

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2023
NAME OF PROVIDER OR SUPPLIER GOODWIN HOUSE BAILEY'S CROSSROADS			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 S JEFFERSON STREET FALLS CHURCH, VA 22041		
(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) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 04/25/23 through 04/26/23. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 04/25/2023 through 04/26/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	F 000			
F 812 SS=E	The census in this 73 certified bed facility was 60 at the time of the survey. The survey sample consisted of 20 resident reviews. Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents	F 812			5/26/23

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

TITLE

(X6) DATE

Electronically Signed

05/05/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2023
NAME OF PROVIDER OR SUPPLIER GOODWIN HOUSE BAILEY'S CROSSROADS			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 S JEFFERSON STREET FALLS CHURCH, VA 22041		
(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) COMPLETION DATE	
F 812	<p>Continued From page 1</p> <p>from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and facility document review, it was determined the facility staff failed to store food in a sanitary manner in one of one main kitchens.</p> <p>The findings include:</p> <p>Observation was made of the main kitchen on 4/25/2023 at 11:00 a.m. accompanied by OSM (other staff member) #1, the registered dietitian/manager, and OSM #2, the executive chef. The walk-in freezer contained a plastic box approximately two feet long and one foot wide. It contained chopped frozen carrots. There were two blue plastic bags in the box. The carrots were sitting in the box, not in plastic. There was no lid on the box so the carrots in the box were exposed to air. OSM #1 stated she believed they had just taken some carrots out of the box for the lunch meal soup. The lid was not in the freezer. When asked if it should be covered, OSM #2 stated, yes.</p> <p>The dry storage area contained a large plastic white container with a lid. The container contained brown rice in it. There was a scoop in the container with the handle touching the rice. OSM #1 stated, the scoop must have fallen out of the slot for it. When asked if the scoop should be in the rice, OSM #1 stated, no.</p> <p>The facility policy, "Storage of Food Products,"</p>	F 812	<ol style="list-style-type: none"> 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. 		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2023
NAME OF PROVIDER OR SUPPLIER GOODWIN HOUSE BAILEY'S CROSSROADS			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 S JEFFERSON STREET FALLS CHURCH, VA 22041		
(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) COMPLETION DATE	
F 812	<p>Continued From page 2</p> <p>documented in part, "All food will be covered, labeled and dated when stored." OSM #1 presented another policy, "Safe Food Handling," and stated this was the only thing she could find about the scoop needing to be out of the stored product. The policy documented in part, "Safe storage: the safe sanitation of counters, cutting boards, and utensils, and proper cooking temperatures are all important factors in the prevention of food-borne disease."</p> <p>ASM (administrative staff member) #1, the associate executive director, was made aware of the above concern on 4/26/2023 at 2:44 p.m.</p> <p>No further information was provided prior to exit.</p>	F 812			