

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ENVOY OF STAUNTON, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>512 HOUSTON STREET STAUNTON, VA 24401</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, staff interview, and facility document review, the facility staff failed to ensure hand hygiene was performed while delivering meal trays, and also failed to properly doff (remove) gloves on one of 5 units: 2 New South. Staff delivering meal trays did not perform hand hygiene prior to and upon exiting resident rooms. Staff also failed to perform hand hygiene after removing gloves prior to applying clean gloves. Findings include: On 6/17/20 at approximately 12:15 p.m., staff were observed delivering lunch trays. CNA (certified nursing assistant) # 1 took the meal tray into a resident room without performing hand hygiene. CNA # 1 proceeded to set the tray on the overbed table, adjust the table and leave the room without performing hand hygiene. CNA # 1 then delivered a meal tray to another resident room, did not perform hand hygiene, then transferred a walker twice without performing hand hygiene before leaving the room. CNA # 1 was asked about the observation and she stated Yes, I did. CNA # 1 was advised there had been no observation of hand hygiene. At approximately 12:35 p.m. CNA # 2 was observed delivering meal trays to the room designated as the quarantine room for new admissions. CNA # 2 was observed removing gloves and applying clean gloves without performing hand hygiene. She then proceeded to wipe goggles with a bleach wipe, and removed the gloves. CNA # 2 then stated I need to dispose of these gloves and wipes; there's no trash can. She then proceeded down the hallway to a bathroom to dispose of the items. During an interview with CNA # 2 she stated I wasn't sure where to dispose of the used items; I should have used hand sanitizer after I took off the first pair of gloves before I put on the clean gloves. At approximately 1:00 p.m. the administrator and DON (director of nursing) were made aware of the above observations. The DON stated that hand hygiene should be performed before entering resident rooms and prior to leaving resident rooms when delivering meal trays. She further stated that when changing gloves, hand hygiene should be performed after degloving and prior to regloving and disposed of in trash receptacle at the door. She indicated there should be a red bag inside the resident room. The DON was advised there was not a trash receptacle available and staff had to go down the hallway to a bathroom. The policy for hand hygiene and donning (putting on) and doffing PPE (personal protective equipment) was requested at that time. The policy Handwashing/Hand Hygiene included Policy: This facility considers hand hygiene the primary means to prevent the spread of infections. Under Policy Interpretation and Implementation included 7. Use alcohol-based hand rub containing at least 62 percent alcohol, or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .p. Before and after assisting a resident with meals. The policy COVID-19 Personal Protective Equipment: Doffing Step by Step included Doffing Step 3: Doff Gloves- Remove gloves .Doffing Step 4: Exit Patient Room . Doffing Step 5: Perform Hand Hygiene for a minimum of 20 seconds or until hand sanitizer dry .Doffing Step 6: New gloves are donned in order to handle disinfectant wipes safely. No further information was provided prior to exiting the facility.</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.