

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/04/2021</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER  <b>GOODWIN HOUSE BAILEY'S CROSSROADS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3440 S JEFFERSON STREET FALLS CHURCH, VA 22041</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 11/3/21 through 11/4/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 73 certified bed facility was 60 at the time of the survey. The survey sample consisted of twenty-six current residents and three 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: 12 VAC 5-371-220 (H) Nursing servicesF-cross reference to F 580  12 VAC 5-371-220 (A) & (B) & (D) Nursing services- cross reference to F-684  12 VAC 5-371-220 (D) Nursing services- cross reference to F-695  12 VAC 5-371-220 (A) & (B) & (D) Nursing services- cross reference to F-700  12 VAC 5-371-370 (A) Maintenance and housekeeping- cross reference to F-584	F 001		

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

TITLE

(X6) DATE