

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

PRINTED: 12/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER ENVOY OF WESTOVER HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE RICHMOND, VA 23225		
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 11/9/21 through 11/10/21. The facility was in substantial compliance with 42 CFR Part 483.73(b)(6) emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000			
F 000	The census in this 174 certified bed facility was 139 at the time of the survey. INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted onsite 11/9/21 through 11/10/21. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The survey sample consisted of 10 residents. No complaints were investigated during the survey.	F 000			
F 883 SS=D	The census in this 174 certified bed facility was 139 at the time of the survey. The survey sample consisted of 10 resident reviews and 5 employee reviews. Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization,	F 883		12/3/21	

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

TITLE

(X6) DATE

Electronically Signed

11/24/2021

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 883	<p>Continued From page 1</p> <p>each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the</p>	F 883			

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F 883	<p>Continued From page 2</p> <p>following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to provide influenza vaccines for 2 residents out of 5 residents reviewed for influenza immunization and facility staff failed to provide a pneumococcal vaccine for 1 resident out of 5 residents reviewed for pneumococcal immunization.</p> <p>The findings included:</p> <p>1. The facility staff failed to provide influenza immunizations for Residents #8 and #10.</p> <p>On 11/10/21, clinical record review was performed for Residents #8 and #10 and revealed no documentation with regard to influenza immunization including the resident's current influenza vaccination status, offer to provide immunization against influenza infection, or documentation of resident refusal or medical contraindication.</p> <p>An interview was conducted with the Corporate Nurse Consultant who accessed the clinical records for Resident #8 and Resident #10 and verified the findings. A facility policy on influenza immunization was requested and received.</p>	F 883	<p>1. Resident #8 was offered the flu vaccine on 11/22/2021 and declined. The risk versus benefits were explained to resident #8 and documented in the medical record as of 11/22/2021, he again declined. Resident #10 RP was offered the flu vaccine on 11/9/2021 and declined. Risk versus benefit were explained to resident #10 RP and documented in the medical records as of 11/9/2021. Resident #7 was offered the pneumonia vaccine and it was administered on 11/22/2021 per his request. Each resident's immunization record has been updated.</p> <p>2. Residents in the facility have the potential to be affected. A quality review of immunization records will be completed by the DCS or designee to ensure that flu and pneumonia vaccine were offered and if the resident or RP refused that there is documentation of risk versus benefits along with the immunization record has been updated. Follow up based on findings.</p> <p>3. A) The Regional Director of Nursing</p>		

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F 883	Continued From page 3 Review of the facility policy revised October 2019 and entitled, "Influenza, Prevention and Control of Seasonal", subheading "Influenza Prevention...Vaccination", item 2 read: "All residents and staff are offered the vaccine unless there is a medical contraindication". No further information was provided. 2. The facility staff failed to provide pneumococcal immunization for Resident #7. On 11/10/21, clinical record review was performed for Resident #7 and revealed a nursing progress note dated 10/15/21 that read, "RP [Responsible Party] consented to pneumonia vaccine". There was no further documentation that indicated whether or not Resident #7 had received a pneumococcal vaccine. An interview was conducted with the Corporate Nurse Consultant who accessed the clinical record for Resident #7 and verified the findings. A facility policy on pneumococcal immunization was requested and received. Review of the facility policy entitled, "Pneumococcal Vaccine", revised October 2019, read: "Policy Statement...All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections". No further information was provided.	F 883	provided education to the DCS on 11/22/2021 on the policy for flu and pneumonia vaccines to include ensuring the resident/resident representative is provided education on potential risk and benefits of the vaccine. The DCS will provide education to all licensed nursing staff on the policy for flu and pneumonia vaccines. B) The DCS will review new admission records weekly during the daily clinical meeting to ensure flu and pneumonia vaccine has been offered and documented in the medical record. This will be an ongoing process. 4. Findings will be reported to the quality improvement committee monthly and the plan will be revised as necessary. 5. Date of Compliance: 12/3/2021		
F 886 SS=D	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility	F 886		12/3/21	

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F 886	<p>Continued From page 4</p> <p>must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:</p> <p>§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:</p> <ul style="list-style-type: none"> (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <ul style="list-style-type: none"> (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of 	F 886			

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F 886	<p>Continued From page 5 each test.</p> <p>§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Based on Resident interview, staff interview, facility documentation review and clinical record review, the facility staff failed to document COVID-19 testing occurrences and results in the clinical record for 3 Residents (Resident #2, #3 and #8) in a survey sample of 10 Residents.</p> <p>The findings included:</p> <p>On 11/9/21, Surveyor C requested a listing of facility testing occurrences.</p> <p>On 11/9/21, review of the facility submitted COVID-19 listing of Residents and staff who had tested positive revealed on 10/14/21, CNA B reported not feeling well and tested positive for COVID-19. Therefore, triggering the requirement</p>	F 886	<p>1. Residents #2, #3 and #8 are being tested for Covid as outlined per CDC guidelines and results are reflected in the medical record.</p> <p>2. Residents in the facility have the potential to be affected. A quality review of resident records will be completed to validate that Covid testing results within the last 30 days is reflected in the medical record. Follow up based on findings.</p> <p>3. A) The Regional Director of Nursing provided education to the DCS and Covid Nurse Champion on 11/22/2021 on having complete and accurate records along with the guidelines for Covid testing. The</p>		

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F 886	<p>Continued From page 6 for outbreak testing.</p> <p>On 11/9/21 at 2:14 PM, an interview was conducted with the DON (Director of Nursing) and LPN B/the COVID nurse, both stated they conducted contact tracing and only the Residents and Staff on wing 2 had been exposed. Therefore, they did outbreak testing only on wing 2. Both, the DON and Employee C confirmed that testing occurrences and results are noted in the EHR (electronic health record) of Residents in the nursing notes and then the testing evidence is scanned into the EHR under the miscellaneous tab.</p> <p>On 11/9/21, facility staff were asked to provide the dates COVID testing had been conducted since the start of their current COVID outbreak beginning on 10/14/21, to include those who had been tested. Employee D provided Surveyor C with a stack of papers that had Resident testing results that had not yet been uploaded into the EHR. Review of the testing information revealed the following testing dates: 10/4/21, 10/7/21, 10/26/21, 10/28/21, 11/1/21, 11/4/21 and 11/8/21. The DON stated that even though the testing pages were not uploaded into the EHR, the testing would be documented in the nursing notes as well as the test results.</p> <p>On 11/9/21, Surveyor C selected a sample of 3 Residents who had lived on wing 2 on 10/14/21, and remained on that wing. Review of the EHR for the 3 sampled Residents (Resident #2, Resident #3, and Resident #8) revealed no evidence of testing until 10/21/21, following a direct exposure.</p> <p>On 11/10/21 at 11:47 AM, Surveyor C was</p>	F 886	<p>Medical Records clerk will be educated by the DCS on the policy of complete and accurate records. B) The DCS or designee will review resident's medical records weekly to validate that any completed Covid test results have been uploaded into the medical record. This will be an ongoing process.</p> <p>4. Findings will be reported to the quality improvement committee monthly and the plan will be revised as necessary.</p> <p>5. Date of Compliance: 12/3//2021</p>		

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F 886	<p>Continued From page 7</p> <p>provided a revised listing of test dates and review of this document revealed the facility reported doing outbreak testing on 10/14/21, and 10/18/21. The facility provided evidence of the COVID testing conducted from 10/14/21-11/9/21. There was no evidence of the reported testing occurrences on 10/14 or 10/18.</p> <p>On 11/10/21, Surveyor C sat was with Employee C/Corporate Nurse Consultant who accessed the EHR for Residents #2, #3, and #8. Employee C confirmed the EHR revealed no evidence of testing prior to 10/21/21. While this meeting was taking place, Employee D/Medical Records came in and provided testing evidence that occurred 10/18/21, for Residents on wing 2 and the 3 selected Residents were included. Employee C again confirmed that the EHR contained no evidence of the testing occurrences or results of such testing, which occurred on 10/14/21 and 10/18/21.</p> <p>Review of the facility policy titled, "COVID-19 Pandemic Plan" read on page 14, "...Documentation: Outbreak investigation includes: Date case was identified, Date all other Residents and staff were tested, Date all Residents and staff were retested, Results of all tests, Outbreak testing strategy used and rationale (contact tracing or broad-based testing)....".</p> <p>On 11/10/21, during an end of day meeting Employee C and the DON were made aware that testing occurrences and results were not included in the clinical chart for Resident #2, #3, and #8.</p> <p>No further information was provided.</p>	F 886			

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F 887 F 887 SS=E	Continued From page 8 COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses; (v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the	F 887 F 887		12/3/21	

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F 887	<p>Continued From page 9</p> <p>benefits and potential risks associated with COVID-19 vaccine; and</p> <p>(B) Each dose of COVID-19 vaccine administered to the resident; or</p> <p>(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews, clinical record review, and facility documentation review, the facility staff failed to provide education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine to 7 residents/resident representatives out of 7 resident records reviewed.</p> <p>The findings included:</p> <p>For Residents #4, #5, #6, #7, #8, #9, and #10, facility staff failed to provide education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine.</p> <p>On 11/10/21, the clinical records for Residents #4, #5, #6, #7, #8, #9, and #10 were reviewed and revealed no documentation that education</p>	F 887	<p>1. Residents #4, #5, #6, #7, #8, #9, #10 refused the Covid vaccine and have documentation in the medical record of discussion of risk versus benefits.</p> <p>2. Residents in the facility have the potential to be affected. A quality review of resident records will be completed to validate the Covid vaccine was offered and documented in medical records to include discussion of risk versus benefits. Follow up based on findings.</p> <p>3. A) The Regional Director of Clinical Services provide education the DCS and the Covid Nurse Champion on the policy for offering the Covid vaccine to residents/representative to include</p>		

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F 887	<p>Continued From page 10</p> <p>regarding the benefits and potential risks associated with the COVID-19 vaccine was provided to either the resident or the resident's representative.</p> <p>An interview was conducted with the Corporate Nurse Consultant who accessed the clinical records for Residents #4, #5, #6, #7, #8, #9 and #10 and verified the findings. A facility policy on COVID-19 immunization was requested and received.</p> <p>Review of the facility policy entitled, "COVID-19 Pandemic Plan", revised 10/04/2021, subtitle, "COVID-19 Vaccine", item 2, read: "Vaccine emergency use authorization fact sheet will be provided and reviewed with the resident/resident representative....including the risk/benefit and potential side effects". No further documentation was provided.</p>	F 887	<p>providing education in a manner they can understand either written or verbal, including information on the benefits and risk of the vaccine. B) A review of newly admitted residents will be conducted weekly by the DCS or designee to ensure they were offered the Covid vaccine and provided education on risk versus benefits of the vaccine along with a copy of the vaccine information sheet , this will be documented in the medical record. This will be an ongoing process.</p> <p>4. Findings will be reported to the quality improvement committee monthly and the plan will be revised as necessary.</p> <p>5. Date of Compliance: 12/3/2021</p>		