PRINTED: 01/05/2022 FORM APPROVED

State of Virginia

NAME OF PROVIDER OR SUPPLIER  JOHNSON CNTR/FALCONS LANDING  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  (PA JI D. PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 000 Initial Comments  An unannounced biennial State Licensure Inspection was conducted 10/26/2021 through 10/27/2021. The facility was in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.  The census in this 60 licensed bed facility was 29 at the time of the survey. The survey sample consisted of 3 resident reviews.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
JOHNSON CNTR/FALCONS LANDING  20535 EARHART PLACE POTOMAC FALLS, VA 20165    X44   ID PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	VA0135		VA0135	B. WING			10/27/2021	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE