

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0092 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 05/26/2023 |
| 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) COMPLETE DATE |
| {F 000} | Initial Comments An offsite paper revisit survey was conducted on 5/26/2023 for all previous deficiencies cited on 4/26/2023. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed. | {F 000} | | |

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

TITLE

(X6) DATE

Electronically Signed