

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

PRINTED: 02/16/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/01/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENSPRING VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7470 SPRING VILLAGE DR</b> <b>SPRINGFIELD, VA 22150</b>		
(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
E 000	Initial Comments	E 000			
F 000	<p>An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted from 1/27/2021 through 2/01/2021. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid abbreviated survey and Focused Infection Control survey was conducted 1/27/2021 through 2/01/2021. One complaint was investigated during the survey. VA00048408 was unsubstantiated with no deficient practice. The facility was in compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>On 1/27/2021, the census in this 136 certified bed facility was 56. The survey sample consisted of six current Resident record reviews and one closed Resident record review.</p> <p>There were 16 positive COVID-19 cases in the facility at the time of the survey. The last facility wide testing was conducted on 1/25/2021, that included 39 residents and 67 staff; 100% of the residents tested negative; 21 staff tested negative, the results are pending for the other 46 staff.</p>	F 000			

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.