



ABUSE & NEGLECT

ASSISTANCE

CHILD SUPPORT

COMMUNITY SUPPORT

FOSTER CARE & ADOPTION

LICENSING

## Search for an Assisted Living Facility



[Return to Search Results](#) | [New Search](#) |

### Paul Spring Independent, Assisted Living & Memory Care Community

7116 Fort Hunt Road  
Alexandria, VA 22307  
(703) 768-0234

**Current Inspector:** Nina Wilson (703) 635-6074

**Inspection Date:** Dec. 16, 2020

**Complaint Related:** No

#### Areas Reviewed:

22VAC40-73 GENERAL PROVISIONS  
22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES  
22VAC40-73 PERSONNEL  
22VAC40-73 STAFFING AND SUPERVISION  
22VAC40-73 ADMISSION, RETENTION, AND DISCHARGE OF RESIDENTS  
22VAC40-73 RESIDENT CARE AND RELATED SERVICES  
22VAC40-73 RESIDENT ACCOMODATIONS AND RELATED PROVISIONS  
22VAC40-73 BUILDING AND GROUNDS  
22VAC40-73 EMERGENCY PREPAREDNESS  
22VAC40-73 ADDITIONAL REQUIREMENTS FOR FACILITIES THAT CARE FOR ADULTS WITH SERIOUS COGNITIVE IMPAIRMENTS

#### Article 1

##### Subjectivity

63.2 General Provisions.

63.2 Protection of adults and reporting.

63.2 Licensure and Registration Procedures

63.2 Facilities and Programs..

22VAC40-90 Background Checks for Assisted Living Facilities

22VAC40-90 The Sworn Statement or Affirmation

22VAC40-90 The Criminal History Record Report

22VAC40-80 THE LICENSE.

22VAC40-80 THE LICENSING PROCESS.

#### Comments:

This inspection was conducted by licensing staff using an alternate remote protocol necessary due to a state of emergency health pandemic declared by the Governor of Virginia.

A renewal inspection was initiated on 12/16/20 and concluded on 12/18/20. The wellness director was contacted by telephone to initiate the inspection. The administrator reported that the census was 134. The inspector emailed the administrator a list of items required to complete the inspection. The inspector reviewed five resident records and five staff records, medication administration records, local fire and health inspections, and other documentation submitted by the facility to ensure documentation was complete.

Information gathered during the inspection determined non-compliance with applicable standards or law, and violations were documented on the violation notice issued to the facility. 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 standards, 2) Measures to prevent the non-compliance from occurring again, and 3) Person responsible for implementing each step and/or monitoring any preventative measures. Thank you for your cooperation and if you have any questions, please contact me via e-mail at [m.massenberg@dss.virginia.gov](mailto:m.massenberg@dss.virginia.gov).

#### Violations:

Standard #: 22VAC40-73-320-A

Description: Based on record review, the facility failed to ensure that each resident's physical examination includes all of the required information.

Evidence: The physical examination for Resident #3, dated 6/15/20, was observed during the inspection. The physical examination form listed Resident #3's allergies, but not her allergic reactions.

**Plan of Correction:** Manager forwarded the Executive Director or Wellness Director will ensure that all History & Physical forms have the

[Plan of Correction](#): Moving forward, the Executive Director or Wellness Director will ensure that all History & Physical forms have the resident's allergic reactions documented.

**Disclaimer:**

*This information is provided by the Virginia Department of Social Services, which neither endorses any facility nor guarantees that the information is complete. It should not be used as the sole source in evaluating and/or selecting a facility.*