

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2019
NAME OF PROVIDER OR SUPPLIER WOODBINE REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2729 KING ST ALEXANDRIA, VA 22302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 11/19/19 through 11/21/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. The census in this 307 certified bed facility was 243 at the time of the survey. The survey sample consisted of 35 current Resident reviews and 6 closed record reviews.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid Standard survey was conducted 11/19/19 through 11/21/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 307 certified bed facility was 243 at the time of the survey. Five complaints were investigated during this survey. Intake numbers VA00047749, VA00047647, VA00045880, VA00045847 and VA00045649. The survey sample consisted of 35 current Resident reviews and 6 closed record reviews.	F 000			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F 761			12/30/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/18/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 761	<p>Continued From page 1</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review and during the course of a medication pass and pour observation, the facility staff failed to store medications appropriately on one of 19 medication carts in the facility (Medication Cart #2 on Unit 3).</p> <p>The findings included:</p> <p>The facility staff failed to lock and left three medications on top of the Medication Cart #2 on Unit 3 while leaving the medication cart unattended.</p> <p>On 11/20/19 at 8 am, the surveyor observed the following:</p> <p>" LPN (licensed practical nurse) #1 stated to the surveyor that the laptop on the medication cart was working slowly and she would need to go to the nurses' station around the corner and</p>	F 761	<p>F Tag 761 Label/Store Drugs and biologicals</p> <p>Corrective Action: Immediate corrective action was taken by the L.P.N. by securing the medications on top of the cart and locking the medication cart. The L.P.N. who left the medication cart open with three medications on top received 1:1 counseling. A maintenance work order was completed to inspect the computer for being slow. (Completed 11/20/19)</p> <p>Identification To ensure that no other residents were affected, medication carts on the unit where the incident occurred were quickly checked and all carts were found to be locked with no medications left unsecured</p>		

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F 761	<p>Continued From page 2</p> <p>use the desk computer.</p> <p>" LPN #1 went around the corner and began using the desk computer. While doing so, LPN #1 left the medication cart unlocked and there were three medications laying on the top of the medication cart. LPN #1 due to her turning her back while in the nurses' station could not view the medication cart.</p> <p>At 8:15 am, the surveyor interviewed LPN #1 and she was notified of the above documented observations. The nurse stated, "I was so nervous I didn't realize that I had done that."</p> <p>On 11/21/19 at 10 am, the surveyor notified the DON (director of nursing) of the above documented findings. The DON stated, "She should had put the meds (medications) in the medication cart and locked it when she went into the nurses' station." The surveyor asked for the facility's policy concerning medication storage. The DON provided the surveyor with a policy titled, "Storage of Medications/Treatment Supplies" which read in part " ...2. All mobile medication carts must be under visual control of the staff ...at all times ..."</p> <p>On 11/22/19 at 3 pm, the surveyor notified the DON, administrator and the assistant administrator of the above documented findings.</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/22/19.</p>	F 761	<p>on top of the medication carts. All facility medication carts were inspected to ensure that they were locked and no medications were left unsecured on top of the cart. The L.P.N. that left the medications on top of the cart and the medication cart unsecured, will complete another medication pass competency. (Completed by 12/15/19) The laptop will be replaced. (Completed by 12/20/19)</p> <p>Systemic change All licensed staff will be receiving basic medication administration protocol in-services and emphasis will be placed on drug storage during medication pass per state guidelines and the importance of keeping medication carts locked. Instructions will be given to licensed staff with steps on what to do when computers are slow. The Unit Manager (or her designee) in which the incident occurred will complete 5 Medication pass observations per week. Any nurse that is found in non-compliance will receive 1:1 counseling and the DON will be notified immediately. (Completed by 12/29/19)</p> <p>Monitoring The ADON (or her designee) will be tasked to observe 8 medication pass observations per month. Any nurse found in non-compliance will receive 1:1 counseling. Any areas of non-compliance will be corrected immediately and reported to the DON. A report of non-compliance will be sent quarterly to the CQI/QAPI committee for further discussion and</p>		

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F 761	Continued From page 3	F 761	recommendations. (Completed by 12/29/2019)		