STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495019	A. BUILDING _____ B. WING _____	C 08/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBINE REHABILITATION & HEALTHCARE CENTER	**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 onsite on 8/19/2020 and offsite from 8/20/2020 through 8/28/2020. Emergency Preparedness information for E0036 and E0037 was also reviewed at this time. The facility was in substantial compliance with 42 CFR Part 483.73 requirement for Long-Term Care Facilities. The census was 243 in this 303 certified bed facility. Three clinical records were reviewed for Resident #1 , Resident #2 and Resident #3.	E 000		
F 000	INITIAL COMMENTS An unannounced Infection Control COVID-19 survey and complaint survey was conducted onsite on 8/19/2020 and offsite from 8/20/2020 through 8/28/2020. Three complaints were investigated during these surveys. The facility was in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirement(s). The census was 243 in this 303 certified bed facility. Three clinical records were reviewed for Resident #1 , Resident #2 and Resident #3.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/21/2020

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.