



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

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Sunrise at Mount Vernon

8033 Holland Road
Alexandria, VA 22306
(703) 780-9800

Current Inspector: Nina Wilson (703) 635-6074

Inspection Date: Aug. 21, 2020

Complaint Related: Yes

Areas Reviewed:

22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES
22VAC40-73 RESIDENT CARE AND RELATED SERVICES

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 complaint inspection was initiated on 8/21/20 and concluded on 11/18/20. A complaint was received by the department regarding allegations in the areas of: Administration and Administrative Services, Resident Care and Related Services. The administrator was contacted by telephone to conduct the investigation. The licensing inspector emailed the administrator a list of documentation required to complete the investigation.

The evidence gathered during the investigation supported the allegation of non-compliance with standards or law, and violations were issued. Any violations not related to the complaint but identified during the course of the investigation can be found 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 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.

Violations:

Standard #: 22VAC40-73-40-A

Complaint related: Yes

Description: Based on documentation and reports, the facility failed to ensure compliance with the facility's own policies and procedures.

Evidence: The facility's COVID-19 Mitigation and Response Plan (3/18/20) calls for team members to have their temperature taken, to screen for fever, at the beginning of each shift. The plan also calls for a mask to be placed on team members and that they immediately be sent home, should they develop fever at work. The facility's team member screening flow chart indicates that staff members; that have a fever, cough or shortness of breath; should be asked to go home and that the ED (Executive Director) or manager on duty be notified.

The facility's COVID-19 Mitigation and Response Plan states that it is the facility's policy to manage suspected and confirmed COVID-19 cases in accordance with Organizational, Federal, State/Provincial and Local laws, regulations and guidelines and guidance from the Centers for Disease Control & Prevention (CDC) and applicable public health authorities. CDC considers a person to have a fever when he or she has a measured temperature of 100.4° F (38° C) or greater, or feels warm to the touch, or gives a history of feeling feverish.

Team member screening logs from March and April were reviewed. The following did not comply with the facility's policy:

The log is missing a temperature reading for Staff # 1 on 3/20/20.

The log is missing a temperature reading for Staff #2 on 3/24/20.

The log is missing temperature readings for two unknown individuals on 3/26/20.

The log is missing a temperature reading for an unknown individual on 4/6/20.

The log is missing a temperature reading for Staff #3 on 4/15/20.

The log is missing a temperature reading for Staff # 4 on 4/25/20.

The log is missing a temperature reading for Staff #5 on 4/26/20.

Staff #6's temperature was documented as 100.7 on 4/23/20 at 6:18. The screening log did not indicate whether the temperature check occurred at 6:18 AM or 6:18 PM. The facility's punch detail report indicates that Staff #6 worked from 6:25 AM until 2:31 PM on 4/23/20.

The information was discussed with Staff #s 7-9, and no additional documentation was provided.

Plan of Correction: Not available online. Contact Inspector for more information.

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.

Expenses

CommonHelp

Mission & Strategic Plan

TTY/TTD

Org Chart

Civil Rights Policy & Procedures

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