



ABUSE & NEGLECT

ASSISTANCE

CHILD SUPPORT

COMMUNITY SUPPORT

FOSTER CARE & ADOPTION

LICENSING

## Search for an Assisted Living Facility



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### Harpers Station Yorktown

4501 Victory Boulevard  
Yorktown, VA 23693  
(757) 798-8739

**Current Inspector:** Alyshia E Walker (757) 670-0504

**Inspection Date:** Aug. 22, 2024

**Complaint Related:** No

#### Areas Reviewed:

22VAC40-73 GENERAL PROVISIONS  
22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES  
22VAC40-73 RESIDENT CARE AND RELATED SERVICES  
22VAC40-73 RESIDENT ACCOMMODATIONS AND RELATED PROVISIONS  
22VAC40-73 BUILDINGS AND GROUND  
22VAC40-73 EMERGENCY PREPAREDNESS  
22VAC40-73 ADDITIONAL REQUIREMENTS FOR FACILITIES THAT CARE FOR ADULTS WITH SERIOUS COGNITIVE IMPAIRMENTS  
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 LICENSING PROCESS

#### Comments:

Type of inspection: Initial

An announced on-site mandated visit was conducted on 8-22-24 by two inspectors from the Peninsula Licensing Office (PLO). (Ar 09:22 a.m./ Dep 13:35 p.m.)

The Acknowledgement of Inspection form was signed and left at the facility for each date of the inspection.

Number of residents present at the facility at the beginning of the inspection: N/A

The licensing inspector completed a tour of the physical plant that included the building and grounds of the facility. Yes

Number of resident records reviewed: N/A

Number of staff records reviewed: N/A

Number of interviews conducted with residents: N/A

Number of interviews conducted with staff: 2

Observations by licensing inspector:

Additional Comments/Discussion:

An exit meeting will be conducted to review the inspection findings.

The evidence gathered during the initial inspection determined non-compliance with applicable standard(s) or law, and violation(s) were documented on the violation notice issued to the facility. The applicant has the opportunity to submit a plan of correction to indicate how the cited violation(s) will be addressed in order to maintain future compliance with applicable standard(s) or law.

If the applicant wishes to provide a plan of correction: (i) type the plan on a separate Word document, (ii) identify the standard violation number being addressed, (iii) include the date the violation will be corrected, (IV) do not include any names or confidential information, and (V) return to the licensing inspector by email within five (5) business days of the exit interview.

Compliance with all applicable regulations and law shall be maintained and any areas of noncompliance must be corrected.

Within 15 calendar days of your receipt of the inspection findings (inspection summary, violation notice, and supplemental information), you may request a review and discussion of these findings with the inspector's immediate supervisor. To make a request for review and discussion, you must contact the licensing supervisor at the regional licensing office that serves your geographical area.

Regardless of whether a supervisory review has been requested, the results of the inspection will be posted to the DSS public website should the facility be issued a license to operate.

The department's inspection findings are subject to public disclosure.

Please Note: A copy of the findings of the most recent inspection are required to be posted on the premises of a licensed facility.

For more information about the VDSS Licensing Programs, please visit: [www.dss.virginia.gov](http://www.dss.virginia.gov)

Should you have any questions, please contact (Willie Barnes), Licensing Inspector at (757) 439-6815 or by email at [willie.barnes@dss.virginia.gov](mailto:willie.barnes@dss.virginia.gov)

**Violations:**

Standard #:	22VAC40-73-860-G
Description:	Based on observation and staff interviewed, the facility failed to ensure the hot water at taps available to residents shall be maintained within a range of 105 degrees Fahrenheit (F) to 120 degrees F.  Evidence: 1. On 8-22-24 during a tour of the facility with staff #2, the water temperature in the memory care rooms were 122.4 degrees in room #1010 and 124.9 degrees in room #1009. 2. Staff #2 acknowledged the water temperature in the rooms were not within the required range 105 to 120 degrees F.
<a href="#">Plan of Correction:</a>	1. Facility has contacted licensed plumber on 8/23/24 to ensure that the automatic mixer valve is calibrated properly and set within the temperature range of 105°F to 120°F. 2. Facility's Maintenance Department shall measure and record water temperatures once daily after the licensed plumber's inspection on 8/26/2024 for one week post visit. If all temperatures fall within the required range the facility with then continue with regular monthly water temperature checks.
Standard #:	22VAC40-73-870-A
Description:	Based on observation and staff interviewed, the facility failed to ensure the interior and exterior of all buildings, was maintained in good repair and kept clean and free of rubbish.  Evidence: 1. On 8-22-23 during a tour of the facility with staff #1 and #2, the wall to the right of the entrance was observed to have a hole. The wall in the bathroom of room # 1016 was observed to have a hole above the bathroom lights. 2. The fenced grass area outside of the safe, secure unit was observed to have a low drain resembling a hole in the ground. Also observed was a board that stood approximately 2 feet tall with nails in it ground near the drain. 3. Staff #1 acknowledged the buildings and grounds items were in need of repair.
<a href="#">Plan of Correction:</a>	1. Facility's Director of Maintenance to install face plate covers over conduit boxes that are missing faceplates. 2. (a) Facility's Director of Maintenance to install raised garden bed over low drainage area in the safe, secure unit grass area to permanently make this area inaccessible for foot traffic. (b) Facility's Director of Maintenance to remove approximately 2-foot-tall board from ground from safe, secure unit grass area.  Correction date: 1. 8/22/23 2.(a) 9/2/2024 (b) 8/22/2024
Standard #:	22VAC40-73-925-A
Description:	Based on observation and staff interviewed, the facility failed to ensure it had toilet tissue accessible to each commode and soap accessible to each face/hand washing sink and each bathtub or shower.  Evidence: 1. On 8-22-24, during a tour of the facility with staff #1 and #2, the sampled rooms observed did not have toilet tissue and soap accessible in the bathrooms. 2. Staff #1 stated facility did not supply these items.
<a href="#">Plan of Correction:</a>	1. Facility's Director of Maintenance shall order ample supply of Toilet Tissue and Soap to meet the needs of facility's capacity and continue ordering to maintain a surplus.
Standard #:	22VAC40-73-960-B
Description:	Based on observation and staff interviewed, the facility failed to ensure the fire and emergency evacuation drawing included all required information.  Evidence: 1. On 8-22-24 during a tour of the facility with staff #1 and #2, the fire and emergency evacuation postings show the primary and secondary escape routes, telephones, fire alarm boxes, and fire extinguishers. 2. Staff #1 acknowledged the fire and emergency evacuation postings in the facility did not include all requirements.
<a href="#">Plan of Correction:</a>	1. Facility's Executive Director and Maintenance Director shall amend current fire and emergency evacuation drawings to included secondary escape routes, telephones, fire alarm boxes and fire extinguishers.

**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.*

