

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER ENVOY OF LAWRENCEVILLE, LLC		STREET ADDRESS, CITY, STATE, ZIP 1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interviews, and facility document review, the facility staff failed to follow infection control policy to ensure 6 of 6 dry erase boards were properly cleaned and disinfected for use by residents in the facility.</p> <p>Findings include: On 06/12/20 at 1:40 PM, the AA (Activity Assistant) was interviewed regarding activities for residents during the COVID19 pandemic. The AA stated that she does activities individually and that the residents stay in their rooms, with their masks on. The AA stated that the activity department will have a few residents sit at their doorway, with their masks on, and she will hand out dry erase boards and they will play tic tac toe. The AA stated that she has 5 or 6 residents that use the dry erase boards. Six (6) dry erase boards were observed. The AA was asked how the items used for activities were cleaned. The AA stated that the items were cleaned after each use. The AA stated, We clean and we wipe down with regular soap and water. The AA was asked again for clarification and the AA stated, I could use hand sanitizer. The AA stated that she did not have any cleaner/sanitizer in the activity room. The AA stated that she will take a basin of water with her down the hall and clean the dry erase boards. The AA then stated that she would empty the basin after one was cleaned and repeat that process. At 1:46 PM, the ED (Environmental Director) was interviewed regarding what type of cleaners or disinfectants the activity department was supposed to use. The ED stated that the activity department should use Virex spray disinfectant. On 06/12/20 at 1:48 PM, accompanied by the ED and AA, the activity department was observed. The AA presented a spray bottle with liquid contents from the desk drawer. The spray bottle was labeled Activity but included no identification or product label. The AA did not know what was in the spray bottle and stated that she had not been using that spray. The AA again stated that she was cleaning the dry erase boards with soap and water and at times used hand sanitizer to clean the white boards. The ED stated the facility had germicidal wipes and Virex disinfectant spray available to clean resident equipment. On 06/12/20 at 1:59 PM, the ED again stated that the activity department is supposed to be cleaning between each resident and that they are supposed to be using Virex or Microkill germicidal bleach wipes. At 2:00 PM, the administrator was made aware of the above and was asked for a policy on cleaning and disinfecting resident items. The administrator stated that the activity assistant was supposed to be using Microkill germicidal wipes to clean resident use items. At 2:15 PM, the DON (director of nursing), the ICP (infection control preventionist), and the administrator were made aware of the above concerns. The ICP stated, We do have cleaner and disinfectant for her (activity assistant) to use and we will make sure she gets it, she is supposed to be using the wipes between residents. The ICP was asked for clarification on the disinfectant that is supposed to be used. The ICP stated, Disinfectant Virex spray or disinfectant Microkill wipes. The facility's policy titled, Cleaning and Disinfecting Non-Critical Resident Care Items (Revised June 2011) was presented and reviewed. The policy stated, The purpose of this procedure is to provide guidelines for disinfection of non critical resident care items . Step 3 of this policy stated, .Reusable items are cleaned and disinfected or sterilized between residents .Intermediate and low-level disinfectants for non-critical items include .Ethyl or [MEDICATION NAME] alcohol .Sodium hypochlorite .[MEDICATION NAME] germicidal detergents .[MEDICATION NAME] germicidal detergents .Quaternary ammonium germicidal detergents .Manufacturers' instructions will be followed for proper use of disinfecting . No further information and/or documentation was presented prior to the exit conference.</p>		

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.