

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

PRINTED: 10/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495217	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2020
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-FAIR OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 12475 LEE JACKSON MEMORIAL HIGHWAY FAIRFAX, VA 22033
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(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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid abbreviated survey conducted on 09/29/2020 through 10/2/20. Three complaints, VA 00049788 unsubstantiated, VA00049583 unsubstantiated and VA00049079 unsubstantiated, were investigated at the time of the survey. The facility was in substantial compliance with 42 CFR Part 483 Federal Long Term Care Requirements.</p> <p>The census in this 155 certified bed facility was 114 at the time of the survey. The survey sample consisted of 2 current Resident reviews (Residents #3 and #4) and 2 closed record review (Residents #1 and # 2).</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.