

SUNRISE ASSISTED LIVING – SUNRISE OF LEESBURG – FREEDOM OF INFORMATION ACT RESPONSES

Researching Assisted Living Facilities under FOIA

The Law Office of Jeffrey J. Downey: a proven track record of representing families and victims of negligence committed by assisted living facilities and nursing homes.

Sunrise of Leesburg

246 W. Market Street

Leesburg, VA 20176

Phone: 703-777-1971

Facility Characteristics:

- Providing 24 nursing care in an assisted living setting
- Facility is part of the Sunrise chain, managed by Sunrise Senior Living Inc and Sunrise Senior Living Management Inc.
- Facility boasts a landscaped grounds and on-site beautician, with communal dining hall. All means prepared for residents who require such assistance
- Admission contract required. Some facilities require patients to sign mandatory arbitration provisions (waiving your right to a jury trial) as a condition of admission
- Facility is licensed and regulated by the Virginia Department of Social Services, who produced the below surveys and deficiencies under the Freedom of Information Act.

A note by Attorney Jeffrey J. Downey:

Thank you for visiting my website. Anyone who is considering the admission of a loved one into an assisted living facility should undertake a review of surveys or other data that will provide a snapshot of some of the issues or problems that the facility is experiencing. Keep in mind that this information can be limited and may not reflect the actual condition of the facility when your loved one is admitted. Anyone who is considering admission into such a facility should undertake their own investigation, including a personal visit and discussion with the staff and residents, if permitted.

Most assisted living facilities in Virginia are required to follow regulations, which have been enacted to protect the residents and assure that their rights are protected. Under Virginia's "Standards for Licensed Assisted Living Facilities" a facility is required to provide a program of care that meets the resident's "physical, mental and psychosocial needs" and "the objectives of the service plan." 22 VAC 40-72-40, *Program of Care*. A facility is required to provide "staff adequate in knowledge, skills and abilities and sufficient in numbers to provide services to attain and maintain the physical, mental and psychosocial well-being of each resident as determined by resident assessments and individualized service plans." Under Virginia regulations, facilities are prohibited from

Facility

Sunrise Of Leesburg 1103766

Inspection Date: 02/17/2016

Mandated

admitting patients “whose physical or mental health care needs cannot be met in the specific assisted living facility. . .” 22 VAC 40-72-340(G)(12).

Many assisted living facilities have aggressive marketing tactics that seek to admit patients who may not be suitable for an assisted living setting. An assisted living facility is not a nursing home and they are generally not staffed to provide the level of skilled nursing care that a nursing home would provide. This may lead to the neglect of a resident’s needs, especially if that resident is at high risk for pressure wounds, skin break-down, falls, malnutrition or dehydration, or suffers from other complex medical issues.

Searching the internet for information on assisted living facilities can be challenging, as there are multiple sources of potential information. The below information was obtained through a Freedom of Information act request and may provide some useful information on the facilities identified herein. Feel free to contact the Law Office of Jeffrey J. Downey for additional information on this or other facilities.

SUNRISE ASSISTED LIVING – SUNRISE OF LEESBURG – FREEDOM OF INFORMATION ACT RESPONSES

Disclaimer: The following information comes from a Freedom of Information Act (FOIA) issued to the Virginia Department of Social Services, the agency that licenses assisted living facilities in Virginia. The online compliance history includes only information after July 1, 2003. Not all surveys have been copied to this website. In addition, the online compliance history includes information regarding adverse actions that may be the subject of a pending appeal or plan of correction. An adverse action is not final until a provider has exhausted or waived all due process rights. Not all the information contained herein is necessarily current and errors may have occurred in the conversion of this document from PDF to a searchable word document. Anyone considering admission to an assisted living facility should review the most recent survey results and visit the facility to make their own observations about the quality of care

Facility Name /Number

02/17/2016

DBA

Inspection End Date

02/17/2016

Inspect. Type:

M - Monitoring

UM-Unannounced

Facility

Sunrise Of Leesburg 1103766

Inspection Date: 02/17/2016

Mandated

Areas of Standards Reviewed:

- 22VAC40-72-(1) GENERAL PROVISIONS X) 32.1-(37) Report by person other than physician 22VAC40-72-(2) ADMINISTRATION AND ADMINISTRATIVE 63.2-(1) General Provisions.
- 22VAC40-72-(3) PERSONNEL. 63.2-(16) Protection of adults and reporting. 22VAC40-72-(4) STAFFING AND SUPERVISION. 63.2-(17) Licensure and Registration Procedures @ 22VAC40-72-(5) ADMISSION, RETENTION AND DISCHARGE 63.2-(18) Facilities and Programs..
- 22VAC40-72-(6) RESIDENT CARE AND RELATED SERVICES 22VAC40-90-(BC1) Background Checks for Assisted Living Facilities
- 22VAC40-72-(7) RESIDENT ACCOMMODATIONS AND REL
- 22VAC40-72-(8) BUILDINGS AND GROUNDS. 22VAC40-90-(BC2) The Sworn Statement or Affirmation 22VAC40-72-(9) EMERGENCY PREPAREDNESS. 22VAC40-90-(BC3) The Criminal History Record Report
- 22VAC40-72-(10) ADDITIONAL REQUIREMENTS FOR FACILITY Article. 22VAC40-80-(G3) THE LICENSE. 22VAC40-80-(G4) THE LICENSING PROCESS. 22VAC40-80-(G8) SANCTIONS.
- Subjectivity.
- 13.3-(3042) The Board of Nursing shall accept as evidence

Technical Assistance Provided:

Document any cancelled Resident Council meetings and the reason why.
 On the I-JAI mobility refers to ambulation outside the community.
 Ensure PRN checks are done regularly. Remove any expired medication or determine along with the doctor if the medication is still needed.

Comments/Discussion:

An unannounced mandated monitoring inspection was conducted from 8:00am to 1:20pm. At the time of entrance there were 34 residents in care. Facility walk through was conducted. Meals, medications, and activities, were all observed. Staff and resident's files were reviewed. Interviews were conducted. Violations discussed and exit interviews held. Violation notice and risk assessment will be e-mailed to the administrator. Areas of non-compliance are identified on the violation notice. Please complete the "plan of correction" and "date to be corrected" for each violation cited on the violation notice and return to the licensing office within 10 calendar days. Please specify how the deficient practice will be or has been corrected. Just writing the word "corrected" is not acceptable. The plan of correction must contain: 1) steps to correct the non-compliance with the standard(s), 2) measures to prevent the non-compliance from occurring again; and 3) person(s) responsible for implementing each step and/or monitoring any preventative measure(s). If you have any questions please contact me via fionamichelle.small@dss.virginia.gov.

Violation Notice Issued: Yes

By signature the facility representative acknowledges that the inspector reviewed all information found on the Inspection Summary, including areas of standards reviewed, date(s) and time(s) of inspection, technical assistance provided and the comments/discussion section.

Inspector Digitally signed by _____ -via nf Snr-ial Services. ou=Division Representative of Licensing Programs, email
 Signature : 2016.02.18 16:05:28 -0500 Date: _____
 201602.18 Signature Lane, Julie
 Representative Representative LicensingFacility

Facility

Sunrise Of Leesburg 1103766

Inspection Date: 02/17/2016

Date

02/18/2016

Mandated
02/18/2016

032-05-035 (11/99)

10

VIOLATION NOTICE

Name /Number:

DBA:

Inspect.Type: M - Monitoring

UM-Unannounced

STANDARD NUMBER	DESCRIPTION OF VIOLATION	PLAN OF CORRECTION	DATE TO BE CORRECTED
22VAC40-72-(6)-430-A-1	<p>Based upon record review and interview the facility failed to ensure that the Administrator or designee approved and signed the UAI once completed by the assessor.</p> <p>Evidence: In a review of resident #1 record it was observed that the LIAI was not signed by the Administrator or the Administrators designee. Staff # 1 was informed of the missing Administrator signature.</p>	<p>The Executive Director reviewed the I-JAI and signed on 2/18/16.</p> <p>The Executive Director informed the Health Care Manager that it is acceptable for the Executive Director's designee to sign documents during the Executive Director's absence.</p> <p>The Executive Director will assign a designee for every planned absence. This will be documented and kept with the Business Office Coordinator.</p> <p>The Executive Director will review all documents signed by designee to ensure accuracy. The community will track compliance through audits and review during monthly QAPI meetings.</p>	02/23/2016

Facility

Sunrise Of Leesburg 1103766

Inspection Date: 02/17/2016

Mandated

<p>22VAC40-72-(6)-440-C Repeat Violation</p>	<p>Based upon record review and interview the facility failed to ensure that Individualized Service Plans reflected the resident's assessed needs. Evidence: Resident #1 UAI dated 08/04/15 assessed the resident as needing physical and mechanical support in the areas of bathing, dressing, and toileting. Resident #1 ISP dated 08/04/15 did not reflect the mechanical needs in these areas. Staff #1 was informed of the discrepancy.</p>	<p>The Health Care Manager reviewed and corrected the UAI to reflect no mechanical support in the areas of bathing, dressing and toileting. The Health Care Manager will immediately audit UAI and ISP for all new admissions and ISP/UAI renewals for current residents to ensure no discrepancies are present. The Executive Director and Regional Director of Resident Care will perform periodic audits to ensure the ISP and UAI correspond and reflect mechanical and or physical assistance accurately. The Health Care Manager will perform a quarterly audit to ensure the ISP and UAI correspond and reflect mechanical and or physical assistance accurately. The community will track compliance through audits and review during monthly QAPI meetings.</p>	<p>02/23/2016</p>
		<p>The Health Care Manager placed a phone call to the current resident's responsible party in reference to the ISP review and signature requirement. The Executive Director has instructed the Health Care Manager to document all attempts to contact the responsible party. The attempts will be documented on the</p>	

1 of

VIOLATION NOTICE

Name /Number:

DBA:

Inspect.Type: M - Monitoring

UM-Unannounced

It is agreed that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations.

If the facility representative wants further discussion of the findings, a conference with the licensing inspector and his or her supervisor may be requested. Please contact your licensing office within fifteen days of the findings review date.

Results of inspection documentation are subject to public disclosure and will be posted on the VDSS web site within 15 calendar days of the exit interview date regardless of whether a problem solving conference or desk review is requested.

Facility

Sunrise Of Leesburg 1103766

Inspection Date: 02/17/2016

Mandated

Digitally signed by [redacted], DN: cn=[redacted], email=[redacted], Date: 2016.03.01 10:17:02 -0500

Inspector/Representative

[Redacted Signature]

Lane, Julie

Signature

Inspector Facility/Program

Name Representative

Date

03/01/2016

Date

03/01/2016

Facility Sunrise of Leesburg

02/17/2016

Name/Number: 1103766

Inspection Date

SUPPLEMENTAL INFORMATION

DBA:

End

Inspection Date 02/17/2016

Inspect. Type: M - Monitoring

UM-Unannounced Mandated

Do Not Post

Residents

- 2. 1
- 4.
- 5.
- 6.
- 7.

Staff

- 1. Julie Lane
- 2. Ashley Pieper
- 3. Jessica Duckworth
- 4. Debbie Oloko

Information found on the Supplemental Information page is confidential and this document is not to be posted in the facility.

Inspector	Representative Signature	Signature	
	<input type="text"/>	<input type="text"/>	LicensingFacility Lane, Julie
Representative/Representative			
Date	<input type="text" value="02/18/2016"/>	Date	<input type="text" value="02/18/2016"/>

Digitally signed

...-u=Division of Licensing

VR Home	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
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[Application Home](#) [Change Application](#)

Domain **1001 - Assisted Living Facilities**

Logged in as: **fms99**

VR Home > Application Search > Transaction Check List > License - License Recommendation > License - License Recommendation Details

Fed Tax # 541172771	Name SUNRISE OF LEESBURG	Lic Type 1001 - Assisted Living Facilities
File # 1103766	Rank Assisted Living Facilities	App # 20252 Trans Class R - Renewal
License # 1103766	Lic Status Pending Renewal	Status Open Sec Class S - Standard
Entity # 75637	Expires On 01/09/2015	Trans Code 2020 - Issue License Renewal

Record Name	Status
License Recommendation	Current
<p>Date: <input type="text" value="01/28/2015"/></p> <p>Cur Capacity: <input type="text" value="42"/></p> <p>Recom Capacity: <input type="text" value="42"/></p> <p>Current Profile: <input type="text" value="2"/> <i>1 - coming off 1-year license. (PW)</i></p> <p>Recom Profile: <input type="text" value="2"/></p> <p>Lic Effective: <input type="text" value="01/10/2015"/></p> <p>Expiration: <input type="text" value="01/09/2017"/></p> <p>Recommendation: <input type="text" value="Recommend the issuance of a two-year license. The risk rating report also recommends a two year license. None of the violations were high risk violations and there were no complaint during the during this licensing period."/></p>	
<p>Updated Jan 29, 2015 12:22:17 PM By fms994</p>	
<p><input type="button" value="Save"/> <input type="button" value="OK"/> <input type="button" value="Cancel"/></p>	

Recommend 2 year license. 1/29/15

[Get Adobe Reader.](#)

[Handwritten signature] *1-29-15*

Virginia Department of Social Services
 Division of Licensing Programs
 Provider Risk Performance Profile by Facility (Program) Type

Facility Name: SUNRISE OF LEESBURG
 Supervisor Id: jen994 Inspector Id: fms994

Facility Type: ALF File #: 1103766[Lic Id: 28452] Current License Effective Date: 01/10/2014. Issued for 1 Year License

Inspection Summary

Total Inspections: 1

Inspection Number: 20425	Violation Score	Key and Non-Key Std	Avg. Risk
Date : 10/14/2014	2	100-A	2.67
	4	350-A	0.94
	2	440-C	2
			Insp. Type R
			# of Non-Mets (Key & Non Key Standards) 3

Avg. Non-Mets 3.0	Avg. Risk Score with Key Standards 2.67	Avg. Non-Mets for Focus 0
Performance Indicator 1	Performance Indicator 2	Performance Indicator 3
License Type Assessed 2yr	2yr	3yr = 2yr

Note: If the issuance date of the current license is later than its effective date, any inspections conducted between the effective date and the issuance date will be indicated with an asterisk. Any such inspection may need to be disregarded when calculating the risk profile for the upcoming license renewal, as it may belong to the previous licensure period

INSPECTION SUMMARY

Facility Name/Number Sunrise of Leesburg 1103766

Inspection Date 10/14/2014

DBA

Inspection End Date 10/14/2014

Inspect. Type: R - Renewal

UM-Unannounced Mandated

Areas of Standards Reviewed:

- @ 22VAC40-72-(1) GENERAL PROVISIONS
- E 22VAC40-72-(2) ADMINISTRATION AND ADMINISTRATIVE
- 22VAC4c-72-(3) PERSONNEL.
- 8 22VAC40-72-(4) STAFFING AND SUPERVISION.
- E RETENTION AND DISCHARGE
- 22VAC40-72.(6) RESIDENT CARE AND RELATED SERVICES
- 22VAC40-72-(7) RESIDENT ACCOMMODATIONS AND REL
- E 22VAC40-72-(8) BUILDINGS AND GROUNDS.
- E 22VAC40-72-(9) EMERGENCY PREPAREDNESS.
- 8 22VAC40-72-(10) ADDITIONAL REQUIREMENTS FOR FACILITY
- Article.
- Subjectivity,
- 13.343042) The Board of Nursing shall accept as evidence

- 321-(37) Report by person other than physician
- 632-(1) General Provisions.
- 63.2416) Protection of adult and reporting,
- 632-07) Licensure and Registration Procedures
- 63.2-(18) Facilities and Programs-
- 22VAC40-90-CC1) Background Checks for Assisted Living Facilities
- 22VAC40-90-(3C2) The Sworn Statement or Affirmation
- E 22VAC40-90-(3C3) The Criminal History Record Report
- 8 22VAC40-80-(G3) THE LICENSE.
- E 22VAC40-SO-(G4) THE LICENSING PROCESS.
- E 21VAC40-80-(G8) SANCTIONS,

Technical Assistance Provided:

If you have not already done please complete and submit your renewal license to the Fairfax Licensing office prior to your current license expiration date.

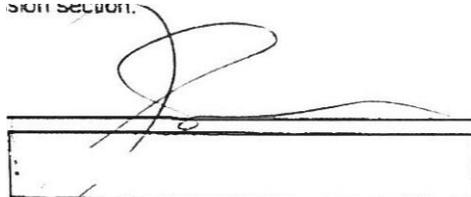
As a reminder the Regional Licensing Administrator for your location is Jenifer Nalii. Her name and contact number , 703•934•1505 should be provided as a part of the resident rights review process.

Comments/Discussion:

An unannounced mandated renewal inspection was conducted from 8:00am to 12:00pm. At the time of entrance there were 33 residents in care. Facility walk through was conducted. Meals, medications, and activities, were all observed. Staff and resident's files were reviewed. Family and resident interviews were conducted- Violations discussed and exit interviews held. Violation notice and risk assessment will be e-mailed to the administrator. Areas of noncompliance are identified on the violation notice. Please complete the "plan of correction" and "date to be corrected" for each violation cited on the violation notice and return to the licensing office within 10 calendar days. Please specify how the deficient practice will be or has been corrected. Just writing the word 'corrected' is not acceptable. The plan of correction must contain: 1) steps to correct the non-compliance with the standard(s), 2) measures to prevent the non-compliance from occurring again; and 3) person(s) responsible for implementing each step and/or monitoring any preventative measure(s). If you have any questions please contact me via fionamichellesmall@dss.virginia.gov or by 703-3594708.

Violation Notice Issued: Yes

By signature the facility representative acknowledges that the inspector reviewed all information found on the Inspection Summary, including areas of standards reviewed, date(s) and time(s) of inspection, technical assistance provided and the



Inspector



comments/discussion section.

Representative Signature

Licensing Facility Representative

Morrist Monet

Date

10/15/2014

10/15/2014

032-05-035 (11/99)

No. 5468

Oct 20, 2014 4:46 PM

not-cz-0' ZO 0:0

Facility Name number. Sunrise Of Leesburg 1103766

Inspection Date • 10/14/2014

DEA;

Inspect.Type. R - Renewal

UM-Unannounced Mandated

STANDARD NUMBER	DESCRIPTION OF VIOLATION	PLAN OF CORRECTION	DATE TO CORRECTED
22VAC4C-7245)-350-A Repeat Violation	<p>Based on a review of resident records and interviews the facility failed to ensure that an initial screening for tuberculosis was completed within 30 days prior to the date of admission.</p> <p>Evidence by a review of resident # 2': record showed that there was no initial tuberculosis screening in the book with staff # 1 and 2 confirmed that the initial screening was not in the resident file and was not in any other records related to the resident.</p>	CCD	
	<p>Based upon a review of resident records and incident reports the facility failed to report to the licensing office by the next working day any major incident that has negatively affected the health, safety, or welfare of any resident</p> <p>Evidence by a review of resident: 2's record and a corresponding incident report dated 4/6/14 which stated that the resident was found on the floor bleeding. 911 was called resident was admitted to hospital and receive stitches. This incident was not reported to the licensing Office</p>		
	<p>Based upon a review of resident records the facility failed to ensure that the individualized service plan accurately reflected the residents assessed needs.</p> <p>Evidence by a review of resident # 1, 2, 3, and 4 records displayed inconsistencies between the and the ISP.</p> <p>Resident 's UAI dated 7/31 /14 reported that the resident needs mechanical assistance and</p>		

Repeat Violation

supervision while bathing. The ISP dated 7/31/14 reported no assistance required for bathing standby assistance.

Resident # 2's UAI dated 9/25/14 reported that the resident needs mechanical and physical assistance with dressing. The ISP dated 9/25/14 reported only physical assistance.

Resident # 3's UAI dated 6/22/14 reported that the resident needs physical assistance and mechanical assistance with bathing and toileting tsp dated 6/22/14 does not address mechanical need in the areas of bathing or toileting.

Resident 4's UAI dated 9/09/14 reported physical assistance, mechanical and human in the area of bathing, dressing, toileting, and transferring. ISP dated 9/29/14 does not add the mechanical needs in those areas.

VIOLATION NOTICE

Facility Name [Number. Sunrise of Leesburg 1103766

Inspection Date- 10/14/2014

DEA:

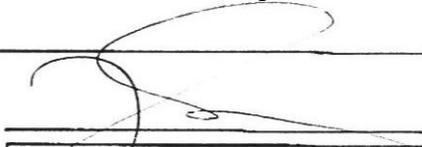
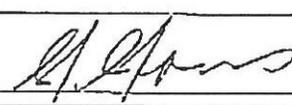
Inspect-Type: R - Renewal

UM-Unannounced Mandated

It is agreed that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations.

If the facility representative wants further discussion of the findings, a conference with the licensing inspector and his or her supervisor may be requested. Please contact your licensing office within fifteen days OF the findings review date.

Results of inspection documentation are subject to public disclosure and will be posted on the VDSS web site within 15 calendar days of the exit interview date regardless of whether a problem solving conference or desk review is requested.

Inspector Signature		Representative Signature	
Inspector Name		Facility/Program Representative	Morris, Monet
Date	10/15/2014	Date	10/15/2014

No. 5468

Oct. 20, 2014 4:46PM

c d

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

DIVISION OF LICENSING PROGRAMS

SUPPLEMENTAL INFORMATION

Facility Name number. Sunrise of Leesburg 1103766

Inspection Date 4/2014

inspection End Date 10/14/2014

InspectType R-Renewal

UM-Unannounced Mandated

Do Not Post
Residents
1.
2.
3.
4.
5.
6.
Staff
1. Monet Morris
2. Tiffany Dube'
3. Linda Hoffman

Information found on the Supplemental Information page is confidential and this document is not to be posted in the facility.

Inspector Representative Signature Signature

Licensing Representative

Small, Fionamichelle
1 on 5/2014

Facility



Morris, M net
10/15/2014

fid 9): 77107

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

DIVISION OF LICENSING

Sumrise of Leesburg FILE # _____
10/14/14

ACKNOWLEDGMENT OF INSPECTION CONDUCTED & LICENSEE RESPONSIBILITY

Name of Facility

Date of Inspection.

An exit meeting was conducted on this date

[3 Inspection findings were reviewed on this date

Type of Inspection. Initial Renewal Monitoring Complaint Focused Other

violations may result from further review prior to the completion of inspection documentation.):

An unannounced mandated renewal inspection was conducted from 8:30am to 12pm. Meds, meals and activities observed. Facility walk through conducted. Staff and resident files reviewed. State & Federal interviews conducted. Violations include (1) (350A) ISPO IR 100A. LA Jennifer Nalli is the regional administrator for Licensing.

This document must be posted until receipt of the complete inspection documentation. Inspection Findings from the inspection may result in anticipated violations in at least the following areas (NOTE Additional violations may result from further review prior to the completion of inspection documentation

be posted until receipt of the complete inspection documentation. Inspection documentation includes an Inspection Summary when applicable, a Violation Notice Supplemental Sheet. Complete inspection documentation will be leesburg.ed@sumriseSeniorLiving.com and and

sent to the facility within five business days from the exit interview date. It is a mutual agreement that the inspection documentation will be sent by the method checked below

Email Verify email address.

Fax Verify fax number:

C] Postal service using the facility's mailing address

Upon receipt of the inspection documentation, the licensee must develop a plan of correction for each violation. The plan of correction must include the following:

- The steps to correct noncompliance with the standard(s);
- Measures to prevent reoccurrence of noncompliance;
- Person(s) responsible for implementation and monitoring of preventive measure(s), o Date by which noncompliance will be corrected.

The licensee will have ten calendar days from receipt of the inspection documentation to complete the sections titled Plan of Correction and Date to be Corrected, sign each page of the documentation and return it to the Licensing Office. The licensee must retain a copy to be posted at the facility (NOTE Supplemental Information is not to be posted due to confidentiality). Results of the inspection documentation are subject to public disclosure and will be posted on the VDSS web site within 15 calendar days, regardless of whether the Plan of Correction section is

 Division of Licensing Representative

 10/14/14

st Step review.

 Facility Representative

 10/14/14
 Date

completed. If the licensee agrees with a violation(s), he or she will have 15 calendar days from receipt of inspection documentation to initiate a written request for a First Step review.

Date

DOLP maintains original

Copy to be given to Facility Representative

032-05-0981-00-eng (03/12)

VIRGINIA DEPARTMENT OF

SOCIAL SERVICES Division of Licensing Programs

WHAT YOUR INSPECTOR NEEDS FROM YOU TODAY

Fill in blank spaces and use the back of this page and/or attach additional pages for lists:

33

• Tod2Y's census

Names (and room numbers of residents) of the following ❖ New admissions

since the last inspection on _____ (date) ❖ Closed (les

since the last inspection (discharges, deaths)

❖ Residents slAth whom you have used (or could use) restraints

❖ Residents wAth special needs:

■ wound care; --
special care
hospice; vnon-
using oxygen; and
aggressive
receiving home health care. L

✓ None
ry; w/ serious cognitive
aviors; ✓ Jacky

■ AMH/MR/AG, ;
unit; on
ambulatory;
■ behaviors;

✓ Attention, Ear
Bonnie, D
ne health care. ✓
Low, Virginia

Staff Est and schedule tighlight names of new staff [snce last Inspection])

Any changes to the medication management plan? If so provide.

Date of health care oversight reviews (s) since the last inspection 431/ L

12/11/13

Date of last Ere inspection

on ~~9/3/14~~ 9/10/14

Date of last health inspection

1 for resident emergencies 5/20/14

Date of last practice of plan for resident emergencies of past 3 Ere & emergency evacuation drills

gency evacuation drills 9/17/14, 8/16/14, 7/19/14

Date OF last curter-ly review of emergency preparedness

w of emergency preparedness & response plan 9/20/14

Date of last on-site quarterly oversight by a dietician

Facility:

Date:

Interview Form for Assisted Living Facility Inspections

(Retain this form in the facility record.)

Facility Name: Sunrise Leesburg

Inspector Name: _____

Inspection Date: 10/14/14

INDIVIDUAL INTERVIEW

Person(s) interviewed: 3

RESIDENT ROOM (room, -temperature, pet, call system, etc. [22 VAC 40-72-730, 840 {-910}])

FACILITY (clean, shared spaces OK, bugs, mice, fire drills, etc. [22 VAC 40-72-540, 740, 840, 8501])

ACTIVITIES (adequate, participation, trips: etc. [22 VAC 40-72-520, 1000, 1 1001])

FOOD (temperature, taste, quantity, seconds, snack, special diet, etc. [22 VAC 40-72-580 {-620}, 7501])

STAFF (responsive, available, Are you safe?! etc. [22 VAC 40-72-50, 240, 320, 450, 700, 1060, 1 1 101])

RIGHTS AND DIGNITY (money management, decision making, freedom of choice, rules, resident rights, appropriate care, etc. [22 VAC 40-72-120 {-150}, 340, 390, 450 {470}, 520, 530, 5501])

HEALTH CARE & MEDICATIONS (special needs met, choice of doctor, self-medicated, outside services, etc. [22 VAC 40-72460 {-480}, 500, 670, 690, 7701])

FAMILY MEMBER/COLLATERAL INTERVIEW

Person(s) interviewed: _____

Relationship to resident: _____

ADMISSION (initial impressions/changes, disclosure, visitation, etc. [22 VAC 40-7240, 60, 520, 5401)

PERSONAL CARE AND SUPERVISION (personal needs, services, communication, notification of concerns, restraints, wandering — your family member or other residents, etc. [22 VAC 40-72450, 700, 780, 7901)

FACILITY (room condition, cleanliness, supplies, mail, phone, etc. [22 VAC 40-72-740, 780, 790, 850

FOOD (adequate, preferences, special diet, notices, weight loss/gain, etc. [22 VAC 40-72-580, 590, 620, 7501)

ONE-PAGE VERSION:

VR Home > Application Search > Transaction Check List > License - License Recommendation > License - License Recommendation Details

Fed Tax # 541172771	Name SUNRISE OF LEESBURG	Lic Type 1001 - Assisted Living Facilities
File # 1103766	Rank Assisted Living Facilities	App # 19046 Trans Class R - Renewal
License# 1103766 Lic Status Pending Renewal Status Open Sec Class S - Standard Entity # 75637 Expires On 01/09/2014		

Record Name License Recommendation	Status Current
------------------------------------	----------------

<p>Date 01/27/2014</p> <p>Cur. Capacity 42</p> <p>Recom. Capacity 42</p> <p>Current Profile 1</p> <p>Recom. Profile 1</p> <p>Lic. Effective 01/10/2014</p> <p>Expiration 01/09/2014</p> <p>Recommend the issuance of a one-year license. Although the risk rating report recommends a two year license there were numerous violations</p> <p>cited during the renewal study. None of the violations were high risk Recommendation violations however due to the number of violations and an inexperienced administrator a one year license is warranted. There have been no complaints reported during this licensing period.</p>	<p>Change</p> <p>Del</p> <p>Back</p> <p><</p>
---	--

Updated Jan 27, 2014 9:20:39 AM	By las994
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Save	OK	Cancel
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Virginia Department of Social Services
 Division of Licensing Programs
 Risk Profile Report for an Inspector by Facility (Program) Type

Facility Name: SUNRISE OF LEESBURG
 Supervisor Id: jen994 Inspector Id: las994

Facility Type: ALF File #: 1103766[Lic Id: 28452] Current License Effective Date: 01/10/2013. Issued for 1 Y

Inspection Summary			Total Inspections: 1	
Inspection Number: 19441 Date : 10/17/2013	Violation Score	Key and Non-Key Std	Avg. Risk	2.0
	2	290-C	Std. Dev	0.0
	2	350-A	Mode	2
	2	440-C	Insp. Type	R
	2	480-A	# of Non-Mets (Key & Non Key Standards)	7
	2	840-I		
	2	930-C		
	2	970-B		
	Avg. Non-Mets 7.0	Avg. Risk Score with Key Standards 2.0	Avg. Non-Mets for Focus 0	
	Performance Indicator 1	Performance Indicator 2	Performance Indicator 3	
License Type Assessed	1yr	2yr	3yr	=

Note: If the issuance date of the current license is later than its effective date, any inspections conducted between the issuance date will be indicated with an asterisk. Any such inspection may need to be disregarded when calculating the upcoming license renewal, as it may belong to the previous licensure period

22VAC40-72-() GENERAL PROVISIONS 32.1-(37) Report by person other than physician 22VAC40-72-(2) ADMINISTRATION AND ADMINISTRATIVE 63.2-(1) General Provisions.

22VAC40-72-(3) PERSONNEL- 63.2-1. 1 6) Protection of adults and reporting.

22VAC40-72-(4) STAFFING AND SUPERVISION. 63.2-(17) Licensure and Registration Procedures 22VAC40-72-(5) ADMISSION, RETENTION AND DISCHARGE 63.2-(1 8) Facilities and Programs..

22VAC40-72-(6) RESIDENT CARE AND RELATED SERVICES 22VAC40-90-(BC1) Background Checks for Assisted

22VAC40-72-(7) RESIDENT ACCOMMODATIONS AND Living Facilities

X 22VAC40-72-(8) BUILDINGS AND	REL	<input checked="" type="checkbox"/>	22VAC40-90-(BC2) The Sworn Statement or
Affirmation		<input checked="" type="checkbox"/>	PREPAREDNESS. 22VAC40-90-(BC3) The Criminal History
Record Report	ACI	<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
22VAC40-72-(1 0) Additional REQUIREMENTS FOR		<input checked="" type="checkbox"/>	FAQ 22VAC40-80-(G3) THE LICENSE.

Article I. 77 22VAC40-80-(G4) THE LICENSING PROCESS Subjectivity. 22VAC40-90-(GS) Sanctions.

1 3.3-(3042) The Board of Nursing shall accept as evidence

Technical Assistance Provided:

If it has not already been completed, a completed Renewal Application must be submitted prior to the expiration of the current license. The facility should receive an application in the mail, however if an application has not been received one can be obtained from our web site or by calling the main office at 703-934-1 505 to request an application be sent.

When the annual county fire inspection is completed please fax a copy of it to the licensing office at 703-934-1 558.

Comments/Discussion:

1 0/1 7/1 3 - An unannounced renewal study was initiated from 3:30am - 1:00pm on 1 0/1 7/1 3. The sample size consisted of four resident records, two staff records, two individual interviews and one family member interview. Resident and staff records reviewed. Residents were observed eating breakfast and lunch and engaging in activities including current events and word games.

Medication administration was observed Administrator was unavailable to provide additional documentation review. Inspection to be completed at a later date.

2/5/1 3 - An unannounced renewal study was completed from 10:00am - 1 :00pm on 2/05/1 3, At the time of entrance 26 residents were in care. Additional documentation reviewed and observation of activity and mealtime complete. Violation notice issued, risk, ratings reviewed and exit interview held.

Areas of non-compliance are identified on the violation notice. Please complete the "plan of correction" and "date to be corrected" for each violation cited on the violation notice and return to the licensing office within 1 0 calendar days.

Please specify how the deficient practice has been corrected. Just writing the word "corrected" is not acceptable. The plan of correction must contain: 1) steps to correct the non-compliance with the standard(s), 2) measures to prevent the non-compliance from occurring again; and 3) person(s) responsible for implementing each step and/or monitoring any preventative measure(s).

Thank you for your cooperation and if you have any questions please call 703-359-6703 or contact me via e-mail.

Violation Notice Issued. Yes

Summary, including areas of standards reviewed, date(s) and time(s) of inspection, technical assistance provided and the comments/discussion section.

Inspector
Signature

C

Representative
Signature

M. Morris

Licensing
Representative

Storr, Lynette A.

Facility
Representative

Morris, Monet

Date

12/05/2013

Date

12/05/2013

032-05-035 (11/99)

VIOLATION NOTICE

Facility Name /Number. Sunrise of Leesburg 1 103766

Inspection Date: 10/17/2013 and 12/05/2013

DBA:

InspectType- R - Renewal

UM-Unannounced Mandated

STANDARD NUMBER	DESCRIPTION OF VIOLATION	PLAN OF CORRECTION	DATE TO BE CORRECTED
22VAC40-72-(3)-290-C	<p>Based on documentation review facility failed to ensure that personal and social data to be maintained on staff and included in the staff record are as follows: An original criminal record report and a 9,vorn disclosure statement.</p> <p>Evidence: Staff #1 and record did not include a signed sworn disclosure statement.</p>	<p>Concierge had every TM sign a sworn disclosure statement. This was placed in each TM file. This will be included in pre-hire paperwork moving forward to ensure all TM's have this.</p>	10/17/2013
22VAC40-72-(5)-350-A	<p>Based on documentation review facility failed to ensure that a person shall have a physical examination by an independent physician, including screening for tuberculosis, within 30 days prior to the date Of admission- The report Of such examination shall be on file at the assisted living facility and shall contain the following: Height, weight, and blood pressure;</p> <p>Evidence: Resident admitted 3/14/12 did not have height and weight documented on her admission physical dated 3/14/12.</p>	<p>Physician contacted to get height, weight, and blood pressure for resident 1 from initial physical examination- This will be reviewed not only by the attending nurse but also the Director of Sales, Business Office Coordinator and Executive Director to ensure all information is included on initial physical exam.</p>	12/05/2013
22VAC40-72-(6)-440-C	<p>Based on documentation review, observations and interviews facility failed to ensure that the individualized service plan shall reflect the resident's assessed needs.</p> <p>Evidence; Resident #1 's use of Thick It in liquids is not documented on the most current ISP dated 11/6/13. Resident #3's use of a Hoyer lift is not documented on the most current ISP dated 7/11/13-</p>	<p>Thick it liquids was added to resident I's ISP as well as Hoyer lift added to residents 3's ISP- Training for the staff was done on 12/5/13 to ensure they understand ISP is a working document and needs to be updated as such by hand written notes until full assessment is due again.</p>	12/05/2013
22VAC40-72-(6)-480-A	<p>Based on documentation review facility failed to ensure that each assisted living facility shall retain a licensed health care professional who has at least two years of experience as a health care professional in an adult residential facility, adult day care center, acute care facility, nursing home, or licensed home care or hospice organization, either by direct employment or on a contractual basis, to provide health care oversight.</p> <p>Evidence: There is no documentation to indicate that a quarterly healthcare oversight was completed-</p>	<p>Senior Healthcare Coordinator will ensure quarterly healthcare oversight is done with staff. Sunrise of Leesburg is in the process of hiring a healthcare coordinator to ensure this is done quarterly moving forward.</p>	12/27/2013

22VAC40-72-(8)-840-I	Based on observation facility failed to ensure that cleaning supplies and other hazardous materials shall be stored in a locked area, Evidence.- Lysol spray was found unsecured in a cabinet in Room 1 5,	This will be corrected moving forward by sending a letter to families asking them not to bring in outside cleaning products as well as weekly room sweeps added to daily assignment sheets for care staff.	10/17/2013
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0066 00N

10/17/2013 10:21 AM

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

VIOLATION NOTICE

Facility Name [Number. Sunrise of Leesburg 1 103766

Inspection Date: 10/17/2013 and 12/05/2013

DBA:

Inspect.Type: R • Renewal

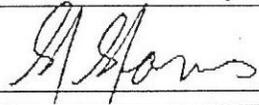
UM-Unannounced Mandated

STANDARD NUMBER	DESCRIPTION OF VIOLATION	PLAN OF CORRECTION	DATE TO BE CORRECTED
22VAC40-72-(9)-930-C	Facility failed to ensure that the facility shall develop and implement an orientation and quarterly review on the emergency preparedness and response plan for all staff, residents, and volunteers. Evidence: There is no documentation to indicate that a quarterly review of the emergency preparedness plan is conducted.	This will be corrected on 1/14/13 at town hall meeting with staff and quarterly at town halls to ensure compliance with emergency preparedness and response plan.	01/14/2014
22VAC40-72-(9)-970-B	Facility failed to ensure that at least once every six months, all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced. Evidence: There is no documentation to indicate that resident emergency practice drills are conducted.	This will also be corrected on 1/14/13 at town hall where staff will be conducting resident practice drill. Moving forward this will be done quarterly at town hall.	01/14/2014

It is agreed that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations-

If the facility representative wants further discussion of the findings, a conference with the licensing inspector and his or her supervisor may be requested. Please contact your licensing office within fifteen days of the findings review date.

Results of inspection documentation are subject to public disclosure and will be posted on the VOSS web site within 15 calendar days of the exit interview date regardless of whether a problem solving conference or desk review is requested.

Inspector Signature	vhg12340	Digitally signed by: D:\C\congow, B\w\l Users\ou=End-Users, ou=VDS, cn=Stor Lynette.vhg12340 Date: 2013.12.17.15:04:30	Representative Signature	
Inspector Name		Facility/Program Representative	Monet Morris	
Date	01/03/2014	Date	01/03/2014	

DEPARTMENT OF SOCIAL SERVICES

SUPPLEMENTAL Information

Facility Name/Number: Sunrise of Leesburg 1103766 Inspection Date: 10/17/2013 and 12/05/2013
 DBA: Inspection End Date: 12/05/2013
 Inspect Type: R - Renewal UM - Unannounced Mandated

Resident List

- 1.
- 2.
- 3.
- 4.
- 5.

Staff List

1. Stacy Byington
2. Laura Kimmel

Information found on the Supplemental Information page is confidential and this document is not to be posted in

Inspector Signature		Representative Signature	
Licensing Representative	Storr, Lynette A.	Facility Representative	Morris, Monet
Date	12/05/2013	Date	12/05/2013

- o Date of last on-site quarterly oversight by a dietician or nutritionist

ritionist 9/29/13
 y: SR-Leesbu
10/17/13

Facility: _____ burs

Date: _____

Interview Form for Assisted Living Facility Inspections

(Retain this form in the facility record.)

Facility Name: Sunrise Leesburg

Inspector Name: •

Inspection Date:

3 + 12

INDIVIDUAL INTERVIEW

Person(s) interviewed:

RESIDENT ROOM (room temperature, pet, call system, etc. {22 VAC 40-72-730, 840 {910}})

QUALITY [clean, shared spaces OK, bugs, mice, fire drills, etc. {22 VAC 40-72-540, 740, 840, 850}}]

ACTIVITIES [adequate, participation, trips, etc. {22 VAC 40-72-520, 1000, 1100}}]

FOOD [temperature, taste, quantity, seconds, snacks, special diet, etc. {22 VAC 40-72-580, 620, 750}}]

staff [responsive, available, Are you safe? , etc. {22 VAC 40-72-50, 240, 320 450, 700, 1060, 11 10}}]

RIGHTS AND DIGNITY [money management, decision making, freedom of choice, rules, resident rights, appropriate care, etc. {22 VAC 40-72-120, 150, 340, 390, 450, 470, 520, 530, 550}}]

HEALTH CARE & MEDICATIONS [special needs met, choice of doctor, self-medicated outside services, etc. {22 VAC 40-72460, 480, 500, 670, 770}}]

FAMILY MEMBER/COLLATERAL INTERVIEW Person interviewed.

Relationship to resident:

DMISSION [initial impressions/changes, disclosure, visitation, etc. {22 VAC 40-72-40, 60, 520, 540}]

PERSONAL CARE AND SUPERVISION [personal needs, services, communication, notification of concerns, restraints, wandering-your family member or other residents, etc. {22 VAC 40-72-450, 700, 780 790}]

"CILITY [room condition, cleanliness, supplies, mail, phone, etc.{22 VAC 40-72-740, 780, 790, 850 880}]

OOD [adequate, preferences, special diet, notices, weight loss/gain, etc {22 VAC 40-72-580, 590, 620, 750}]

Facility Review Form for Resident Centered Care

Facility Name: Sunrise Leesburg

Inspection Date:

10/17/13 - 12/15/13

Inspector Name:

HOW TO USE THIS FORM

KEY AREAS OF OBSERVATION AND DOCUMENTATION REVIEW

Observation:

-
-
-

Documentation Review:

-
-

703-737-8600 Fax 703-7378595

Fire Marshal: *[Signature]*

FM #: *604*

ID #: *5553*

Received By: *[Signature]*

Title: *[Signature]*

Date: *1/11/10*

Reviewed By: *[Signature]*

FM #: *1*

ID #:

Medication Pass Observation Worksheet

(Use multiple pages as necessary and retain in the facility record)

6 Rights = (1) Resident (2) Medication (3) Time (4) Dose (5) Route (6) Documentation

Facility Name	Inspector Name	Medication Tech Name	Date & Time
Sunrise Leesburg		Stacy Byington	10/17/13 9am

Room #	Resident Name	Drug Name, Dose, & Form	Observation of Administration				MAR Matches		Medication Storage Clean & Organized, Stored, Locked, Employee has key				
			<input type="checkbox"/> Vitals	<input type="checkbox"/> Patch	<input type="checkbox"/> Liq.	<input type="checkbox"/> Spray/Drps	Meds	Phys Orders					
		Flonase	<input type="checkbox"/> Inhaler/Neb	<input type="checkbox"/> Bld Chks	<input type="checkbox"/> Insulin	<input type="checkbox"/> M & M	<input type="checkbox"/> Hands	<input type="checkbox"/> ID	<input type="checkbox"/> Documentation				
		Cipro 500mg PO											
		Meloxicam 15mg PO											
		Prednisone 5mg PO											
		Effient 10mg PO											
		Osteo Biflex PO											
		Sucralfate 1gm PO											
		Trazadone 50mg PO											
		Aspirin 81mg PO											
		Fosinipril 10mg PO											
		Vitamin D 1000 IU PO											
		Namenda 10mg PO											

NOTE: The Inspector should be looking for evidence of non-compliance relating to any of the items in the following standards:
 22 VAC 40-72-640, 22 VAC 40-72-650, and 22 VAC 40-72-670

FAQ | Help | Sign O

VR Home | Entity | Application | License | Cash | Exam | Inspection | Enforcement | Report
Application Home Change Application

main-IO•-Adutt Cogged1mas.etas99

VR Home > Application Search > Transaction Check List > License - License Recommendation > License - License Recommendation Details

Fed Tax # 541172771	Name SUNRISE OF LEESBURG	Lic Type 1001 - Assisted Living Facilities
File # 1103766	Rank Assisted Living Facilities	App # 17693 Trans Class R - Renewal
License # 1103766	Lic Status Pending Renewal	Status Open Sec Class S - Standard
Entity # 75637	Expires On 01/09/2013	Trans Code 2020 - Issue License Renewal

Record Name License Recommendation	Status Current
Date 01/14/2013	
Cur. Capacity 42	
Recom. Capacity 42	
Current Profile 1	
Recom. Profile 1	
Lic. Effective 01/10/2013	
Expiration 01/09/2014	
Recommendation Recommend the issuance of a one-year license. There have been no complaints reported during this licensing period however the facility does not currently have a permanent administrator.	
Updated Jan 13, 2013 4:18:56 PM By las994	
<input type="button" value="Save"/>	<input type="button" value="OK"/>
<input type="button" value="Cancel"/>	

Get Adobe Reader.

Recommend issuance of 1 year license.

L. Stone

Jeff Thalli 1-16-13

<https://surya7.dss.virginia.gov/le5/faces/jsp/license/AP90RsdRecordList.jspx>

1/13/2013

Virginia Department of Social Services
 Division of Licensing Programs
 Risk Profile Report for an Inspector by Facility (Program) Type

Facility Name: SUNRISE OF LEESBURG
 Supervisor Id: jen994 Inspector Id: las994

File #: 1103766[Lic Id: 28452] Current License Effective Date: 01/10/2012. Issued for 1 Year License

Total Inspections: 1	
Violation Score	Key and Non-Key Std
	0
	0
	850-C
Avg. Risk Score with Key/Avg. Non-Mets for Focus 0	
Standards 4.0	
Performance Indicator 1	Performance Indicator 2
	= 2yr

Note: If the issuance date of the current license is later than its effective date, any inspections conducted between the effective date and the issuance date will be indicated with an asterisk. Any such inspection may need to be disregarded when calculating the risk profile for the upcoming license renewal, as it may belong to the previous licensure period

Facility Type: ALF
Inspection Number: 1790 Date: 12/20/2012
License Type Assessed

INSPECTION SUMMARY

Facility Name /Number Sunrise of Leesburg 1103766

Inspection Date 12/20/2012

DBA

Inspection End Date 12/20/2012

Inspect. Type: R - Renewal

UM-Unannounced Mandated

Areas of Standards Reviewed:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 22VAC40-72-(1) GENERAL PROVISIONS <input checked="" type="checkbox"/> 22VAC40-72-(2) ADMINISTRATION AND <input checked="" type="checkbox"/> 22VAC40-72-(3) PERSONNEL.32.1-(37) Report by <input checked="" type="checkbox"/> AND SUPERVISION.63.2-(1) General Provisions. <input checked="" type="checkbox"/> 22VAC40-72-(5) ADMISSION, RETENTION AND <input checked="" type="checkbox"/> 22VAC40-72-(6) RESIDENT CARE AND RELATED 22VAC40-72-(7) RESIDENT ACCOMMODATIONS AND X] 22VAC40-72-(8) BUILDINGS AND GROUNDS.22VAC40-90-(BC1) Background Checks for Assisted 22VAC40-72-(9) EMERGENCY PREPAREDNESS. 22VAC40-72-(10) ADDITIONAL REQUIREMENTS FOR FACI Article 1. Subjectivity. | <ul style="list-style-type: none"> 13.3-(3042) The Board of Nursing shall accept as <input checked="" type="checkbox"/> ADMINISTRATIVE evidence <input checked="" type="checkbox"/> person other than physician 22VAC40-72-(4) STAFFING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> DISCHARGE63.2-(16) Protection of adults and reporting. <input checked="" type="checkbox"/> SERVICES63.2-(17) Licensure and Registration Procedures <input checked="" type="checkbox"/> REL63.2-(18) Facilities and Programs.. |
|--|--|

Technical Assistance Provided:

Please evaluate the lighting around the medication carts in the hallway to ensure that the lighting is adequate.

Please work with community services to develop a back-up plan for geriatric psych services when the primary psychiatrist is not available.

The facility has been without an administrator since 10/1/12. Please be reminded that as stated in 22VAC 40.72.201.B.5 "A facility may be operated by an acting administrator for no more than 150 days, or not more than 90 days if the acting administrator has not applied for licensure, from the last date of employment of the licensed administrator."

Comments/Discussion:

An unannounced renewal study was conducted on 12/20/12. At the time of entrance 30 residents were in care. The sample size consisted of six resident records, two staff records, two individual interviews and one family member interview. Resident and staff records and other documentation reviewed. Residents were observed eating breakfast and lunch and engaging in activities including trivia, Christmas music movie, walking club and an outside entertainer playing guitar and singing. Medication administration was observed. Violation notice issued and exit interview held.

Areas of non-compliance are identified on the violation notice. Please complete the "plan of correction" and "date to be corrected" for each violation cited on the violation notice and return to the licensing office within 10 calendar days.

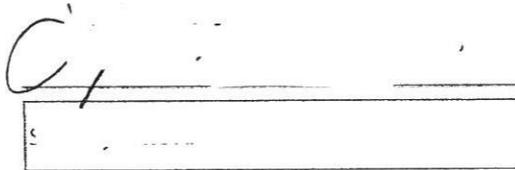
Please specify how the deficient practice will be or has been corrected. Just writing the word "corrected" is not acceptable. The plan of correction must contain: 1) steps to correct the non-compliance with the standard(s), 2) measures to prevent the non-compliance from occurring again; and 3) person(s) responsible for implementing each step and/or monitoring any preventative measure(s).

Thank you for your cooperation and if you have any questions please call 703-359-6703 or contact me via e-mail at lynette.storr@dss.virginia.gov.

Violation Notice Issued: Yes

1 of 2

SQLclLep



InspectorRepresentative

Schilling, Tina

SignatureSignature

LicensingFacility

12/20/2012

12/20/2012

RepresentativeRepresentative

DateDate

032-05-035 (11/99)

VIOLATION NOTICE

Facility Name [Number. Sunrise of Leesburg 1103766

Inspection Date: 2/20/2012

DBA:

Inspect.Type: R - Renewal

UM-Unannounced Mandated

STANDARD NUMBER	DESCRIPTION OF VIOLATION	PLAN OF CORRECTION	DATE TO BE CORRECTED
22VAC40-72-(6)-670-K	<p>Facility failed to ensure that medications ordered for PRN administration shall be available, properly labeled for the specific resident and properly stored at the facility.</p> <p>Evidence: Resident 's PRN Artificial Tears were not available at the facility.</p>	<p>The Health Care Coordinator (HCC) obtained an order to discontinue e Resident #1 's Artificial Tears medication. The Medication Care Manager o, designee reviews Medication Administration Records and medication cart-s monthly to ensure availability of all PRN medications. The HCC or designee reviews resident PRN medications every six months to determine whether to discontinue or renew the medications.</p>	12/20/2012
22VAC40-72-(5)-350-A	<p>Facility failed to ensure that a person shall have a physical examination by an independent physician within 30 days prior to the date of admission that shall contain height, weight, and blood pressure.</p> <p>Evidence: Resident #1's admit physical dated 2/2/12 does not include the resident's height. Resident #3's admit physical dated 3/14/12 does not include the resident's height and weight.</p>	<p>The Health Care Coordinator or designee reviews physician reports for new residents prior to move-ins t ensure that all required information is captured on the form. Any form identified to have missing information will be reconciled with the physician. Daily during stand-up meetings the Coordinators will discuss and review any new resident's admission paperwork to ensure completeness.</p>	12/20/2012
22VAC40-72-(8)-850-C	<p>Facility failed to ensure that all buildings shall be well-ventilated and free from foul, stale and musty odors.</p> <p>Evidence: The hall bathroom on the first floor has a strong urine odor.</p>	<p>The Maintenance Coordinator (MC) identified that the cause of foul odor in the bathroom was the flooring. The MC contacted a vendor to measure flooring for replacement. The MC will order new flooring for installation in the bathroom.</p>	DI n 8/2013

Facility Name /Number: Sunrise of Leesburg 1102766

Inspection Date: 12/20/2012

DBA:

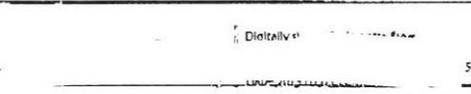
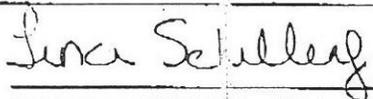
Inspect.Type: R - Renewal

UM-Unannounced Mandated

It is agreed that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations.

If the facility representative wants further discussion of the findings, a conference with the licensing inspector and his or her supervisor may be requested. Please contact your licensing office within fifteen days of the findings review date.

Results of inspection documentation are subject to public disclosure and will be posted on the VOSS web site within 15 calendar days of the exit interview date regardless of whether a problem solving conference or Ask review is requested.

Inspector Signature		Representative Signature	
Inspector Name	<input type="text"/>	Facility/Program Representative	<input type="text" value="Tina Schilling"/>
Date	<input type="text" value="12/20/2012"/>	Date	<input type="text" value="12/28/2012"/>

Facility Name/Number: Sunrise of Leesburg 1103766

Inspection Date 12/20/2012

DBA:

Inspection End Date 12/20/2012

Inspect. Type R - Renewal

UM-Unannounced Mandated

Resident List

- 2.
- 13.
- 14.
- 15.

6

Staff List

- 1. Tiffany Dube
- 2. Christine Portillo

Volunteer Records

- 1. Claudine Crespin
- 2. Jeannie Raddate

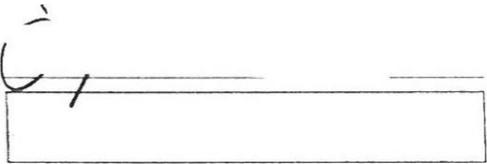
Pet Records

- 1. Rhoda
- 2. Bear
- 3. Boots

Information found on the Supplemental Information page is confidential and this document is not to be posted in the facility.

Ljt&RQ

Signature



Licensing Representative

Date

12/20/2012

Signature

Facility

Date

Inspector Representative SQUJ-

Schilling, Tina

12/20/2012

SOCIAL SERS ICES

WHAT YOUR INSPECTOR NEEDS FROM YOU TODAY

Fill in blank spaces and use the back of this pay-re and or attach additional for lists:

● Today's census _____

● Names (and room numbers of residents) of the following:

❖ New admissions since the last inspection on _____ (date)

❖ Closed files since the last inspection (discharges, deaths)

❖ Residents with whom you have used (or could use) restraints

❖ Residents with special needs:

- wound care; MH/MR/AG;
- special care unit; ■ on hospice;
- non-ambulatory, ■ using oxygen, and
- aggressive behaviors; ■ receiving home health care.
- serious cognitive impairment;

● Staff list and schedule (highlight names of new staff [since last inspection])

● Any changes to the medication management plan? If so provide.

● Date of health care oversight reviews(s) since the last inspection 12/14/12

● Date of last fire inspection 12 | 1

● Date of last health inspection 11/19/12

● Dates of past 3 fire & emergency evacuation drills

● Date of last quarterly review of emergency preparedness

11/14/12, 10/17/12, 9/23/12

● Date of last on-site quarterly oversight by a dietician or nutritionist _____

Emergency & response plan 10/26/11

Facility: _____

Date: _____

Medication Pass Observation Worksheet

(Use multiple pages as necessary and retain in the facility record)

6 Rights = (1) Resident (2) Medication (3) Time (4) Dose (5) Route (6) Documentation

Facility Name	Inspector Name	Medication Tech Name	Date & Time
Sunrise Leesburg	Lynette Storr		12/20/12 8am

Room #	Resident Name	Drug Name, Dose, & Form	Observation of Administration				MAR Matches		Medication Storage	
			<input type="checkbox"/> Vitals	<input type="checkbox"/> Patch	<input type="checkbox"/> Liq.	<input type="checkbox"/> Spray/Drps	Meds	Phys Orders		Clean & Organized, Stored, Locked, Employee has key
		Calcium 500mg PO			y			y		y
		Folic Acid .4mg PO			y			y		y
		Microzide 12.5mg PO			y			y		y
		Zestril 5mg PO			y			y		y
		Aricept 10mg PO			y			y		y
		Pravachol 40mg pO			y			y		y
		Atenolol 25mg PO			y			y		y
		Namenda 10mg PO			y			y		y
		Haldol 2mg PO			y			y		y
		Gas-X 125mg PO			y			y		y
		Senna Plus 8.6mg-50mg PO			y			y		y
		Acetaminophen 500mg PO			y			y		y

NOTE: The Inspector should be looking for evidence of non-compliance relating to any of the items in the following standards:
22 VAC 40-72-640, 22 VAC 40-72-650, and 22 VAC 40-72-670

VR Home > Application Search > Transaction Check List > License - License Recommendation > License - License Recommendation Details

Fed Tax # 541793078 Name SUNRISE OF LEESBURG Lic Type 1001 - Assisted Living Facilities
 File # 1103766 Rank Assisted Living Facilities App # 16537 Trans Class R - Renewal License# 1103766
 Lic Status Pending Renewal Status Open Sec Class S - Standard



1/25/12

Page
01/25/2
User las

Facility Name: SUNRISE OF LEESBURG

Total Inspections: 2

Avg. Risk

Std. Dev

0

Insp. Type

of Non-Mets (Key & Non

Key Standards)

Avg. Risk

Std. Dev

Mode

Insp. Type

of Non-Mets (Key & Non
Key Standards)

Avg. Risk Score with Key Standards 6.4

Z Z O O

Note: This report has the inspections that are conducted only after the last issuance date of the license
 The last annual inspection conducted before the last issuance date is BLUE

Virginia Department of Social Services Division of Licensing Programs Risk Profile Report for an Inspector by Facility (Program) Type	
Facility Type: ALF	File #: 1103766[Lic Id: 28452]
Supervisor ID: JENNET	Inspector Id: las994 Last License Issuance Date: 01/10/2011. Issued for 1 Year License
Inspection Summary	Violation Score Key and Non-Key Std
Inspection Number: 16334	50
Date : 11/29/2011	00
	050
	690-2
	920-A
Inspection Number: 1644	
Date : 01/05/2012	
Avg. Mode 2	Avg. Non-Mets 2.5

FY :2012 [Start Dt: Jul-2011 End Dt: Jun-2012]		Virginia Department of Social Services Division of Licensing Programs Aggregate Facility Risk Profile State Report for Facility Type: ALF				Page : 1 01/25/2012 User : las994	
Total # of Fac.	Total Non Mets	Avg. # of NM	Avg. Risk Score	Mode Count of Risk Scores	Std. Dev. of NM's	Std. Dev. Of Risk Scores	
373	2835	5.94	4.1	2 [# of Viol 1290]	3.12	3.03	
<p>Std. Dev. = Standard Deviation Risk Score is computed using Key Standards Violated. Non-Mets (NM) computed using Key Standards and Non-Key Standards Violated. Key Standard is a Standard with score 2 or Higher Non-Key Standard is a Standard with score 0</p>							

License Determination Table						
-2 (3 year License)	-1 (2 year License)	Average (1 year License)	+1 (Provisional License)	+2 (Summ. Suspen. Deny Revoke)		
The standard deviation table for Key-Violations						
-1.96	1.07	4.1	6.4	7.13	10.16	
The standard deviation table for Non-Mets						
-0.3	2.5	2.82	5.94	9.06	12.19	

Facility Name /Number Sunrise of Leesburg

1/10/2011

DBA

Facility Name [Number Sunrise of Leesburg 1103766

Inspection Date 01 /05/2012

DBA

Inspection End Date 01 /05/2012

Inspect. Type. O - Other

UNM-Unannounced Non-Mandated

Areas of Standards Reviewed:

- C] 22VAC40-72-(1) GENERAL PROVISIONS 13.3-(3042) The Board of Nursing shall accept as evidence
- C) 22VAC40-72-(2) ADMINISTRATION AND ADMINISTRATIVE
- 22VAC40-72-(3) PERSONNEL. 32.1-(37) Report by person other than physician 22VAC40-72-(4) STAFFING AND SUPERVISION. 63.2-(1) General Provisions.
- 22VAC40-72-(5) ADMISSION, RETENTION AND DISCHARGE 63.2-(16) Protection of adults and reporting.
- 22VAC40-72-(6) RESIDENT CARE AND RELATED SERVICES 63.2-(17) Licensure and Registration Procedures 22VAC40-72-
- (7) RESIDENT ACCOMMODATIONS AND REL 63.2-(18) Facilities and Programs..
- 22VAC40-72-(8) BUILDINGS AND GROUNDS. 22VAC40-90-(BC1) Background Checks for Assisted Living Facilities
- CJ 22VAC40-72-(9) EMERGENCY PREPAREDNESS. C) 22VAC40-90-(BC2) The Sworn Statement or Affirmation
- D 22VAC40-72-(10) ADDITIONAL REQUIREMENTS FOR FACI 22VAC40-90-(BC3) The Criminal History Record Report
- Article. 22VAC40-80-(G3) THE LICENSE.
- Subjectivity. C] 22VAC40-80-(G4) THE LICENSING PROCESS.

Technical Assistance Provided:

Received renewal application - application was reviewed and deemed complete on this date.

Comments/Discussion:

Licensing Inspector conducted unannounced focused follow up inspection to ensure correction of violations cited during 11/1/11 inspection. Inspected resident rooms for medications, observed activity being facilitated by staff member and reviewed county fire inspection conducted on 11/12/11. All violations have been corrected and no additional violations were cited today. Exit interview held.

Violation Notice Issued: No

By signature the facility representative acknowledges that the inspector reviewed all information found on the Inspection Summary, including areas of standards reviewed, date(s) and time(s) of inspection, technical assistance provided and the comments/discussion section.

Handwritten signature: Maria Franklin

Inspector Representative Signature

Franklin, Maria

Licensing Facility
Representative representative

Date

01/05/2012

01/05/2012

032-05-035 (1 1/99)

1103766

Inspection Date 1

Inspection End Date 1 1/10/201 1

Inspect. Type

R - Renewal

UM-Unannounced Mandated

Areas of Standards Reviewed:

22VAC40-72-(1) GENERAL PROVISIONS 13.3-(3042) The Board of Nursing shall accept as
22VAC40-72-(2) ADMINISTRATION AND ADMINISTRATIVE evidence
22VAC40-72-(3) PERSONNEL. 32.1-(37) Report by person other than physician 22VAC40-72-(4) STAFFING AND
SUPERVISION. 63.2-(1) General Provisions.
22VAC40-72-(5) ADMISSION, RETENTION AND DISCHARG 63.2-(16) Protection of adults and reporting.
22VAC40-72-(6) RESIDENT CARE AND RELATED SERVICES 63.2-(17) Licensure and Registration Procedures 22VAC40-72-
(7) RESIDENT ACCOMMODATIONS AND REL 63.2-(18) Facilities and Programs..
22VAC40-72-(8) BUILDINGS AND GROUNDS. 22VAC40-90-(BC1) Background Checks for Assisted
22VAC40-72-(9) EMERGENCY PREPAREDNESS. Living Facilities
22VAC40-72-(10) ADDITIONAL REQUIREMENTS FOR FACI 22VAC40-90-(BC2) The Sworn Statement or Affirmation
Articlel. 22VAC40-90-(BC3) The Criminal History Record Report Subjectivity. 22VAC40-80-(G3) THE LICENSE.
22VAC40-80-(G4) THE LICENSING PROCESS.

Technical Assistance Provided:

Comments/Discussion:

An unannounced renewal study was conducted from 8:1 Sam - 1:00pm on 1 1/10/1 1. At the time of entrance 20 residents were in care. There are no auxiliary grant beds at this facility. The sample size consisted of four resident records, two staff records, one volunteer record, two individual interviews and one family member interview. Resident and staff records and other documentation reviewed. Residents were observed eating breakfast and lunch and engaging in activities including trivia and sing-a-long. Medication administration was observed. Violation notice issued and exit interview held. Risk ratings reviewed during the exit interview.

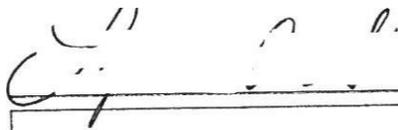
DBA

Areas of non-compliance are identified on the violation notice. Please complete the "plan of correction" and "date to be corrected" for each violation cited on the violation notice and return to the licensing office within 10 calendar days.

Please specify how the deficient practice will be or has been corrected. Just writing the word "corrected" is not acceptable. The plan of correction must contain: 1) steps to correct the non-compliance with the standard(s), 2) measures to prevent the non-compliance from occurring again; and 3) person(s) responsible for implementing each step and/or monitoring any preventative measure(s).

Thank you for your cooperation and if you have any questions please call 703-359-6703 or contact me via email at lynette.storr@dss.virginia.gov.

Violation Notice Issued:

Inspector ¹ 
 Signature
 Licensing Facility Representative


 Representative Signature

Date

Date

DBA:

Renewal

UM-Unannounced Mandated

Date: 1

Inspect.Type. R -

STANDARD NUMBER	DESCRIPTION OF VIOLATION	PLAN OF CORRECTION	DATE TO BE CORRECTED
22VAC40-72-(6)-650-A-1	<p>Facility failed to ensure that medications are in a storage area that is locked.</p> <p>Evidence: Anti-itch cream, Aspercreme, Gaviscon and Tums were observed in Resident #1 's room, who is assessed as requiring assistance with medication administration. The medications were sitting on side tables in the resident's room.</p>	<p>Tina Schilling, Health Care Coordinator, has in-serviced family and resident on any over the counter medications and creams and how they should be kept in the lockbox when not in use. Medication care managers will check at every shift when dispensing medications to ensure compliance as required by standard 22VAC40-72-(6)-650-A-1</p>	1 1/18/201
22VAC40-72-(6)-670-A	<p>Facility failed to ensure that staff who are licensed, registered medication aides shall administer drugs to those residents who are dependent in medication administration as documented on the UAI.</p> <p>Evidence: Based on observation and interview, Resident #1 who is assessed as dependent in medication administration, is self-administering over the counter medications and creams.</p>	<p>Tina Schilling, Health Care Coordinator, has added an update to resident ISP to reflect that although resident is assessed as dependent in medication administration she is self administering over the counter medications and creams. Maria Franklin, Executive Director, will meet with Wellness Coordinator, Kate Wilson, who also does ISP's to ensure understanding of proper documentation requirements per standard 22VAC40-72-(6)-670-A.</p>	1 1/22/201
22VAC40-72-(8)-920-A	<p>The facility's most recent county fire inspection was completed on 5/12/10. This is an annual requirement.</p>	<p>Maintenance Coordinator, Larry Weatherholtz, has met with Loudoun County fire marshal on Saturday November 12, 2011 for annual inspection and report of the inspection is now on file with a copy attached showing no violations found. Larry will keep a tickler file to schedule a yearly inspection to ensure compliance of standard 22VAC40-72-(8)-920-A</p>	1 1/18/20

Renewal	UM-Unannounced Mandated
<p>22VAC40-72-(6)-520-J</p> <p>During a programmed activity, facility failed to ensure that there shall be an adequate number of staff persons or volunteers to lead the activity, to assist the residents with the activity, to supervise the general area, and to re-direct any individuals who require different activities.</p> <p>Evidence: During the morning sing-a-long activity there was no staff available to the residents where the activity was taking place.</p>	<p>Maria Franklin, Executive Director, will work with Activities and Volunteer Coordinator, Lori Walker, to ensure that during any programmed activity there is adequate number of staff and herself to ensure compliance as required by standard 22VAC40-72-(6)-520-J.</p>
<p>The facility failed to post "No Smoking-Oxygen in Use" signs and enforce the smoking prohibition in a room of a building where</p>	<p>Tina Schillin Health Care Coordinator has</p>

1
1/18/21

Facility Name /Number:

Date:

DBA:

Inspect.Type. R -

STANDARD NUMBER	DESCRIPTION OF VIOLATION	PLAN OF CORRECTION	DATE TO BE CORRECTED
22VAC40-72-(6)-690-2	oxygen is in use. Evidence: Resident #2 requires the use of oxygen and has a tank in her room, however there was no sign posted on her door or in her room.	posted a "No smoking -Oxygen In Use" sign . She also has reviewed all residents on oxygen and ensured that proper signage is posted in compliance with standard 22 V AC40-72-(6)-690-2	11/18/2011

It is agreed that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations.

If the facility representative wants further discussion of the findings, a conference with the licensing inspector and his or her supervisor may be requested Please contact your licensing office within fifteen days of the findings review date.

Results of inspection documentation are subject to public disclosure and will be posted on the VDSS web site within 15 calendar days of the exit interview date regardless of whether a problem solving conference or desk

Inspector
Signature

Representative
Signature

review is requested.

Franklin, Maria

Storr, Lynette A.

DBA:

Renewal		UM-Unannounced Mandated	
Inspector	Facility/Program		
Name	Representative		
Date	1 1/10/201 1	1 1/23/201 1	
STANDARD NUMBER	DESCRIPTION OF VIOLATION	PLAN OF CORRECTION	DATE TO BE CORRECTED
	room.		

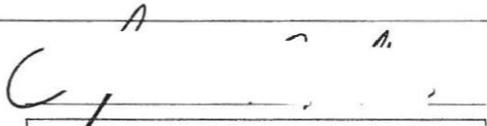
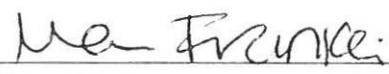
Date:

Inspect.Type- R -

It is agreed that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations.

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Results of inspection documentation are subject to public disclosure and will be posted on the VDSS web site within 15 calendar days of the exit interview date regardless of whether a problem solving conference or desk review is requested.

Inspector Signature		Representative Signature	
Inspector Name		Facility/Program Representative	Franklin, Maria
Date	11/10/2011	Date	

Renewal

UM-Unannounced Mandated

Facility Name/Number:

Inspection Date 1
1/10/2011

DBA:

1
1

Inspect. Type. R - Renewal

Inspection End Date 1/10/2011
UM-Unannounced Mandated

Resident List

- 2.
- 3.
- 4.

Staff List

- 1. Charlie Henard
- 2. Tiffany Dube

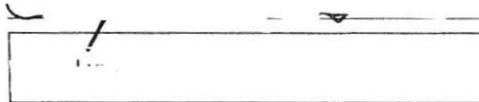
Volunteer List

- 1. Claudia Crespin

Information found on the Supplemental Information page is confidential and this document is not to be posted in the facility.

Inspector
Signature

Representative
Signature



Franklin, Maria



Licensing Facility

Representative Representative

Date

11/10/2011

Date

11/10/2011

SOCIAL SERVICES Division of Licensing

programs

WHAT YOUR INSPECTOR NEEDS FROM YOU TODAY

Fill in blank spaces and use the back of this page and/or attach additional pages for lists:

- o Today's census 20
- o Names (and room numbers of residents of the following:
 - ❖ _\e.v admissions stnce the last inspection on _____ (date)
 - ❖ Closed files since the last inspecuon (discharges, deaths)
 - ❖ Residents with whom you have used (or could use) restraints
 - ❖ Residents svith special needs:

<ul style="list-style-type: none"> ■ wound care; ■ special care unit; ■ non-ambulatorv•, ■ aggressive behaviors; ■ serious cognitive Impairment; 	<ul style="list-style-type: none"> ■ MH/MR/AG; ■ on hospice; ■ using oxvgen; and ■ receiving home health care.
---	--
- o Staff list and schedule (highlight names of new staff since last inspection)
- o Any changes to the medication management plan? If so provide.
- o Date of health care oversight since the last inspection q)aol l)_____
- o Date of last fire inspection s hallo
- o Date of last health inspection 9/6/11
- o Dates of past 3 fire & emergency evacuation drills

o Date of last quarterly review of emergency preparedness & response plan

8/17/11, 9/18/11, 10/14/11

o Date of last on-site quarterly oversight by a dietician or nutritionist

edness & response plan 5/11

in or nutritionist 10/21/11

Facility: S.R. Leesburg

Date: 11/16/11

Facility Review Form for Resident Centered Care

Facility Name: 6
Inspector Name:

Leesburg—

Inspection Date: 1

(0

HOW TO USE THIS FORM

KEY AREAS OF OBSERVATION AND DOCUMENTATION REVIEW

Observation:

Medication Pass Observation Worksheet

(Use multiple pages as necessary and retain in the facility record)

6 Rights = (1) Resident (2) Medication (3) Time (4) Dose (5) Route (6) Documentation

Facility Name	Inspector Name	Medication Tech Name	Date & Time
Sunrise Leesburg	Lynette Storr	Tiffany Dube	11/10/11 9am

Room #	Resident Name	Drug Name, Dose, & Form	Observation of Administration				MAR Matches		Medication Storage Clean & Organized, Stored, Locked, Employee has key
			<input type="checkbox"/> Vitals	<input type="checkbox"/> Patch	<input type="checkbox"/> Liq.	<input type="checkbox"/> Spray/Drps	Meds	Phys Orders	
		Aspirin 81mg PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Colac 100mg PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Doxycycline Hyclate 100mg PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		ensure			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Lasix 20mg PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Lisinopril 10mg PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Potassium Chloride 20meq PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Lopressor 50mg PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Requip .5 mg PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Carbidopa/Levodopa 25-100mg			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Macrobid 100mg PO			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
		Certa Vite 5ml			<input checked="" type="checkbox"/> Y			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y

NOTE: The Inspector should be looking for evidence of non-compliance relating to any of the items in the following standards:

22 VAC 40-72-640, 22 VAC 40-72-650, and 22 VAC 40-72-670

Disclaimer: The following information comes from a Freedom of Information Act (FOIA) issued to the Virginia Department of Social Services, the agency that licenses assisted living facilities in Virginia. The online compliance history includes only information after July 1, 2003. Not all surveys have been copied to this website. In addition, the online compliance history includes information regarding adverse actions that may be the subject of a pending appeal or plan of correction. An adverse action is not final until a provider has exhausted or waived all due process rights. For compliance history prior to July 1, 2003, or information regarding the status of pending adverse actions, the reader should contact the Licensing Inspector listed in the facility's information. Not all the information contained herein is necessarily current and errors may have occurred in the conversion of this document from PDF to a searchable word document. Anyone considering admission to an assisted living facility should review the most recent survey results and visit the facility to make their own observations about the quality of care