

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

PRINTED: 04/19/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495211</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>04/06/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT VERNON HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8111 TISWELL DRIVE</b> <b>ALEXANDRIA, VA 22306</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>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid 2nd revisit to a COVID-19 Focused Infection Control survey and Abbreviated (complaint) survey was conducted 4/6/21. The first revisit was conducted 3/3/21 through 3/4/2021. The original survey was conducted 01/26/21 through 01/28/21. The facility was in substantial compliance with the 42 CFR Part 483 Federal Long-Term Care regulations.</p> <p>No complaints were investigated during this survey.</p> <p>The census in this 130 certified bed facility was 95 at the time of the survey. The survey sample consisted of 3 Resident reviews.</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.