



## Search for an Assisted Living Facility



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### Sunrise at Countryside

45800 Jona Drive  
Potomac falls, VA 20165  
(703) 430-0681

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

**Inspection Date:** Feb. 18, 2021 and March 1, 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  
32.1 Reported by persons other than physicians  
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.

Licensing Inspector (LI) conducted announced initial inspection on 2/18/2021, 3/1/2021. The inspection was necessary due to a change in ownership. LI reviewed policies and procedures. The Fire, Health, and Elevator Inspections have been completed. No violations were cited. The exit interview was held on 3/1/2021 by telephone with the administrator.

Thank you for your cooperation and if you have any questions please call 703-479-5247 or contact me via e-mail at jamie.eddy@dss.virginia.gov.

#### 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.*

