

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>04/26/2023</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 4/25/2023 through 4/26/2023. 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 20 resident 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. The identified food products (carrots and rice) were disposed of immediately. 2. All residents are at risk for this deficient practice. 3. All staff will receive education on the policy and procedure for Storage of Food Products. This policy includes covering, labeling, and dating all food when stored and proper storage of food utensils. Daily rounding with auditing has been initiated by the culinary management team. Auditing will be performed three times a day: early, mid-day, and at end-of-day closing. 4. Results of the audits will be reported weekly at the Dining Service management team meeting. Audit results will be reported quarterly at QAPI. 5. All education will be completed by May 26, 2023.	5/26/23

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

TITLE

(X6) DATE

Electronically Signed

05/05/23