

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/29/2022
NAME OF PROVIDER OR SUPPLIER ENVOY OF ALEXANDRIA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 900 VIRGINIA AVENUE ALEXANDRIA, VA 22302		
(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) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 6/27/22 through 6/29/22. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 111 certified bed facility was 101 at the time of the survey. The survey sample consisted of 33 current Resident reviews and 6 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-210 (A.3) Nurse staffing. Cross reference to F657. 12 VAC 5-371-250 (A). Resident assessment and care planning. Cross reference to F641. 12VAC5-371-250 (B.2). Resident assessment and care planning. Cross reference to F637. 12VAC5-371-250 (F). Resident assessment and care planning. Cross reference to F657. 12VAC5-371-370 (A). Maintenance and housekeeping. Cross reference to F909. 12VAC5-371-150 (A). Resident Rights Cross reference to F607.	F 001	<u>12VAC5-371-210 (A.3)</u> 1. Resident #82 had his care plan updated on 06/26/22 to reflect his current hospice status. RN #1 was re-educated about ensuring the comprehensive care plan is updated in a timely manner to accurately reflect the resident's current status, including hospice services. 2. All residents on hospice services are at risk for being impacted by the alleged deficient practice. A quality review of hospice residents' comprehensive care plans to ensure they accurately reflect the resident's current status and plan of care. Follow up based on findings. 3. Director of Clinical Services to educate Minimum Data Sets Coordinators, Unit Managers, Activities, Dietary and Social Services about ensuring resident care plans are updated in a timely manner with changes and thoroughly reviewed during scheduled times. Interdisciplinary team to review resident changes during daily Clinical Meeting to ensure resident's care plan is updated in a timely manner to reflect their current status. 4. Director of Nursing/Assistant Director of Nursing to conduct Quality Monitoring Review of 10 residents daily for 4 weeks then monthly for 2 months to ensure changes to the plan of care are updated in a timely and accurate manner. The Director of Clinical Services will reporting findings to the QAPI Committee and Quality Monitoring schedule will be modified based on findings.	8/3/2022

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

TITLE

(X6) DATE

STATE FORM

6899

ZNUR11

If continuation sheet 1 of 2

State of Virginia

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F 001	Continued From page 1 12VAC5-371-360 (A), (E.1). Clinical records. Cross reference to F842. 12VAC5-371-220 (A). Nursing Services. Cross reference to F558.	F 001	<u>12 VAC 5-371-250 (A). R</u> 1. Resident #90's Annual Minimum Data Set with Assessment Reference Date of 3/29/22 was modified on 7/10/22 to reflect current smoking status in Section O. RN #1 was educated to ensure resident's smoking status is accurately coded on the MDS. 2. A quality review of residents who are active smokers was conducted on 7/10/22 to ensure smoking status was accurately coded on the most recent Comprehensive Minimum Data Set. Follow up based on finding. 3. Director of Nursing, or designee, to educate Minimum Data Set Coordinators to ensure resident smoking status is accurately coded on their Minimum Data Set. Unit Managers will be educated to notify the Minimum Data Set Coordinators in the daily clinical meeting of any change in resident smoking status so their Minimum Data Set section O can be coded correctly. 4. Director of Nursing/Unit Managers, to conduct Quality Monitoring review of residents who smoke weekly for 4 weeks then monthly for 2 months to ensure Section O of their Minimum Data Set is coded accurately. The Director of Clinical Services will reporting findings to the QAPI Committee and Quality Monitoring schedule will be modified based on findings.	8/3/2022