State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
VA0091		B. WING		04/0	5/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	ITE, ZIP CODE		
GOODWIN	HOUSE ALEXANDRIA	4800 FILLN ALEXANDF	IORE AVE RIA, VA 22311			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
F 000	Initial Comments		F 000			
	4/5/2023. The facility the Virginia Rules and Licensure of Nursing were investigated dur The census in this 80	ucted 4/3/2023 through was not in compliance with d Regulations for the Facilities. No complaints ring the survey. licensed bed facility was 77 vey. The survey sample				
F 001	Non Compliance The facility was out of following state licensu		F 001			5/10/23
	This RULE: is not me 12VAC5-371-220 (A). Cross reference to F6	et as evidenced by: Nursing services. 556. Dietary and food service		12VAC5-371-220 (A). Nursing service Cross reference to F656. 12VAC5-371-340 (A) Dietary and food service program. Cross reference to F812 & F814.	i	
	Based on staff intervi- review, it was determ failed to evidence prir current professional li			1. The community will obtain evidence primary source verification of current professional license or certification in accordance with the laws of the State Virginia. Corrective action will be accomplished by Human Resources f reviewing current policies and procedito identify items for clarification or improvement and recommend change Licenses for the four of 25 identified employees have been validated. 2. HR will audit all existing employees.	of ully ures es.	
	On 4/5/23 at approxir employee records for	nately 8:30 AM, the newly hired employees		associated with the Health Care Cent community.to ensure compliance with	er at	

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

TITLE

Electronically Signed

(X6) DATE 04/13/23

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		VA0091	B. WING		04/05/2023	
NAME OF PROVIDER OR SUPPLIER GOODWIN HOUSE ALEXANDRIA STREET ADD 4800 FILLI			DRESS, CITY, STATE, ZIP CODE MORE AVE DRIA, VA 22311			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
F 001	of the employee recore evidence of primary's professional license of the employees identified. The employees identified nurse employee record had hired as a CNA with the review of CNA's #2's evidence a primary so Virginia Department of certified nursing assist obtained prior to expire expired 9/30/22 and virginia Department of on 12/13/22. 2. CNA #3's employed they were hired as a 05/3/22. Further review record evidenced inititiexpiration date of 10/3 a primary source verification date of 10/	ars were reviewed. Review rds failed to produce ource verification of current or certification. fied were: ing assistant) #2's documented they were ne facility on 6/1/22. Further employee record failed to ource verification from the of Health Professionals for a stant certification was ration date. Certification was robtained from the of Health Professionals site erecord had documented CNA with the facility on w of CNA #3's employee all certification upon hire with 31/22 and failed to evidence fication from the Virginia Professionals for a certified iffication until 4/3/23. ember) #2's employee end they were hired as a the the facility on 1/25/22. M #2's employee record rimary source verification artment of Health gistered dietitian upon hire	F 001	regulatory requirements including validating licenses. 3. HR will put into place a two-pronge auditing process. The first audit will be conducted by the HR Generalist and voccur no later than the employee's stadate. Another member of HR will audi fewer than 10% of all new hire files wi 14 days of start date. The current poli and procedure will be updated to inclutis process. 4. To monitor performance each quart 10% of employee files will be audited HR. Once three quarters have concluwith no errors, the audits will be comptwice annually. 5. Corrective action will be accomplish by May 10, 2023.	e will art t no thin cy ude er by ded leted	

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		VA0091	B. WING		04/0	5/2023
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
GOODWIN	N HOUSE ALEXANDRIA	4800 FILIN ALEXANDI	MORE AVE RIA, VA 22311			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
F 001	Health Professionals Resources (HR) audit evidenced no primary hire, and was obtaine Department of Health date. An interview was conwith OSM #1, the sen provided the 25 emplospreadsheet with high licensure column. Whighlighted boxes indicopy of the employee everything needed. Opulling some of the licensure to	completed 10/22/21 completed 10/23 at 3:40 PM completed on 4/4/23 at 3:40 PM completed	F 001			
	necessary profession					

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		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		VA0091	B. WING		04/0	04/05/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
GOODWII	N HOUSE ALEXANDRIA	4800 FILLN	IORE AVE				
ОООВИИ	THOOL ALLAANDRIA	ALEXANDI	RIA, VA 22311				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
F 001	Continued From page	e 3	F 001				
	dated 1/21, revealed, to ensure that all empthat require a license following positions re Cosmetologist, Manio Licensed Nursing Ho Registered Nursing Ass Recreation, Health In Dietician, Dietetic Teclicense)." The state regulation "E. Personnel policies include, but are not licenseled, but are not license, registration, a required approved."	curist, Social Worker, me Administrator, Chaplain, censed Practical Nurse, istant, Therapeutic formation Manager, chnician, Van Driver (driver's 12VAC5-371-140 revealed s and procedures shall mited to: 3. An accurate and ecord for each employee ion of current professional or certificate or completion of					