

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

PRINTED: 05/02/2022
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 09/03/2020
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 with a COVID-19 Infection Control and Complaint survey, was conducted onsite 9/2/2020 and offsite 9/3/2020. 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 in this 303 certified bed facility was 255 at the time of the above stated surveys.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Infection Control and Complaint survey was conducted onsite on 9/2/2020 and offsite 9/3/2020. One complaint was investigated during this time. 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 in this 303 certified bed facility was 255 at the time of this survey. There were 2 current resident clinical record reviews and 1 closed record review conducted during this survey. (Resident #1, #2 and #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.