STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495389	A. BUILDING _____ B. WING _____	06/17/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ENVOY OF WINCHESTER, LLC	110 LAUCK DR WINCHESTER, VA 22603

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility failed to implement infection control practices to prevent the spread of infection and communicable disease for five of nine residents in the survey sample, Residents #1, #2, #3, #4 and #5. CNA (Certified nursing assistant) #1 was observed in Resident #1's room (a contact isolation room) without appropriate PPE (personal protective equipment) and failed to perform hand hygiene before leaving the room and entering Resident #2's room and assisting the resident with a beverage. CNA #2 was observed in Resident #3's room (a contact isolation room) without appropriate PPE and failed to perform hand hygiene before leaving the room and entering Resident #4's and Resident #5's room. The findings include: 1. Resident #1 was admitted to the facility on [DATE]. Resident #1's [DIAGNOSES REDACTED]. Resident #1's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 5/7/20, coded the resident's cognition as severely impaired. Review of Resident #1's clinical record revealed a physician's orders [REDACTED]. Resident #1's comprehensive care plan dated 6/9/20 documented, (Name of Resident #1) has infection of the genitals. Contact Isolation . Resident #2 was admitted to the facility on [DATE]. Resident #2's [DIAGNOSES REDACTED]. Resident #2's most recent MDS, an annual assessment with an ARD of 5/15/20, coded the resident as being cognitively intact. On 6/17/20 at 9:12 a.m., CNA (certified nursing assistant) #1 was observed in Resident #1's room wearing a mask. CNA #1 did not have gloves or a gown on. A contact isolation sign was observed outside of the room door. CNA #1 exited the room with a meal tray and placed the tray on a cart in the hall. CNA #1 did not wash his hands or use hand sanitizer after being in the room. After this observation, CNA #1 was observed entering Resident #2's room without washing his hands or using hand sanitizer. CNA #1 provided Resident #2 with hand over hand assistance while the resident drank a beverage. On 6/17/20 at 9:17 a.m., an interview was conducted with CNA #1. CNA #1 was asked what PPE (personal protective equipment) should be worn while in a contact isolation room and what should be done when leaving the room. CNA #1 stated gloves and a mask should be worn and he should wash his hands or use hand sanitizer when leaving the room. CNA #1 was made aware of the above observation. CNA #1 stated he did not have to wear gloves while just picking up meal trays because he was not touching the resident or the resident's belongings. CNA #1 stated the meal trays were just going back to the kitchen so he would wait to perform hand hygiene after all meal trays were picked up. CNA #1 was asked if he should perform hand hygiene before exiting a contact isolation room. CNA #1 stated he was new and forgot Resident #1's room was a contact isolation room. CNA #1 stated he should have performed hand hygiene. On 6/17/20 at 9:49 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 stated staff should wear a mask, gloves and a gown while in a contact isolation room. ASM #2 stated staff should discard the gloves and gown then wash their hands before leaving a contact isolation room. On 6/17/20 at 9:53 a.m., ASM #1 (the executive director) and ASM #2 were made aware of the above concern. The CDC (Centers for Disease Control and Prevention) document utilized by the facility regarding contact isolation documented, CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit . No further information was presented prior to exit. Reference: (1)[MEDICAL CONDITION] stands for [MEDICAL CONDITION]-resistant Staphylococcus aureus. It causes a staph infection that is resistant to several common antibiotics. This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=mrsa&_ga=2XXX 4121XXX 3151XXX - XXX 2. Resident #3 was admitted to the facility on [DATE] and was readmitted on [DATE]. Resident #3's [DIAGNOSES REDACTED]. Resident #3's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 4/22/20, coded the resident's cognitive skills for daily decision-making as severely impaired. Review of Resident #3's clinical record revealed a physician's orders [REDACTED]. Resident #3's comprehensive care plan dated 4/17/20 failed to reveal documentation regarding contact isolation. Resident #4 was admitted to the facility on [DATE]. Resident #4's [DIAGNOSES REDACTED]. Resident #4's most recent MDS, an admission assessment with an ARD of 6/7/20, coded the resident's cognition as moderately impaired. Resident #5 was admitted to the facility on [DATE]. Resident #5's [DIAGNOSES REDACTED]. Resident #5's most recent MDS, a quarterly assessment with an ARD of 5/20/20, coded the resident as being cognitively intact. On 6/17/20 at 9:25 a.m., CNA (certified nursing assistant) #2 was observed in Resident #3's room wearing a mask. CNA #2 did not have gloves or a gown on. A contact isolation sign was observed outside of the room door. CNA #2 touched and moved an over bed table then picked up a meal tray and exited the room. CNA #2 placed the meal tray on a cart in the hall. CNA #2 did not wash her hands or use hand sanitizer before exiting the room. After this observation, CNA #2 was observed entering Resident #4's and Resident #5's room without washing her hands or using hand sanitizer. CNA #2 removed a meal tray from the room. On 6/17/20 at 9:29 a.m., an interview was conducted with CNA #2. CNA #2 was asked what PPE (personal protective equipment) should be worn while in a contact isolation room and what should be done when leaving the room. CNA #2 stated gloves, a gown and a mask should be worn while in a contact isolation room then stated gloves and a mask should be worn while in a contact isolation room. CNA #2 stated hands should be washed when leaving a contact isolation room. CNA #2 was made aware of the above observation. CNA #2 stated she should have worn gloves while in the contact isolation room and then should have sanitized her hands. On 6/17/20 at 9:49 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 stated Resident #3 was on contact isolation due to the facility COVID-19 new admission/re-admission protocol. ASM #2 stated anyone who is admitted to the facility is placed on droplet isolation for seven days then contact isolation for seven days. ASM #2 stated staff should wear a mask, gloves and a gown while in a contact isolation room. ASM #2 stated staff should discard the gloves and gown then wash their hands before leaving a contact isolation room. On 6/17/20 at 9:53 a.m., ASM #1 (the executive director) and ASM #2 were made aware of the above concern. No further information was presented prior to exit.

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.