



## Search for an Assisted Living Facility



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### Belvoir Woods Health Care Center at The Fairfax

9160 Belvoir Woods Parkway  
Fort belvoir, VA 22060  
(703) 799-1200

**Current Inspector:** Jacquelyn Kabiri (703) 397-3017

**Inspection Date:** Jan. 7, 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 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 monitoring inspection was initiated on 1/7/21 and concluded on 1/8/21. The administrator was contacted by telephone to initiate the inspection. The administrator reported that the current census was 58. The inspector emailed the administrator a list of items required to complete the inspection. The inspector reviewed four resident records, four 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 contains all of the required information.

Evidence: The physical examination for Resident #2, dated 11/18/20, was observed during the inspection. The physical examination form stated that the resident is allergic to: iodine-131, naproxen, tositumomab, Celebrex, Dyazide, and ACE inhibitors. The form did not list Resident #2's reactions to the allergens.

The physical examination for Resident #4, dated 10/20/20, was observed during the inspection. The physical examination form stated that the resident is allergic to: gluten, lactose, milk related products, and NSAIDs. The resident's allergic reactions to NSAIDs was documented, but not the resident's reactions to the other allergens.

**Plan of Correction:** Resident #2 and #4's reactions to allergens were reassessed and documented in their medical records. The RN Resident Care Director (RCD) and/or designee will perform a 100% audit of residents with allergies to confirm that reactions to allergens are documented in their medical records. The SNA and RCD will provide education to sales team members and coordinators regarding required documentation of resident's allergens and reactions in the initial H&P prior to move-in.

Resident Care Director and/or designee will report the results of the audits to the Quality Assurance and Performance Improvement Committee for the next 3 months. During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary actions or extend the review period.

The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.

**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.*