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

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NAME OF PROVIDER OR SUPPLIER WOODBINE REHABILITATION & HEALTHCARE CENTER WOOD Initial Comments E 000 Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite 10/20/2020 and offsite from 10/20-10/23/2020. The facility was in compliance with 42 CFR Part 483 73, Requirements for Long-Term Care Facilities. F 000 Initial COMMENTS An unannounced COVID-19 Focused Survey was conducted onsite 10/20/2020 and offsite from 10/20-10/23/2020. The facility was in compliance with 42 CFR Part 483 80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. Two compliants were investigated during the survey. The census in this 307certified bed facility was 276 at the time of survey. No current residents or staff were positive for COVID-19.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite 10/20/2020 and offsite from 10/20-10/20/2020. The facility was in compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. F 000 An unannounced COVID-19 Focused Survey was conducted onsite 10/20/2020. The facility was in compliance with 42 CFR Part 483.83 infection control regulations, for the implementation of The Centers for Disease Control recommended practices to prepare for COVID-19. Two complaints were investigated during the survey. The census in this 307certified bed facility was 276 at the time of survey. No current residents or staff were positive for COVID-19.	WOODBINE REHABILITATION & HEALTHCARE CENTER				ALE	EXANDRIA, VA 22302		
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Electronically Signed 11/25/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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.