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### Hunters Woods at Trails Edge

2222 Colts Neck Road  
Reston, VA 20191  
(703) 429-1130

**Current Inspector:** Amanda Velasco (703) 397-4587

**Inspection Date:** Feb. 11, 2021 and Feb. 15, 2021

**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 ACCOMMODATIONS 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.

#### 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 inspection was initiated on 2/11/2021 and concluded on 2/15/2021. The administrator was contacted by telephone to initiate the inspection. The administrator reported that the current census was 60. The inspector emailed the administrator a list of items required to complete the inspection. The inspector reviewed 4 resident records and 4 staff records. Criminal record checks and sworn statements of all staff hired since last inspection and other documentation submitted by the facility was reviewed to ensure documentation was complete.

Information gathered during the inspection determined non-compliance(s) with applicable standards or law, and violations were documented on the violation notice issued to the facility.

Exit interview with 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, 3) person(s) responsible for implementing each step and/or monitoring any preventative measure(s), and 4) date that that plan of correction will be completed.

Thank you for your cooperation and if you have any questions please call (703) 895-5627 or contact me via e-mail at [jeannette.zaykowski@dss.virginia.gov](mailto:jeannette.zaykowski@dss.virginia.gov).

#### Violations:

Standard #: 22VAC40-73.1000.A

Standard #: 22VAC40-75-1090-A

**Description:** Based on record review, facility failed to ensure the resident shall have been assessed by an independent clinical psychologist licensed to practice in the Commonwealth or by an independent physician as having a serious cognitive impairment due to a primary psychiatric diagnosis of dementia with an inability to recognize danger or protect his own safety and welfare. The physician shall be board certified or board eligible in a specialty or subspecialty relevant to the diagnosis and treatment of serious cognitive impairments.

Evidence: Resident #3 was admitted to a Safe, Secure Unit (SSU) on 2/25/2020 with an Assessment of Serious Cognitive Impairment (ASCI) form dated 3/02/2020, after admission. Resident #4 was admitted to a SSU on 1/15/2021 with an ASCI form completed on 1/11/2021 and documented that the resident does not have a serious cognitive impairment due to a primary psychiatric diagnosis of dementia and also answered "No" to the question "is the individual unable to recognize danger or protect her own safety and welfare".

[Plan of Correction:](#) Resident #3 was an emergent internal transfer from Assisted Living because the resident does not recognizing danger. Resident Wellness Director (RWD) will work with wellness team to ensure that all admissions to a Safe, Secure Unit (SSU) have a Serious Cognitive Impairment (ASCI) form prior to admission, including during an emergent transfer. In addition, the RWD will ensure that the form is completed accurately and in its entirety.

Standard #: 22VAC40-90-30-C

**Description:** Based on record review, facility failed to ensure that any person making a materially false statement on the sworn statement or affirmation shall be guilty of a Class 1 misdemeanor.

Evidence: Staff #13's sworn statement signed and dated 12/8/2020 documents not convicted of a law and criminal record report dated 12/30/2020 documents a conviction dated 12/12/2006.

[Plan of Correction:](#) Staff #13 believed the non-barrier misdemeanor from 15 years ago to be expunged from her record and a late entry is now noted on that staff's sworn statement. Administrative Services Director will provide a more detailed review with staff during the pre-hire paperwork signing and the Executive Operations Officer will audit pre-hire sworn statements.

**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.*

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