

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

PRINTED: 01/20/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/08/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ENVOY AT THE VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4238 JAMES MADSON HIGHWAY</b> <b>FORK UNION, VA 23055</b>		
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E 000	Initial Comments	E 000			
	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted on 12/08/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced Medicare/Medicaid abbreviated survey and Focused Inspection Control survey was conducted on 12/08/2020. Two complaints were investigated during the survey. VA00049658 was unsubstantiated with no deficient practice. VA00049943 was substantiated with deficient practice. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements				
	The census in this 60 certified bed facility was 55 at the time of the survey. There were no COVID positive residents residing at the facility at the time of the survey. The survey sample consisted of 5 current record reviews and one closed record review.				
	The most recent staff testing was completed on 12/01/2020 that included 57 staff, all testing negative. The most recent resident testing was completed on 12/02/2020 that included 54 residents, all testing negative. The facility was in the process of weekly testing residents and staff during the survey.				
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)	F 584			1/18/21
	§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including				

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

TITLE

(X6) DATE

Electronically Signed

12/18/2020

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 584	<p>Continued From page 1</p> <p>but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document</p>	F 584	<p>1. The Facility cannot locate Resident</p>		

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F 584	<p>Continued From page 2</p> <p>review, clinical record review and in the course of a complaint investigation, the facility staff failed to secure the personal property for one of six resident's in the survey sample, and failed to provide a safe, homelike environment in the television room.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 06/18/2020 with diagnoses that included fractures of sacrum, fractures of vertebra, dementia, hypertension, hyperlipidemia, depression, and moderate intellectual disability. The most recent minimum data set (MDS) dated 07/14/2020 was the discharge assessment and assessed Resident #1 as severely impaired for daily decision making with a score of 6 out of 15. Under Section G - Functional Status, the MDS assessed Resident #1 as independent for activities of daily living (ADLs).</p> <p>On 12/08/2020, Resident #1's closed clinical record was reviewed. Observed in the clinical record was the "Inventory of Personal Effects" form signed and dated 06/19/2020. The form documented Resident #1 was admitted with the following items: "1 shirt; 1 brassiere; 1 comb; 2 packs of bath wipes; 1 green bag - personal belongings; 1 pair slacks; 2 water bottles; 2 pair socks; 1 toothbrush; 1 tube toothpaste; 1 deodorant; 1 lip balm; 2 pair underwear; 20 Fitright extra underwear briefs; and 1 black shopping bag."</p> <p>On 12/08/2020 at 10:30 a.m. the administrator was asked about the process for residents to receive items at the facility. The administrator stated, "normally, when someone is admitted their</p>	F 584	<p>#1's belongings and the resident has been discharged. The facility stored the ladder and the bucket of ceiling texture properly at the time of survey.</p> <p>2. The facility will update the resident's inventory sheet to ensure the facility has secured resident's personal items. The Executive Director/designee will complete a full tour of the facility to ensure a safe homelike environment is maintained.</p> <p>3. The DCS/designee will educate the staff on the procedures of removing personal belongings from drop off area and completing the inventory sheet. The Executive Director/designee will educate the staff on maintaining a safe home like environment.</p> <p>4. Social Services Director/designee will interview 5 residents a month for 3 months to ensure facility has secured their personal items. The management team will complete rounds 3 times a week for 3 months to ensure the facility is safe and homelike.</p> <p>Findings will be brought to QAAPI for 3 month to ensure compliance.</p>		

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F 584	<p>Continued From page 3</p> <p>family will bring in their personal property including clothes and the staff updates the inventory sheet. However, because of the pandemic we are asking families to drop personal items at the front entryway. We leave the items there 24 hours and the activity manager will gather and deliver the items to the appropriate person." The administrator was asked if the facility had a tracking system for the items dropped at the front entryway. The administrator stated, "No, I don't believe we do. We ask families to write the resident's name and date on the outside of the item when it is dropped off and from that date is how staff knows when it is safe to bring the item inside and deliver it to the resident." The administrator stated, "this has been an evolving process with the pandemic and to be honest at the time when [Resident #1] was admitted we were all just trying to do the best we could. Between myself and the department managers we all monitored and sorted items after they had been in the front entryway and would get them to the residents or department." The administrator stated, "...I am not sure what happened to her personal possessions because if I remember correctly we had to provide clothes from the lost and found in laundry for her to wear while she was here..."</p> <p>The staff member who signed the personal effects inventory sheet was not available during the survey. There were no staff members who provided care to Resident #1 available for interview during the survey.</p> <p>A review of the Personal Items Inventory Policy and Procedures, revised 08/22/2017 documented the following: "Procedure: ...Fill in resident's name, room</p>	F 584			

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F 584	<p>Continued From page 4</p> <p>number, medical record number, and the date of inventory on the Inventory Personal Effects.....Sign Inventory of Personal Effects sheet..... Complete "Acquired after original entry" section when articles are discovered after the admission process... indicate date, identify item, indicate how received, check presence of article...."</p> <p>This finding was reviewed with the administrator on 12/8/20 at 4:00 p.m.</p> <p>2. On 12/8/20 at 9:45 a.m., three residents were observed in the living unit's television room. A folded stepladder (approximately 8 feet tall) was leaning against the wall in the corner of the room. A plastic bucket of roll-on ceiling texture was in the floor next to the ladder.</p> <p>On 12/8/20 at 10:10 a.m., three residents were observed in the television room with the folded ladder leaning against the wall and the bucket of ceiling texture in the floor. One resident was observed ambulating near the entrance to the television room.</p> <p>On 12/8/20 at 10:30 a.m., accompanied by licensed practical nurse (LPN) #1, the folded ladder and ceiling texture were observed in the television room in use by four residents. LPN #1 was interviewed at this time about the ladder and texture stored in a resident use area. LPN #1 stated the television room was not a good place to store a ladder. LPN #1 stated she did not know why the ladder or ceiling texture were stored in the residents' television room.</p> <p>On 12/8/20 at 10:35 a.m., the maintenance director (other staff #3) was interviewed about the ladder and bucket of texture stored in the</p>	F 584			

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F 584	<p>Continued From page 5</p> <p>residents' television room. The maintenance director stated he did not know why a ladder would be stored in a resident use area. After researching, the maintenance director stated on Friday (12/4/20) maintenance worked to repair the 300-hall ceiling. The maintenance director stated the ladder and ceiling texture were left in the television room following the ceiling repair on 12/4/20. The maintenance director stated there was a designated shop area for storing equipment and supplies and they were not supposed to be stored or left in areas accessible to residents.</p> <p>This finding was reviewed with the administrator on 12/8/20 at 4:00 p.m.</p>	F 584			