk products was observed sitting on the floor. They were also dated 11/03/2021. OS #1 stated, "Those are bad too, but we already pulled them out." She was asked if the milk would be returned to the distributor. She stated, "No, we got a truck coming tomorrow, we'll just tell them how many</p>	{F 812}	<ol style="list-style-type: none"> 1. The expired milk was thrown out during the survey. 2. The Executive Director toured the kitchen and there were no other storage and dating issues. 3. The Executive Director educated the dietary department on proper procedure on storing milk. 4. The Executive Director/designee will tour the kitchen to ensure food is stored in a sanitary manner, 2 times a week x 4 weeks, then weekly x 4 weeks, then monthly x 1 month. Findings will be brought to QAPI for three months for further review. 		

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{F 812}	<p>Continued From page 2</p> <p>went bad and we'll get credit for it. Those will all go in the trash can."</p> <p>At approximately 10:45 a.m., the dietary manager came into the kitchen. He was told about the expired milk observed in the walk-in refrigerator. He stated, "We don't use that." He was told that there were concerns that the milk had been expired for five days and was still in the refrigerator and available for distribution to the residents. He stated, "Okay."</p> <p>The above information was discussed with the administrator and the DON (director of nursing) during an end of the day meeting on 11/08/2021 at approximately 4:30 p.m.</p> <p>No further information was obtained prior to the exit conference.</p>	{F 812}			