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	05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbine Rehabilitation & Healthcare Center	2729 King St Alexandria, VA 22302

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 28169 Based on staff interview, clinical record review and facility document review the facility staff failed to ensure residents received treatment and care in accordance with provider orders for 2 of 43 residents, Resident #284 and Resident #112. The findings were: 1. Facility staff failed to ensure Resident #284 received occupational therapy (OT) and speech therapy (ST) as ordered and according to the therapy plans of care. Resident #284's minimum data set with an assessment reference date of 09/02/22 coded the resident's brief interview for mental status a 04 out of 15 in Section C (cognitive patterns). Section G (functional status) coded the resident required extensive assistance with bed mobility, toileting, and eating. For support with eating, the resident needed one person physical assist. The clinical record contained provider orders for OT and ST: 1. OT clarification order on 8/28/22 for five times/week for 30 days to address in strength, functional mobility and ADL (activities of daily living) performance. An order written on 9/30/22 was to continue OT Plan of Care: Skilled OT five times a week for 4 weeks for self care management training, therapeutic activities, therapeutic exercises, group therapeutic procedure, and neuromuscular regarding education. 2. An order, written on 8/29/22, for ST to treat five times a week for four weeks for dysphagia management, cognitive-linguistic communication, verbal expression/comprehension, caregiver training and discharge planning. (continued on next page)

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.

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

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	05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbine Rehabilitation & Healthcare Center	2729 King St Alexandria, VA 22302

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/03/23 at 3:21 p.m., the director of rehabilitation services (DOR) and the rehabilitation services' area manager were interviewed. The area manager reported looking into Resident #284's therapy treatments and determined the resident missed some therapy appointments for documented reason such as have a CT Scan. The area manager acknowledged there was a week and half where approximately 6 OT visits were missed without explanation. The DOR and area manager were interviewed again on 5/04/22 at 12:35 p.m. when the manager acknowledged Resident #284's OT appointments were not scheduled at a correct frequency. There was no explanation for those missed visits. There was also one missed speech therapy appointment without explanation. The DOR and area manager reported none of the therapists familiar with the resident's treatments were working during the survey. The DOR at the time of Resident #284's stay was no longer employed at the facility. The administrator was informed of the above findings on 5/04/23 at 4:35 p.m. No further information was provided prior to the exit conference. 42353 2. For Resident #112, the facility staff failed to follow the medical provider's order for the administration of Metoprolol Succinate, a beta-blocker used to treat angina, heart failure, and hypertension, on six (6) separate occasions. Resident #112's diagnosis list indicated diagnoses, which included, but not limited to Hypertensive Chronic Kidney Disease, End Stage Renal Disease, Essential Hypertension, and Hemiplegia and Hemiparesis following Cerebral Infarction. The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 2/07/23 assigned the resident a brief interview for mental status (BIMS) summary score of 13 out of 15 indicating the resident was cognitively intact. Resident #112's current physician's orders included an active order dated 6/10/22 for Metoprolol Succinate ER 50 mg one time a day for essential hypertension and hold for a systolic blood pressure (SBP) less than 110, heart rate less than 60. A review of Resident #112's April 2023 and May 2023 medication administration records (MARs) documented the administration of Metoprolol Succinate on the following occasions when the SBP was less than 110: 4/02/23 9:00 am - SBP 107 4/06/23 9:00 am - SBP 99 4/09/23 9:00 am - SBP 88 4/29/23 9:00 am - SBP 108 5/02/23 9:00 am - SBP 109 5/03/23 9:00 am - SBP 99 (continued on next page)

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	05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbine Rehabilitation & Healthcare Center	2729 King St Alexandria, VA 22302

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #112's current comprehensive person-centered care plan included an intervention dated 1/26/23 stating in part to give medications as ordered by the physician. On 5/03/23 at 5:23 pm, the survey team met with the Administrator, Assistant Administrator #1 and #2, Director of Nursing, and the Assistant Director of Nursing and discussed the concern of staff administering Resident #112's Metoprolol Succinate when the SBP was less than 110. On 5/04/23 at 12:42 pm, surveyor spoke with licensed practical nurse (LPN) #7, who stated they did not administer Resident #112's Metoprolol Succinate on 5/03/23 but might have documented administration in error. LPN #7 further stated Resident #112 watched their blood pressure and when it was low, they did not want the medication. No further information regarding this concern was presented to the survey team prior to the exit conference on 5/04/23.

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	05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbine Rehabilitation & Healthcare Center	2729 King St Alexandria, VA 22302

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 47299 Based on medical record review, facility document review and staff interview, the facility staff failed to ensure a licensed pharmacist completed medication regimen reviews monthly on one of 5 residents in the survey sample. Findings include: For resident # 182 the facility staff failed to ensure a medication regimen review (MRR) was performed for the month of November 2022. Resident #182's diagnoses included but was not limited to hypertension, Parkinson's Disease, unspecified mood disorder, neurocognitive disorder with lewy bodies, and major depressive disorder. The most recent quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 2/21/23 assigned resident #182 a Brief Interview for Mental Status (BIMS) score of 13/15 indicating they are cognitively intact. Upon review of resident #182's clinical record, surveyor was unable to locate the November 2022 medication regimen review completed by a pharmacist. On 5/4/23, during a review of resident #182's clinical record, the surveyor was unable to locate the MRR for November 2022 and requested the Director of Nursing (DON) look for evidence that it was done. On 5/4/23 at 2:43 PM, the DON stated to surveyor that they had spoken to the pharmacist and determined the review for November 2022 was not done. They went on to explain that resident #182 had moved rooms when the November reviews were being done and This one was just missed. Surveyor requested and received the policy entitled, Medication Regimen Reviews which read in part, Medication regimen reviews are done upon admission (or as close to admission as possible) and at least monthly thereafter, or more frequently if indicated. On 5/4/23 at 4:23 PM surveyor met with the Administrator and reviewed this concern. No further information regarding this concern was provided to the survey team prior to the exit conference.