

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>10/14/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOODWIN HOUSE ALEXANDRIA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4800 FILLMORE AVE ALEXANDRIA, VA 22311</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) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 10/12/21 through 10/14/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 80 certified bed facility was 71 at the time of the survey. The survey sample consisted of twenty-three current residents and two closed record reviews.	F 000			
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12VAC5-371-340. Dietary and food service program- Cross reference to F812	F 001	1. To correct the deficient food storage practices in Powell Small House - Dining Services staff, under the direction of the Dining Services Director, the kitchen pantries, refrigerators and freezers have been checked for expired food and items were discarded. Staff members who work in this kitchen have been reminded of the proper storage procedures and for when to discard expired items. 2. All residents have the potential to be affected by the deficient practice. 3. To ensure these deficient practices will not recur. Dining Services staff in the Small House Health Care Center, Care Partners and Nurses will be re-educated on food handling policies and procedures including when to discard foods, labeling and sanitary storage of food items. 4. To ensure solutions are sustained, the Sous Chef or designee will audit 2 kitchens per week for 4 weeks. Ongoing		11/18/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

10/28/21

State of Virginia

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F 001	Continued From page 1	F 001	<p>monitoring by the Sous Chef or designee will be conducted by auditing one kitchen each week for the following 3 months. Results will be reviewed by the Quality Assurance Committee.</p> <p>5. Corrective Action Plan will be completed by 11-18-2021.</p>		