

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2023
NAME OF PROVIDER OR SUPPLIER JOHNSON CNTR/FALCONS LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 20535 EARHART PLACE POTOMAC FALLS, VA 20165		
(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 05/03/2023 through 05/05/2023. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey. The census in this 60 licensed bed facility was 45 at the time of the survey. The survey sample consisted of 25 resident reviews and 31 staff reviews.	F 000	State tag See F689 See F755 See F760	06/09/2023
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-370 (B). Please cross reference to F689. 12VAC5-371-300 (A). Please cross reference to F755. 12VAC5-371-220 (B). Please cross reference to F760. 12VAC5-371-150(G) Based on staff interview and facility documentation review, the facility staff failed to register the facility with the Virginia Department of State Police to receive notice of the registration or re-registration of any sex offender within the same or a contiguous zip code area in which the nursing facility is located, affecting all 45	F 001	<ul style="list-style-type: none"> The Administrator and The Admissions Coordinator registered on 5/3/2023 to receive notifications from the Virginia State Police Sex Offender Registry. The Administrator was educated on the policy/regulation for maintaining active registration with Virginia State Police Sex Offender Registry to receive notifications of registered sex offenders living or working within the same or contiguous zip code. The Admissions Coordinator was educated on the policy/regulation for maintaining active registration with Virginia State Police Sex Offender Registry to receive notifications of registered sex offenders living or working within the same or contiguous zip code. 	

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

TITLE Health Services Director

(X6) DATE

Ashlee Bullock

5/19/23

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Residents residing in the facility.</p> <p>The findings included:</p> <p>On the afternoon of 5/2/23, an interview was conducted with the Facility Administrator. During this interview the Administrator was requested to provide evidence that the facility was registered with the Virginia State Police (VSP) to receive notifications of registered sex offenders within the local area. The Facility Administrator stated, the facility screened residents prior to their admission to see whether or not they are on the sex offender registry but was not sure about receiving information about people in the local area. The administrator and Director of Nursing confirmed neither of them receive such notifications and would have to check into it.</p> <p>Review of the facility policy titled, "Sex Offender Registry" was conducted. Excerpts from this policy read, "... It is the policy of [facility name redacted] to: maintain active registration with the Virginia State Police Sex Offender Registry ("SOR") and monitor for receipt of electronic notification of registered sex offenders living or working within the same or contiguous zip codes..."</p> <p>On 5/2/23, during an end of day meeting, the facility administrator was made aware of the above findings.</p> <p>On 5/3/23 at approximately 10:30 AM, the Facility Administrator provided the survey team with evidence that they had registered that morning (5/3/23) to receive such alerts.</p> <p>No further information was provided.</p>	F 001	<p>State tag</p> <p>See F689</p> <p>See F755</p> <p>See F760</p> <ul style="list-style-type: none"> The Administrator will audit notifications weekly times 4 to ensure compliance with active registration. The results of these audits will be reviewed in the Quality Assurance Committee monthly meetings for 3 months. The QA Committee will identify any trends or patterns and make recommendations to revise the plans of correction as indicated. 	06/09/2023