STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, for one (1) of 56 sampled residents, facility staff failed to treat a resident with dignity and respect while also recognizing the residents individuality as evidenced by staff observed entering the resident's room without first knocking on the closed door or addressing the resident and informing the resident who they were and why they were there upon entering the room. Resident #93. The findings included: Resident #93 was admitted to the facility on [DATE] with multiple diagnoses that included: Paraplegia Complete, Neuromuscular Dysfunction of Bladder, and Other Artificial Openings of Urinary Tract Status. Review of the resident's medical record showed the following: A care plan focus area that documented, [Resident #93], is at risk for altered thought processes r/t (related to) Schizophrenia and Bipolar Disorder, was initiated on 04/11/23 and had the following interventions that included, Speak clearly and directly to patient in a simple and professional manner. A Quarterly Minimum Data Set (MDS) assessment dated [DATE], showed that the facility staff coded the resident as having a Brief Interview for Mental Status (BIMS) summary score of 15 indicating intact cognition. During an observation on 01/24/25 at approximately 10:00 AM, a laminated sign with large print was noted on Resident #93's door that documented, Please knock before entering Thank You. Employee #7 (Registered Nurse) was seen opening the door to Resident #93's room and entering, leaving the door open and walked past Resident #93, towards the resident's roommate, located by the window. The employee was observed looking out the window and adjusting the window treatments. The surveyor introduced themselves and Employee #7 stated that she came into the room to adjust the curtains. During a face-to-face interview conducted on 01/24/25 at approximately 10:01 AM, Resident #93 stated that staff enter her room and do not say anything, and that staff do not pull the curtain (privacy curtain) in between her and her roommate when providing care. (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
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a face-to-face interview conducted on 01/24/25 at approximately 11:30 AM, Employee #7 (Registered Nurse) was asked by the surveyor why she did not knock on the closed door or ask the resident if she could enter the room prior to entering. Employee #7 stated that she knew the surveyor was in the room and she entered just to close the shade. During a face-to-face interview conducted on 01/24/25 at approximately 11:45 AM, with Employee #9 (Unit Manager First Floor) stated that education would be provided and acknowledged the findings. Cross Reference 22B DCMR Sec. 3269.1 (f)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident interview and staff interview for one (1) of 56 sampled residents, facility staff failed to provide a quarterly statement to a resident or resident's legal representative of the resident's personal funds account. Resident #103 The findings included: Resident #103 was admitted to the facility on [DATE] with multiple diagnoses that included: Cerebrovascular Accident (CVA), Anxiety, Bilateral Hip Arthritis and Morbid Obesity. A review of Resident #103's medical record revealed a Quarterly Minimum Data Set (MDS) assessment dated [DATE] documenting a Brief Interview for Mental Status (BIMS) summary score of '14,' indicating the resident was cognitively intact. During a face-to-face interview conducted on 01/23/25 at 12:54 PM, Resident #103 stated that she had not been receiving statement balances of her account maintained at the facility and she was unaware that she should be receiving regular statement balances of her personal funds account at least quarterly. It should be noted that a review of the Resident Fund Statement for Resident #103 revealed that she did not receive quarterly statements of her personal funds account for the following quarters dated: 12/30/23 - 03/29/24; 03/30/24 - 06/28/24; 06/29/24 - 09/30/24; and 10/01/24 - 12/30/24. 5. Individual accounting records are made available to the resident through quarterly statements and upon request. Quarterly statements will include the following information: a. The resident's balance at the beginning and end of the statement period; b. The total of deposits and withdrawals by the resident for the quarter; c. Interest earned on the resident's funds; d. Resident funds available through petty cash; and e.The total amount of petty cash on hand. A facility policy titled 'Accounting and Records of Resident Funds' with a review date of 01/2025 documented: During a face-to-face interview conducted on 01/31/25 at 09:43 AM Employee #24 acknowledged the findings and stated, The account balance is on their [the resident's] receipt when they withdraw money from their account and it's on their quarterly statement. I make a copy of the original quarterly statement and have them sign each one before I give them their copy. I missed giving her a copy of her quarterly statement for the past quarters.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, family and staff interviews, for one (1) of 56 sampled residents, facility staff failed to exercise reasonable care for the protection of one resident's property from loss. Resident #142. The findings included: Resident #142 was admitted to the facility on [DATE] with multiple diagnoses that included: Malignant Neoplasm of Laryngeal Cartilage and Benign Prostatic Hyperplasia with Lower Urinary Track Symptoms. Review of the resident's medical record revealed the following: A face sheet that documented the resident's sister as his responsible party (RP). A Personal Property Inventory sheet signed and dated 08/28/24 that listed Resident #142's clothing and other personal items. A Significant Change Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded the resident as having severely impaired cognitive skills for decision-making. During a telephone interview with Resident #142's sister on 01/23/25 at 12:42 PM, she stated, His clothes are always going missing despite them getting labeled. I buy him clothes all the time. I bring them in and let the staff know but I am not sure if they are being put in his inventory sheet. During an observation of Resident #142's closet against his inventory sheet with Employee #4 (3rd floor Unit Manager) on 01/25/25 at 9:48 AM, multiple clothing items listed on the inventory sheet were not found in the resident's closet or drawers. It was also noted that there were multiple items not labeled with his name or listed on his inventory sheet that were found in his drawers. The employee stated, Sometimes the family brings things in and does not tell us. Every time we do our quarterly care plan meetings, I ask a CNA (Certified Nurse Aide) to check the inventory sheet with the resident's belongings and update the inventory sheet as needed. When asked when the last time Resident #142's personal property was inventoried, the employee stated, It should've been done during the last care plan meeting in November [2024]. When asked to provide documented evidence that this was done, Employee #4 was not able to.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, for one (1) of 56 sampled residents, facility staff failed to timely report Resident #176's injury of unknown injury to the Administrator and the State Agency. The findings included: Resident #176 was admitted to the facility on [DATE] with multiple diagnoses that included: Bipolar Disorder, Anxiety Disorder, Anemia and Type 2 Diabetes Mellitus. Review of the resident's medical record revealed the following: A Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded: unclear speech; difficulty communicating some words or finishing thoughts but can, if prompted or given time; comprehends most conservations; severely impaired cognitive skills for decision making; required partial/moderate assistance for personal hygiene; no skin conditions issues. A 10/31/2023 at 2:56 AM Weekly Skin Assessment documented: No new wounds, skin is intact. An 11/01/23 at 9:42 AM Nurses Note documented: - Resident noted with swelling on forehead. - Resident unable to say what happened; denies having pain when asked. - Nurse Practitioner (NP) made aware, monitor swelling for pain or any change. An 11/01/23 at 2:00 PM Situation Background Assessment Request (SBAR) Communication Tool documented: - This morning, during rounds Certified Nurse Aide (CNA) called the writer to resident room and notified the writer that resident has swelling in the middle of her forehead. - Assessment: skin is intact at the site; the resident denies having any pain or discomfort; pupils equal and reactive to light. - NP notified on 11/01/23 at 10:00 AM. - Name of family/representative notified: [daughter's name] on 01/01/23 at 9:00 AM. An 11/01/23 at 4:28 PM Skin Observation Tool documented: Mild swelling to the forehead, no wounds, bruises, or redness. An 11/02/23 at 4:05 PM Nurse Practitioner Progress Note documented: - Critical lab report - 11/02/23 hemoglobin 5.7 (low). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Recurrent rectal bleed with severe anemia. - Transfer to the emergency room for further treatment. A Facility Reported Incident (FRI), DC~12419, submitted to the State Agency on 11/03/23 at 11:43 AM documented: - The writer received a call from [daughter's name] at 10:00 AM today. - [Resident's daughter] stated that she was informed by a staff member that someone put his hands on [Resident #176's] face. - Daughter said the incident occurred on Wednesday 11/01/23 during the evening shift. - Daughter said she went to the hospital on Thursday 11/02/23 and observed that the resident had bruises on her face. A Complaint, DC~12420, received by the State Agency on 11/06/23 documented: - The nursing home called me, the week of 10/30/23 and stated my mother had a bump on her face and they did not know how it got there. - On 11/01/23, they called and stated she was having some bleeding at the bottom. - She was sent to [hospital name]. When I got to the hospital and saw her face it was not a bump it was a bruise in the corner her right eye which is black & another bruise under her left eye with is black. - I called back to the nursing home, and it appears nothing was reported to the manager about the bruises. - They are supposed to be doing an investigation. This is not the first time something like this has happened. During a face-to-face interview on 01/28/25 at 1:15 PM, Employee #5 (2nd floor Unit Manager), the staff member who submitted report on 11/03/23 to State Agency, stated, I was aware that the resident had swelling on her forehead prior to the family calling and making an allegation of abuse. I did not suspect abuse. When asked if swelling of the forehead is considered an injury of unknown origin and should have been reported to State Agency and the Administrator in a timely manner (within 24 hours), the employee stated, Yes. During a face-to-face interview on 01/28/25 at 2:07 PM, Employee #3 (Assistant DON) acknowledged that facility staff failed to identify Resident #142's swelling of the forehead as an injury of unknown origin, therefore failed to report it to the Administrator and the State Agency in a timely manner. Cross Reference 22B DCMR Sec. 3232.4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, for one (1) of 56 sampled residents, facility staff failed to conduct a thorough investigation of Resident #56's injury of unknown origin (fracture of right index finger). The findings included: Review of the facility's Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating policy (dated 01/2025) documented: - All reports of resident abuse, including injuries of unknown origin, are thoroughly investigated by facility management. Resident #56 was readmitted to the facility on [DATE] with multiple diagnoses that included: Surgical Aftercare Following Surgery on the Digestive System and Adult Failure to Thrive. A Significant Change Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded: unclear speech; a Brief Interview for Mental Status (BIMS) summary score of 00, indicating severe cognitive impairment; no functional impairment in range of motion for upper extremities; and total dependent on staff for all activities of daily living (ADLs). A 01/13/25 at 1:32 PM Nurses Note documented: - Resident right index finger swollen; x-ray ordered by Nurse Practitioner (NP). A 01/14/25 at 12:08 PM Nurses Note documented: - [Radiology company] came, x-ray of right index finger was done. A 01/14/25 at 1:25 PM Nurse Practitioner Progress Note documented: - Asked to evaluate the resident's right hand x-ray report. - X-ray results - acute fracture of the base of the proximal phalanx of the 2nd finger. - Transfer to the emergency room for further evaluation and treatment. A Facility Reported Incident (FRI), DC~13383, submitted to the State Agency on 01/14/25 at 2:49 PM documented: - The patient was observed with a mildly swollen right index finger during grooming care yesterday morning 01/13/25. - NP in house was notified, assessed the patient and gave an order for x-ray. - The x-ray was completed this morning, result showed Acute fracture of the base of the proximal phalanx of the 2nd finger. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- NP was notified of the x-ray result; she gave an order to send the patient to the nearest ER for further evaluation. - The Administrator started an investigation related to the resident acute fracture. The facility's investigation documents were reviewed on 01/29/25 which revealed that facility staff failed to conduct interviews with or obtain statements from all appropriate staff as part of their investigation. During a face-to-face interview on 01/29/25 at 3:29 PM, Employee #2 (Director of Nursing/DON) reviewed the investigation documents, acknowledged the findings and stated, We did not get statement from all employees as we should have. Cross Reference 22B DCMR Sec. 3232.2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview for two (2) of 56 sampled residents, facility staff failed to provide written notification to the resident and/or the resident's representative of the facility policy for bed hold, remaining bed hold days and reserve bed payment for two (2) residents who were transferred from the facility to the hospital. Residents' #20 and #51. The findings included: 1. Resident #20 was admitted to the facility on [DATE] with multiple diagnoses that included: End Stage Renal Disease (ESRD), Type II Diabetes Mellitus, Bilateral Above the Knee Amputation and Heart Failure. A face sheet showed that Resident #20 had a representative. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '13,' indicating the resident was cognitively intact. A physician's order dated 01/23/25 at 14:30 [2:30 PM] documented, ER (emergency room) transfer for CT (Computed Tomography) scan and forehead wound sutures. A nurse's note dated 01/23/25 at 16:40 [2:40 PM] documented, At 2:25pm resident was observed on the floor on a prone position, 3 staff assisted resident back into bed, when asked what happened resident stated she slides [sic] out of the wheelchair on skin assessment resident was observed with bump on forehead 2 cuts also observed on forehead. Ice pad applied. Neuro (neurological) check was initiated. Resident tolerated ROM (range of motion) to her limit. [Nurse Practitioner's name] come and assessed resident and gave a PO (verbal) order to send resident to hospital for further evaluation. A Resident Transfer Form dated 01/23/25 at 5:15 PM documented, Resident was transfer[red] to [Hospital name] on stretcher by 2 EMS (emergency medical services). During a face-to-face interview conducted on 01/31/25 at 09:20 AM, Employee #25 stated that she is only responsible for sending notification of the resident's transfer from the facility to the hospital to the Ombudsman and she does not speak with the resident or the resident's representative. During a simultaneous face-to-face interview conducted on 01/31/25 at 09:50 AM, Employee #5 acknowledged the findings and stated, [Employee #26's name] notified the resident's representative of the transfer to the hospital. However, when Employee #26 was asked what she provided to the resident's representative she stated, The manager (Employee #5) handles the bed hold information. I only notified [the resident's representative] of the resident's condition and transfer to the hospital. It should be noted that Employee #5 and Employee #26 were unable to show documented evidence of the written notification provided to the resident's representative of the facility's bed hold policy, the remaining bed hold days and reserve bed payment regarding the resident's transfer from the facility to the hospital on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident #51 was admitted to the facility on [DATE] with multiple diagnoses that included: Dementia, Aphasia, Psychotic Disorder and Cerebrovascular Accident (CVA) with Hemiplegia. A face sheet showed that Resident #51 had a representative. An Annual Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of 'Severely Impaired,' indicating the resident was cognitively impaired. A physician's order dated 01/23/25 at 10:15 AM documented, transfer resident to hospital via 911 for respiratory distress. A nurse's note dated 01/23/25 at 11:00 AM documented, resident noted with audible lungs sounds (crackles) and labored breathing and No improvement on O2 (oxygen)-SAT (saturation) and [Doctor's name] called back with the new parameters, he gave a T/O (telephone order) to send resident to ER for further evaluation and Resident emergency contact [emergency contact's name] contacted via phone call to update on resident change in condition. A Resident Transfer Form dated 01/23/25 at 11:40 AM documented, send resident to ER (emergency room) for further evaluation. 911 called at 9:03am. 911 EMT (emergency medical technician) arrived at 9:50 AM. EMT called and requested for paramedics. 911 left the facility at 10:42[AM]. During a face-to-face interview conducted on 01/31/25 at 09:20 AM, Employee #25 stated that she is only responsible for sending notification of the resident's transfer from the facility to the hospital to the Ombudsman and she does not speak with the resident or the resident's representative. During a simultaneous face-to-face interview conducted on 01/31/25 at 09:50 AM, Employee #5 acknowledged the findings and stated, [Employee #26's name] notified the resident's representative of the transfer to the hospital. However, when Employee #26 was asked what she provided to the resident's representative she stated, The manager (Employee #5) handles the bed hold information. I only notified [the resident's representative] of the resident's condition and transfer to the hospital. It should be noted that Employee #5 and Employee #26 were unable to show documented evidence of the written notification provided to the resident's representative of the facility's bed hold policy, the remaining bed hold days and reserve bed payment regarding the resident's transfer from the facility to the hospital on [DATE].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. Facility staff failed to accurately code Resident #11's Quarterly Minimum Data Set (MDS) assessment to reflect that she was receiving opioid medications. Resident #11 was admitted to the facility on [DATE] with multiple diagnoses that included: Pain, Type 2 Diabetes Mellitus (DM), Bipolar Disorder, and Edema. Review of the resident's medical record revealed the following: A care plan focus area last reviewed on 11/20/24: [Resident #11] is on pain medication therapy Oxycodone (type of narcotic pain reliever) r/t (related to) osteoarthritis and polyneuropathy. A physician's order dated 01/12/25 that directed, Oxycodone HCl (Hydrochloride)Tablet 5 MG (milligrams), give 1 tablet by mouth two times a day for severe pain (#7-10). A physician's order dated 01/14/25 that directed, Tramadol (type of narcotic pain reliever) HCl Tablet 50 MG, give 1 tablet by mouth every 8 hours as needed for moderate pain (#4-6). A Quarterly MDS assessment dated [DATE] showed that facility staff coded: a BIMS summary score of 15, indicating intact cognitive response and in Section O - medications, did not receive opioid medications. Review of Resident #11's January 2025 Medication Administration Record (MAR) showed that the resident was administered Oxycodone 5 MG twice a day, from 01/01/25 to present (01/29/25). During a face-to-face interview on 01/29/25 at 11:46 AM, Employee #6 (MDS Coordinator) acknowledged the findings and stated, We will do a modification to correct it. Cross Reference 22B DCMR Sec. 3231.10 Based on record review and staff interviews, for three (3) of 56 sampled residents, the facility staff failed to ensure that resident's Minimum Data Sets (MDS) were accurately coded. Residents' #331 , #11 and #34. The findings included: 1. Facility staff failed to accurately code a resident's admission MDS assessment to reflect that the Resident was receiving antibiotic therapy. Resident #331 was admitted to the facility on [DATE] with diagnoses that included: Cervical Disc Stenosis, Chronic Lumbar Stenosis, Generalized Weakness, Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, and Obstructive and Reflux Uropathy. A review of Resident #331's medical record revealed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A physician's order dated 01/10/25 at 4:12 PM directed: Ciprofloxacin (type of antibiotic) HCl (Hydrochloride) Oral Tablet 250 mg (milligrams). Give 1 tablet by mouth two times a day for elevated PSA (Prostate-specific antigen) for 21 Days, for H/o (history of) BPH (Benign Prostatic Hyperplasia), Cystitis, and Obstructive Uropathy. Review of Resident #331's medication administration record documented that the facility staff administered the first dose of Ciprofloxacin HCl to the Resident on 01/10/25 at 1:00 PM, and the last dose of the antibiotic medication was scheduled for 01/30/25. An admission Minimum Data Set (MDS) assessment dated [DATE] that showed that facility staff coded the resident had not received antibiotic treatment within the past 7 days of the assessment. The evidence showed that facility staff failed to accurately code Resident #331's admission MDS assessment to reflect that the Resident was receiving antibiotic therapy. During a face-to-face interview on 01/29/25 at 11:45 AM, Employee #6 (MDS Coordinator) acknowledged that the admission MDS assessment for Resident #331 was incorrect, and stated that the MDS should have reflected that the Resident was receiving antibiotic treatment. She then added that a correction will be made. Cross Reference 22B DCMR Sec. 3231.12(l) 3. Facility staff failed to accurately code a resident's assessment that was reflective of her use of prescribed medications, as evidenced by documenting that the resident was receiving an antiplatelet and a diuretic medication when they were not currently prescribed. Resident #34 was admitted to the facility on [DATE] with multiple diagnoses that included: Schizophrenia, Seizure Disorder, Anxiety, Depression and Diabetes Mellitus. A review of Resident #34's medical record revealed: A physician's order dated 09/08/24 documented the following medications that were active during the quarterly assessment dated [DATE]: ARIPiprazole Oral Tablet 20 MG (milligram) (Aripiprazole) Give 1 tablet by mouth one time a day for Schizophrenia levETIRAcetam Oral Tablet 750 MG (Levetiracetam) Give 1 tablet by mouth two times a day for Seizure Vimpat Oral Tablet 150 MG (Lacosamide) Give 1 tablet by mouth two times a day for Seizure A physician's order dated 09/21/24 documented the following medication that was active during the quarterly assessment dated [DATE]: Dulaglutide Subcutaneous Solution Pen-injector 1.5 MG/0.5ML (milliliter) (Dulaglutide) Inject 1.5 mg subcutaneously one time a day every Sat for DM2 (Type 2 Diabetes Mellitus) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	It should be noted that Furosemide Oral Tablet 40 MG (Furosemide) Give 1 tablet by mouth two times a day for Edema for 30 Days was discontinued on 10/03/24, which was 80 days prior to the assessment dated [DATE]. A physician's order dated 10/19/24 documented the following medications that were active during the quarterly assessment dated [DATE]: Insulin Detemir Subcutaneous Solution 100 UNIT/ML (milliliter) (Insulin Detemir) Inject 20 unit subcutaneously one time a day for DM (Diabetes Mellitus) with meals. Hold if BS < (less than) 100 Januvia Oral Tablet 100 MG (Sitagliptin Phosphate) Give 1 tablet by mouth one time a day for DM Jardiance Oral Tablet 25 MG (Empagliflozin) Give 1 tablet by mouth one time a day for DM It should also be noted that there were no documented orders for an Antiplatelet since Resident #34's admission and through the assessment period dated 12/13/24. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '14,' indicating the resident was cognitively intact. Section N - Medications documented that the resident was receiving the following class of medications: Antidepressant, Diuretic, Antiplatelet, Hypoglycemic (including insulin) and Antipsychotic. During a face-to-face interview conducted on 01/29/25 at 09:56 AM, Employee #6 and Employee #27 both acknowledged the findings and stated, It was an honest mistake.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview for one (1) of 56 sampled residents, facility staff failed to refer a resident to the appropriate state-designated authority, known as PASRR Level II, for evaluation and determination to ensure a resident received specialized services to meet the resident's needs. Resident #34. The findings included: A Level I Preadmission Screen/Resident Review (PASRR) dated 09/06/24 documented, Beneficiary is likely to require less than 30 days nursing facility services? No and Does the beneficiary have a known diagnosis of a major mental disorder? Yes and If yes, list diagnosis: Schizophrenia and Does the beneficiary have a diagnosis or evidence of a major mental illness limited to the following disorders: schizophrenia: Yes and Specify diagnosis based on DSM (Diagnostic and Statistical Manual of Mental Disorders)-5: Schizophrenia and Notice of referral for Level II, if applicable, distributed to Beneficiary/Representative? Yes. It should also be noted that, on the Level I PASRR, there was a check mark placed in the box that documented, Beneficiary has negative screen for serious mental illness and no further action is necessary although the resident has a documented history of Schizophrenia and should have been referred for a Level II PASRR. Resident #34 was admitted to the facility on [DATE] with multiple diagnoses that included: Schizophrenia, Seizure Disorder, Anxiety, Depression and Diabetes Mellitus. A physician's order dated 09/08/24 documented, ARIPiprazole Oral Tablet 20 MG (milligram) (Aripiprazole) Give 1 tablet by mouth one time a day for Schizophrenia. A care plan dated 09/09/24 documented: Focus - [Resident #34's name] uses psychotropic medications(Aripiprazole) r/t (related to) Schizophrenia; Goal - [Resident #34's name] will be/remain free of psychotropic drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment through review date; Interventions - Administer PSYCHOTROPIC medications as ordered by physician. Monitor for side effects and effectiveness Q (every)-SHIFT. Consult with pharmacy, MD (medical doctor) to consider dosage reduction when clinically appropriate at least quarterly. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '14,' indicating the resident was cognitively intact. Section N - Medications documented that the resident was receiving an Antipsychotic. It should be noted that Resident #34's Medication Administration Record documented that facility staff administered Aripiprazole for Schizophrenia since admission to the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a face-to-face interview conducted on 01/29/25 at 11:33 AM Employee #28 acknowledged the findings and stated, She didn't get a Level II PASRR because she was supposed to be a 30-day stay only, but then she was extended to long-term care. We had a discussion with [the] admission team that she need[ed] to be referred for a Level II PASRR about a month or so ago. It's the Social Worker's responsibility on admission or whenever [the residents] transition to long-term care to complete the Level II PASRR if they have a major mental illness like Schizophrenia. I was aware, but just didn't have time to get to it yet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, staff and resident interviews, for one (1) of 56 sampled residents, facility staff failed to implement Resident #5's care plan intervention to have the resident have access to functioning hearing aids. The findings included: A care plan with a last reviewed date of 06/07/23: (Resident #5) has a communication problem r/t (related to) bilateral hearing impairment AEB (as evidenced by) use of bilateral hearing aid had interventions that included: (Resident #5) requires hearing aid to communicate. Ensure availability and functioning of adaptive communication equipment. Ensure hearing aid(s) on bilateral ear is in place. Resident #5 was admitted to the facility on [DATE] with multiple diagnoses that included: Hearing Loss Bilateral, Vascular Dementia, and Paroxysmal Atrial Fibrillation. A physician's order dated 07/16/24 directed, Audiology eval (evaluation) and treat as needed. A Complaint DC~13174 submitted to the State Agency on 10/02/24 documented in part, The resident has experienced significant hearing loss. Since her admission, the family purchased a microphone system with a long wire extending from the television to the bed via the ceiling. However, the facility required removal, citing that nothing could be attached to the TV. The resident has not been provided with any assistive devices to aid her hearing. As an alternative, the family purchased a pocket talker, but it has offered little help. An observation and interview were conducted on 01/27/25 at approximately 11:00 AM in Resident #5' room. Resident #5 was observed sitting upright in bed and had her television turned up loud. When questioned by the surveyor about whether the resident had hearing aides, the resident stated that the hearing aides do not work, and she did not know where they are. During a face-to-face interview conducted on 01/27/25 at 1:49 PM, Employee #22 (Certified Nurse Aide) stated that they were not sure if the resident has any hearing aids. During a face-to-face interview conducted on 01/27/25 at 2:00PM Employee #21 (Registered Nurse) stated that they did not know if (Resident #5) had a hearing aid but they know she has an amplifier that her family brought to the facility that she uses to hear. During a face-to-face interview conducted on 02/05/25 at 1:10 PM, Employee #4 (3rd Floor Unit Manager) stated that the resident has an Amplifier that her daughter brought to the facility and that is the residents hearing aide. It is noted that the facility staff failed to implement Resident #5's care plan intervention of ensuring hearing aids were provided to the resident. Cross Reference 22B DCMR Sec. 3210.4 (a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and staff interviews, for one (1) of 56 sampled residents, the facility staff failed to revise interventions on a resident's comprehensive care plan to address the resident's behavior of wearing gloves and two masks throughout the facility. Resident #332. The findings included: Resident #332 was admitted to the facility on [DATE] with diagnoses that included Depressive Disorder, Anxiety Disorder, Dementia, Peripheral Vascular Disease, and Substance Abuse History A review of Resident #332's medical record included: A care plan initiated on 10/23/23 documented: Focus/Problem: [Resident #337] has non-compliance behavioral concerns by putting on gloves and putting on double (two) masks despite staff redirection provided. Goal: [Resident #337] will have fewer episodes of non-compliant behavior with putting on gloves and double mask through the next review date x 90 days with Target Date: 02/11/2025; Interventions (Initiated on: 10/23/23): Approach [Resident #337] with a soft and calm voice to avoid escalation and improve compliance; Encourage and redirect [Resident #337] to take out his gloves for safety precaution; Redirect [Resident #337] to wear a single mask as appropriate. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] that showed that Resident #337 had a Brief Interview for Mental Status (BIMS) summary score of, 09, indicating that the Resident had moderately impaired cognition, was independent with ambulation and mobility, required set-up for activities of daily living, had exhibited no behavioral symptoms and was not taking antidepressants, antianxiety or antipsychotic medications. A further review of Resident #337's comprehensive care plan showed no documented evidence that facility staff revised interventions to address the Resident's current behavior of wearing double masks and gloves in patient care areas throughout the facility. During an observation on 01/29/25 at 10:15 AM, Resident #337 opened the door to the 3rd-floor dayroom (an activity room for residents) and entered the doorway wearing two masks, and gloves. The resident was observed carrying two soiled, incontinence pads and a dirty/soiled brief(s) under his right arm. The Resident entered the room without saying anything or making eye contact with the surveyors who were sitting at a table in the room. Employee #17 (3rd-Floor Unit Secretary) entered the doorway behind him and called his name, however, the Resident did not respond. The Resident then walked directly over to a trash can that was situated in the left corner of the room, threw the soiled trash in the trash can, and walked out of the day room. Employee #17 left the doorway and returned wearing gloves, and she immediately went to the trash can and removed the trash bag that contained the soiled briefs and soiled incontinence pads. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/29/25 at 10:15 AM,, Employee #17 (Unit Secretary) stated that Resident #337 was known to have behavior issues. She added that she was at the nurses' station when she observed the Resident wearing a mask and gloves and walking quickly toward the 3rd-floor day room. She added that the Resident walked by other staff in the hallway, but could not verify which staff. She added that she recalls looking up and saw that the Resident was carrying soiled incontinent pads and a soiled brief. She tried to stop him but couldn't before he entered the 3rd- floor day room. During a telephone interview on 02/05/25 at 11:46 AM Employee #18 (Certified Nurse Aide/CNA) stated that a few times she had observed the resident wearing a mask and gloves in the hallway while he was on the phone talking to his sister. She stated that on the day of the observation, she stated she did not see the Resident carrying trash anywhere and she did not see the Resident wearing gloves and a mask in the hallway. During a face-to-face interview on 02/05/25 at 12:28 PM Employee #19 (Registered Nurse/RN) stated that she had observed the Resident she had randomly seen Resident #337 wearing double masks and gloves in the hallway when the Resident was standing at the meal cart waiting for his meal tray to be handed to him. She added that the Resident was easily redirectable, and that was the intervention she used most of the time to get him to change his behavior. During a face-to-face interview on 02/05/25 at 12:53 PM, Employee #3 stated that Resident #337 had a history of being noncompliant with wearing gloves and continued to consistently wear masks and gloves around other residents, throughout the facility and in resident care areas. She acknowledged that the Resident's behavior had been ongoing and stated that most of the time staff redirects the Resident, and when necessary consults Psych. She further acknowledged that the interventions on the Resident's care plan needed to be updated and revised. [Cross reference DCMR 3210.4(c)]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, staff and resident interviews, for one (1) of 56 sampled residents, facility staff failed to provide Resident #5 with the necessary care and service to ensure that their ability to perform activities of daily living do not diminish as evidenced by the facility staff failing to ensure the residents malfunctioning hearing aides were replaced. The findings included: A review of a Social Work Progress Note dated 01/24/23 at 4:33 PM: The daughter stated that one of resident's hearing aids is broken and she will follow up with the doctor at (facility name) to schedule an appointment for the repair and will notify the facility. A care plan last reviewed on 06/07/23: (Resident #5) has a communication problem r/t (related to) bilateral hearing impairment AEB (as evidenced by) use of bilateral hearing aid. Interventions: Anticipate and meet needs, (Resident #5) requires hearing aid to communicate. Ensure availability and functioning of adaptive communication equipment. Ensure hearing aid(s) on bilateral ear is in place. Resident #5 was admitted to the facility on [DATE] with multiple diagnoses that included: Hearing Loss Bilateral, Vascular Dementia, and Paroxysmal Atrial Fibrillation. A physician's order dated 07/16/24 documented, Audiology eval (evaluation) and treat as needed. A Personal Property Inventory form signed and dated by Resident #5 on 09/04/24 documented a handwritten check mark beside the printed selection hearing aid. Complaint DC~13174 submitted to the State Agency on 10/02/24 documented in part The resident has experienced significant hearing loss. Since her admission, the family purchased a microphone system with a long wire extending from the television to the bed via the ceiling. However, the facility required removal, citing that nothing could be attached to the TV. The resident has not been provided with any assistive devices to aid her hearing. As an alternative, the family purchased a pocket talker, but it has offered little help. A rgrievance submitted by the resident's representative dated 10/03/24,on the form titled Concerns and Comments documented, Getting assistive devices for the mom, visual alert systems to assist with communication and other issues. A physician's order dated 12/04/24 documented, Return to Audiology appointment with (physician's name) for hearing aid evaluation after receipt of medical clearance from ENT (Ear Nose Throat). During an observation and interview on 01/27/25 at approximately 11:00 AM, in Resident #5' room, the resident was observed sitting upright in bed and had television turned up loud. When questioned by the surveyor about whether the resident had hearing aids the resident stated that the hearing aids do not work, and she did not know where they are. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a face-to-face interview conducted on 01/27/25 at 1:49 PM, Employee #22 (Certified Nurse Aide) stated that they were not sure if the resident has any hearing aids. During a face-to-face interview conducted on 01/27/25 at 2:00PM Employee #21 (Registered Nurse) stated that they did not know if (Resident #5) had a hearing aid but they know she has an amplifier that her family brought to the facility that she uses to hear. During a face-to-face interview conducted on 02/05/25 at 1:10 PM, Employee #4 (3rd Floor Unit Manager) stated that the resident has a (Amplifier) that her daughter brought to the facility and that is the residents hearing aid. It is noted that there is no documented evidence in the medical record that the facility staff assisted the resident in acquiring or using hearing aids.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, for one (1) of 56 sampled residents, facility staff failed to ensure that Resident #67, who had limited range of motion, received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. The findings included: Resident #67 was admitted to the facility on [DATE] with multiple diagnoses that included: Hemiplegia, Hemiparesis, and Muscle Weakness. Review of the resident's medical record revealed the following: A care plan focus area last reviewed on 11/13/24: [Resident #67] is on Restorative nursing program for active assistive range of motion of bilateral lower extremities and strength of bilateral lower extremities of all joints in supine/sitting in wheeled chair 3 x 10 reps for 6 days/week for 15 minutes. Goal: The resident will improve current exercise through next review date. Interventions: Restorative Aide staff will assist with daily exercises as per order. Resident on range of motion and transfer exercises. A physician's order dated 12/18/24 that directed, OT (Occupational Therapy) eval and treat as indicated; patient to receive skilled occupational therapy 3-5x/week for 27 days. Review of the facility's Restorative Nursing Care policy dated January 2025 documented: - Residents will receive restorative care as needed to help promote optimal safety and independence. - Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services (e.g. physical, occupational or speech therapies). An Occupational Therapy Discharge summary dated [DATE] documented: - Dates of service 12/18/24 - 01/15/25 - Discharge recommendations and status: Patient to participate with restorative plan to decrease risk of decline. - Functional maintenance program not indicated at this time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Significant Change Minimum Data Set (MDS) dated [DATE] showed that facility staff coded: a Brief Interview for Mental Status (BIMS) summary score of 09, indicating moderately impaired cognitive status; had functional impairment in range of motion on one side for upper and lower extremities; and received OT from 12/18/24 - 01/15/25. Review of the Resident on Restorative 3rd Floor document provided to the surveyor on 01/24/25 did not have Resident #67 listed as receiving restorative nursing services. Review of the [Facility Name] List of Residents on Restorative - as of 01/27/25 document provided to the surveyor on 01/28/25 at approximately 10:00 AM, showed that Resident #67 was not on that list either. During a face-to-face interview on 01/28/25 at 9:50 AM, Employee #11 (Occupational Therapist) reviewed Resident #67's occupational discharge summary and stated, Restorative nursing was indicated for this resident. The written plan and orders are put in a folder that is picked up by the Restorative Nursing Program (RNP) manager, who then puts in the orders for the Restorative Nursing Aide to carry them out. When asked to provide a copy of Resident #67's most recent restorative plan/orders, the employee stated, We (OT) do not to keep a copy of the written plan, once it's picked up by the RNP, that's it. During a face-to-face interview on 01/28/25 at 10:14 AM, Employee #2 (DON/RNP Manager) stated, We have a Restorative Nurse who puts in restorative orders. He has a mailbox where the Occupational Therapist drops off the written orders. There's been a delay in restorative orders getting put in PCC (Point Click Care/the facility's electronic health record system) because he was out on medical leave. I did put some orders in but there are some that are delayed. The evidence shows that from the time of discharge from OT services on 01/15/25 to 01/28/25, totaling 13 days, facility staff failed to ensure that Resident #67 was receiving restorative nursing treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Cross Reference 22B DCMR Sec. 3213.2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews for one of fifty-six (56) sampled residents, the facility staff failed to monitor and supervise a resident with a history of elopement and failed to ensure that all doors were secure in the facility after a fire drill. Subsequently, on 08/14/24, the Resident eloped. Resident #59. The findings included: A review of the facility's Elopement policy documented: Residents that are at risk for elopement must be checked every hour for their location. If they are not found, the supervisor must be notified immediately. Resident #59 was admitted to the facility on [DATE] with diagnoses that included: Dementia, Bipolar Disorder, Behavioral Disturbance, Personal History of Other Mental and Behavioral Disorders, Hypothyroidism, Hypertension, and Congestive Heart Failure. The Department of Health received the following incident on 08/15/24 at 3:55 AM that documented: [Name and date of birth of Resident #59] is reported missing from Serenity Rehab and Health Center. Resident's BIMS (Brief Interview for Mental Status) score is 14. A code pink [Elopement], called neighborhood searched, DC Police were notified. Investigation and search ongoing. Resident's guardian unable to be reached at this time . During an observation on 01/28/25 at 1:11PM Resident #59 was observed in his room sitting in his wheelchair on the right side of his bed, The resident was wearing a Wander Guard bracelet on his right wrist. When asked if he ever left the facility without the staff knowing, the Resident responded No, I didn't break any rules. A review of Resident #59's medical record showed: The resident had a history of elopement attempts and had a history of exit-seeking behaviors prior to elopement on 08/14/24, as evidenced by: A review of care plan initiated 03/10/21 that documented: Focus: [Name of Resident] was observed with winter coat, and a walking cane, with a bag, resident stated I want to leave this place . A physician's order dated 05/17/21 that documented: Wander Guard: check placement and function every shift every shift for elopement precaution. A care plan initiated on 07/25/21 that documented: [Name of Resident] has [had]an actual elopement, and is at risk for elopement and has a Wander Guard to wrist . A care plan initiated on 08/11/21 that documented: At 3 am, [Name of Resident], had a face cap and glasses on, and stated that he wanted to go to Walmart to get a new pair of glasses . A physician's order dated 11/15/21 at 11:00 PM that documented: Monitor resident for risk for elopement every shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A care plan initiated on 12/11/22 that documented: [Name of Resident] moved the chairs on the patio close to the gate he escaped from before, resident hid a bag under his clothes as well as going to the bank a lot . A care plan initiated on 12/01/23 that documented: [Name of Resident] came to the nurses station and stated I want to leave this place, I don't want nobody to go around with me Two Elopement Risk Assessments (version 2) completed on 03/18/24 and 06/19/24 which documented that Resident was assessed at being a high risk for elopement. A Quarterly Minimum Data Set assessment dated [DATE] that documented that Resident #59 had exhibited wandering behaviors 4-6 days, but less than daily during the assessment period. A treatment administration record (TAR) for August 2024, which showed that Employee#15 (Registered Nurse assigned to Resident #59 from 3:00 PM-11:00PM /Evening shift) documented that per the physician's order, he checked every hour to confirm that from 3:00 PM-11:00 PM, the resident was physically in the facility, and he documented that the Resident was in his room on 08/14/24 at 10:00 PM and at 11:00 PM. A care plan initiated on 08/15/24 that documented: Focus: [Name of Resident] eloped on 8/14/2024 . A review of the facility's investigation documents for the Resident's elopement from the facility on 08/14/24 showed: A Code Pink Checklist that documented: [Date]Conducted on: 08/15/24; Start time 12:40AM .Resident: [Name of Resident #5]; Elopement Checklist: Verify all residents in house and confirm missing is not in any other room, bathroom or closet. Time completed: 12:45 AM to 1:15 AM; Staff identified which resident is missing by making copies of face sheet. Time completed: 12:45 AM to 1:15 AM; The front desk (alert Code Pink) paged, 3x (times) Code Pink announced. Time completed 1:00 AM; Supervisor or to be notified within 5 minutes, Time completed 1:00 AM; The DON (Director of Nursing) and Administrator notified. Time completed: 1:35 AM . Of note, per the facility's policy, facility staff should have notified the DON and the Administer immediately once the resident was not located within the facility. The DON and the administrator were notified that Resident #59 was not located within the facility until 1:35AM which was 50 minutes from the start of the Code Pink Checklist, 35 minutes after the Code Pink, was called. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A signed witness statement dated from Employee #15 (Registered Nurse assigned to Resident #59 3:00 PM-11:00PM Evening shift) that documented: At the start of shift, [Name of Resident] was received in the unit in stable condition. By 4:30 PM the writer came out of an in-service and met with the resident [who was] at the front desk [1st floor] saying, 'He wants to go home.' The writer took him back to the unit [2nd floor] and asked him to wait for dinner. At 5:15 PM, dinner was served to the Resident. At 6:00 PM, [The] resident was offered his evening medications. All [medications] were well tolerated. [The] Resident was stable and continued to pace on the floor. The writer asked him to go to his room. At 7:30 PM, snacks were offered to the Resident. The Resident was sitting in his room at this time, while [the] writer continued to pass meds (medications) to [the] other residents. [The] Resident was last seen at 8:20 PM watching TV in his room. Vital Signs [Blood Pressure/BP] 132 / 70, 72 [Heart Rate/HR], 18 [Respiration rate/RR], 97.8 [Temperature/T], 98% [Oxygen on room air/RA]. Of note these were not the vital signs that the Employee documented on Resident #59's treatment administration record (TAR) during the 3:00 PM-11:00 PM on 08/14/24. However, the vital signs were identical to those that were documented on the TAR by another nurse for Resident #59 during the 3:00 PM-11;00 PM shift on 08/12/24, two days prior to the incident. A signed witness statement dated from Employee #16 (Registered Nurse assigned to Resident #59 11:00 PM-7:00 AM/ Night shift), that documented: Writer came on the floor at 11:15 PM, did rounds, and [Name of Resident] was not in his room. Because [the] Resident is a wanderer and never stays in [his] room and [he] always goes to other units, I thought that he was around the unit. Later, I had to attend to other residents and before signing the treatment orders, I went at about 12:30 AM to check on the Resident again in his room and [he was] still not in his room. At that time, I started searching in other residents' rooms but could not find him. At about 12:53 AM, I notified the supervisor, and we all started searching and later a Code Pink was announced. During a telephone interview, on 02/04/25 at 2:25 PM, Employee #16 (RN Assigned to Resident #59 from 11:00 PM-7:00 AM) stated that when she got on the unit at the start of her shift (approximately 11:15 PM), she did her rounds on the residents, and she noticed that Resident #59 was not in his room. During rounds she got side-tracked by a few of residents who asked for water, so she got water for the residents and then returned to the nurse's station to get report from Employee #15. She stated that she got her assignment from the Employee but forgot to ask Employee #15 if he had seen Resident #59. She also stated that the Employee left and did not state whether he had seen the Resident. The Employee stated that she continued with her rounds and at 12:00 AM, when she noticed the resident was still not in his room, she asked the assigned CNA, and other CNAs and nurses on the shift to assist with locating the resident. During a face-to-face interview on 02/03/25 at approximately 12:35 PM, Employee #1 (Administrator) indicated the following interventions were implemented to address the deficient practice: - Resident #59 had a head-to-toe assessment conducted by the Medical Director and the Charge Nurse upon his return to the facility on [DATE]. - Resident had a score of 15/15 indicating intact cognition on 08/15/24 - A list of Resident at Risk for Elopement was checked and validated on 08/16/24. - Routine Resident Checks/Supervision/Rounding every 2 hours Log, used by nursing staff was initiated on 08/16/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Nursing staff (Nurses and CNAs), Environmental, Maintenance and Security staff were in-serviced (in-person) on Code Pink (Elopement)/Missing Residents on 08/16/24. - Nursing Supervisors were in-serviced on securing doors after fire drills on 08/16/24. To 08/17/24. - Maintenance staff were in-serviced on securing doors after fire drills on 08/16/24. - Security staff were in-serviced on: camera surveillance, fire drill protocol, facility protocol for monitoring unusual occurrences, activity by staff, residents, visitors via surveillance cameras on 08/16/24. - An Ad hoc Committee with the Quality Assurance and Performance Committee was conducted on 08/16/24. - A Wander Guard audit for all residents at risk for elopement was initiated on 08/16/24 - An audit tool to check all exit doors by maintenance weekly was implemented on 08/16/24. - An audit tool to check all exit doors by nursing supervisors daily was implemented on 08/16/24. - No other residents were affected by this deficient practice. The previously mentioned interventions were implemented before the State Agency's on-site visit of 01/23/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview, for one (1) of 56 sampled residents, facility staff failed to ensure that Resident #142, who has an indwelling Foley Catheter, received the appropriate care to prevent urinary tract infections. The findings included: Resident #142 was admitted to the facility on [DATE] with multiple diagnoses that included: Benign Prostatic Hyperplasia with Lower Urinary Trach Symptoms. A Significant Change Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded: severely impaired cognitive skills for decision-making and had an indwelling urinary catheter. A care plan focus area last reviewed on 11/27/24: [Resident #142] has Foley 16 French/ balloon size 10 milliliters (ML) for Neurogenic Bladder, had interventions that included: check for wetness before and after meals, every hour of sleep (qhs) & on rounds during the night; note any changes in amount, frequency, color or odor; and report any abnormalities to Registered Staff. During an observation on 01/29/25 at 9:00 AM with Employee #4 (3rd floor Unit Manager), Resident #142 was noted lying in bed, with his Foley Catheter connection tube and drainage bag on the floor. At the time of the observation, Employee #4 acknowledged that facility staff failed to provide Resident #142 with appropriate care, treatment and services to prevent urinary tract infections to the extent possible and stated, I will talk to the staff, this is not supposed to be on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and staff interviews, for one (1) of 56 sampled residents, facility staff failed to demonstrate the competencies and skills to provide appropriate nursing services to ensure resident safety and well-being. Resident #89. The findings included: Review of the facility's Administering Medications policy, dated January 2025, documented: - Medications are administered in accordance with prescriber orders, including any required time frame. - Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). - The individual administering the medication checks the label to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. - Insulin pens containing multiple doses of insulin are for single-resident use only. Insulin pens are clearly labeled with the resident's name or other identifying information. Prior to administering insulin with an insulin pen, the Nurse verifies that the correct pen is used for that resident. - The cart must be clearly visible to the personnel administering medications. According to the Lyumjev (type of Insulin used to lower blood sugar) manufacturer's website: - Do not use a syringe to remove Lyumjev from the prefilled pen. This can cause you to take too much insulin. Taking too much insulin can lead to severe low blood sugar. This may result in seizures or death. https://insulins.lilly.com/lyumjev?gad_source=1&gclid=Cj0KCQiAwOe8BhCCARIsAGKeD56vPk0mulUicpx8flwP-2DnPUvCf2OnqIIO0C1xMWcbC5I8Ymo2RYMaAtQBEALw_wcB Resident #89 was admitted to the facility on [DATE] with multiple diagnoses that included: Type 2 Diabetes Mellitus (DM), Hypoglycemia, and Metabolic Encephalopathy. Review of Resident #89's medical record showed the following: A physician's order dated 08/21/24 that directed, Metformin (medication to lower blood sugar) HCl (hydrochloride) 500 MG (milligrams), give 1 tablet by mouth two times a day for DM, administer with meals; Lyumjev KwikPen 100 units/ML Solution pen-injector, inject as per sliding scale: if 200 - 250 = 2unit; 251 - 300 = 4 units; 301 - 350 = 6 units; 351 - 400 = 8 units, call MD/NP if BS < 70 or > 400mg/dl, subcutaneously two times a day for DM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A care plan focus area last reviewed on 11/24/24: [Resident #89] has unstable blood glucose r/t (related to) Diabetes Mellitus had interventions that included: Diabetes medications (Lyumjev KwikPen) as ordered by doctor. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded: a Brief Interview for Mental Status (BIMS) summary score of 15, indicating intact cognitive status and received Insulin injections. During an observation on the 3rd floor on 01/28/25 starting at 3:50 PM, Employee #12 (Registered Nurse) was observed walking in the hallway, wearing gloves, carrying an Insulin syringe into a resident's room. When asked what he was doing, the employee stated that he's going to administer Insulin to Resident #89. The surveyor followed him into the resident's room. Upon entering the room, the employee identified Resident #89 and told her that he was administering 6 units of Insulin. The surveyor asked the employee what the resident's most recent blood sugar reading was. He stated, I just checked it, and it was 317, she gets 6 units based on the sliding scale. The surveyor asked the employee what time the resident was expected to get her dinner meal, which he stated, Dinner comes around 5:00 PM. I want to give her the Insulin now, so she doesn't get too hyperglycemic. I checked her blood sugar, it's high, which means my colleague [day shift nurse] didn't give any Insulin during their shift, so I am giving her Insulin now. The employee proceeded to administer the 6 units of Insulin to Resident #89 in her lower right abdomen. The employee exited the room, still wearing his gloves, holding the now used syringe with the needle exposed, and walked down the hall to where his medication cart parked. Once at the medication cart, the employee discarded the dirty syringe in the sharps container and proceeded to touch the computer and unlock the medication cart and while still wearing the same gloves. The surveyor asked the employee to stop, remove his gloves and perform hand hygiene. At 3:56 PM, the surveyor asked Employee #12 to review Resident #89's orders. Upon review of the orders, it was noted that Resident #89 had an active physician's order that directed, Lyumjev KwikPen 100 unit/ml (milliliters) solution, inject per sliding scale subcutaneously two times a day for DM, at 6:00 AM and 9:00 PM; if 200 - 250 = 2 units; 251 - 300 = 4 units; 301 - 350 = 6 units; 351 - 400 = 8 units; call medical doctor (MD)/Nurse Practitioner (NP), if blood sugar (BS) is less than 70 or greater than 400 milligrams (mg)/deciliter (dl). When asked why the Lyumjev was administered using an Insulin syringe and not the KwikPen, Employee #12 stated, It's hard to measure out the exact amount in the KwikPen, so I used the Insulin needle to aspirate the 6 units out. When asked why he administered the resident's Lyumjev five (5) hours before the scheduled time, Employee #12 answered, I know my resident. I did not want her to get hyperglycemic. When asked if he called the medical doctor prior to administering the Insulin, the employee stated, No. I would call only if it was over 400. When asked if that is within his scope and practice to make medication administration decisions without consulting the medical doctor, the employee stated, No. The evidence showed that Employee #12 failed to ensure Resident #89's safety and well-being by failing to: - Administer medications in accordance with the prescriber's orders. - Ensure medications were administered within one (1) hour of their prescribed time. - Follow the manufacturer's guidance to not use a syringe to remove Lyumjev from its prefilled pen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Follow infection control practices by not removing gloves and performing hand hygiene. - Ensure that the medication cart was visible when he went into the resident's room for medication administration. The findings were brought to the attention of Employee #2 (Director of Nursing/DON), Employee #3 (Assistant DON), and Employee #4 (3rd floor Unit Manager) at 4:00 PM. They all acknowledged the findings and removed Employee #12 from the unit. It should be noted that Resident #89 did not suffer any harm or ill effects from this deficient practice. Cross Reference 22B DCMR Sec. 3211.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff interviews for two (2) of 56 sampled residents, facility staff failed to show documented evidence in the resident's medical records that the pharmacist's monthly medication regimen reviews and recommendations were reviewed and acted upon by the physician. Resident's #40 and #30. The findings included: A review of the facility's policy titled Medication Regimen Review with a revision date of 01/2024 documents . Actual and potential clinically significant medication issues identified will be communicated to the physician for clarification. Documentation will be maintained in the resident ' s medical record. 1. The facility staff failed to show documented evidence in Resident #40's medical record that the pharmacist recommendations were reviewed by the physician for three (3) out of 12 months in the year 2024. Resident #40 was admitted to the facility on [DATE] with multiple diagnoses that included the following: Diabetes Mellitus Type 2, Heart Failure and Dementia. A review of Resident #40's medical record revealed the following: A review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that the facility staff coded that the resident has a Brief Interview for Mental Status summary Score (BIMS) of 13 which indicates intact cognition, has medically complex conditions and diagnoses of anxiety and depression. A review of a physician order dated 04/17/24 documented Buspirone (anxiolytic) HCL (hydrochloric acid) oral tablet 5 mg (milligram) give 1 tablet by mouth one time a day for anxiety During a review of Resident #40's medical record it was noted that the pharmacist checked recommendations sent to IDT (interdisciplinary team) for the resident on the following dates 03/04/24, 07/04/24, and 10/06/24. The pharmacist's recommendation notes, or detail and the physician's responses were not documented in the medical record. During a face-to-face interview conducted on 01/29/25 at 11:00 AM, Employee #9 (first floor unit manager) stated that the unit secretary uploads the pharmacist recommendations and the doctor's response into the electronic health record, and she keeps the paper copies in a box in her office. Employee #9 retrieved the pharmacist recommendations and the physician's response from a box in her office and acknowledged that the records were not in Resident #40's electronic health record. The surveyor reviewed the records from Employee # 9's box and noted that pharmacist recommendations and physician responses were documented on the following dates 03/04/24, 07/04/24, and 10/06/24. These documents were titled (Facility Name) 1st Floor Consultant Pharmacist Inspection Report and the forms documented the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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	-On 03/04/24 the pharmacist documented 2/8 K (potassium) should it be retried. The physician responded by checking agree and this was signed and dated on 03/14/24. -On 07/04/24 the pharmacist documented please evaluate use of multiple antidepressants in considering GDR (gradual dose reduction). On that documentation the physician checked agree and wrote a note that was signed and dated 08/01/24. -On 10/06/24 pharmacist documented could buspar (buspirone) (anxiolytic) GDR (gradual dose reduction) be considered? The provider checked disagree and documented an illegible handwritten note that was signed and dated 10/18/24. It is noted that the pharmacist recommendations and the providers responses to those recommendations for 3 out of 12 months were not in Resident #40's medical record. During a face-to-face interview conducted on 02/05/25 at approximately 1:30 PM Employee #2 (director of nursing) acknowledged the findings. Cross Reference 22B DCMR Sec. 3207.6 2. Facility staff failed to show documented evidence in a Resident #30's medical record, that the physician recieved, reviewed, and accepted the pharmacist's recommendations to a resident's drug/medication regimen. Resident #30 was admitted to the facility with diagnoses that included: Dementia, Intermittent Explosive Disorder, and Unspecified Psychosis not due to a Substance or Known Physiological Condition. Mood Disturbance, Anxiety Disorder, Visual Hallucinations, Auditory Hallucinations, Restlessness, Agitation, and Unspecified Convulsions A review of Resident #30's medical record showed: A Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented that the resident had a Brief Interview for Mental Status (BIMS) summary score of, 05, indicating that Resident #03 had severely impaired cognition, In addition, the assessment documented that the Resident had received the following medications during the last 7 days of the assessment: antipsychotic, anticoagulant, diuretic, and anticonvulsant. A review of the physician orders that documented that the Resident was to receive the following medications on a routine basis as follows: An order dated 05/05/15 at 1:26 PM that directed, Keppra Tablet 500 mg (milligrams) (Levetracetam). Give 1 tablet by mouth two times a day for Seizure disorder. An order dated 05/18/20 at 6:52 PM that directed: Benztropine Mesylate Tablet 0.5 mg. Give 1 tablet by mouth at bedtime for EPS (extrapyramidal) prophylaxis, An order dated 12/11/23 at 10:08 PM that directed: Amantadine HCl (Hydrochloride) Oral Solution 50 mg/5 ml (milliliters) (Amantadine). Give 5 ml by mouth one time a day for EPS. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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	An order dated 07/24/24 at 10:25 PM that directed: Depakote ER (Extended Release) Oral Tablet Extended Release 24 Hour 250 mg (Divalproex Sodium). Give 1 tablet by mouth two times a day for mood stabilizer related to Intermittent Explosive Disorder. An order dated 07/30/24 At 5:55 {PM that directed: : Haloperidol Oral Tablet 2 mg (Haloperidol). Give 0.5 tablet by mouth one time a day related to Unspecified Psychosis Not Due To A Substance Or Known Physiological Condition. A review of the Monthly Pharmacy Drug Regimen Reviews for Resident #30, from 06/10/24 to 12/08/24, showed that the pharmacist made recommendations for the resident ' s drug regimen on 09/10/24 and documented: Recommendations given to the IDT. Of note, the pharmacist did not specify what the recommendations were. Further review of Resident #30 's medical record showed that there was no documented evidence of the pharmacist's actual recommendations to the resident's monthly medication review (MMR) in September 2024. In addition, there was no documented evidence that the physician received, reviewed and responded to the pharmacist's recommendations from the Septempter MMR in the Resident's medical record. During a face-to-face interview on 01/29/25 at 11:56 AM, Employee #5 (Registered Nurse/Second Floor Unit Manager), stated that the medical records department scans the pharmacist ' s recommendations and the physician ' s response into the residents ' electronic health records, or the physician or Nurse practitioner documents their response in the resident ' s medical record. The Employee did not provide documented evidence of the physician ' s response to the pharmacist ' s recommendations for Resident #30 ' s September 2024 drug regimen review in the resident ' s medical record, and the Employee made no further comment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and staff interviews, for one (1) of 56 sampled residents, facility staff failed to administer medications or biologicals in accordance with the physician's order and the manufacturer's specifications. Resident #89. The findings included: Review of the facility's Administering Medications policy, dated January 2025, documented: - Medications are administered in accordance with?prescriber orders, including any required time frame. - Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). - The individual administering the medication checks the label to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. - Insulin pens containing multiple doses of insulin are for single-resident use only. Insulin pens?are clearly labeled with the resident's name or other identifying information. Prior to administering insulin with an insulin pen, the Nurse verifies that the correct pen is used for that resident. According to the Lyumjev (type of Insulin used to lower blood sugar) manufacturer's website: - Do not use a syringe to remove Lyumjev from the prefilled pen. This can cause you to take too much insulin. Taking too much insulin can lead to severe low blood sugar. This may result in seizures or death. https://insulins.lilly.com/lyumjev?gad_source=1&gclid=Cj0KCQiAwOe8BhCCARIsAGKeD56vPk0mulUicpx8flwP-2DnPUvCf2OnqIIO0C1xMWcbC5I8Ymo2RYMaAtQBEALw_wcB Resident #89 was admitted to the facility on [DATE] with multiple diagnoses that included: Type 2 Diabetes Mellitus (DM), Hypoglycemia, and Metabolic Encephalopathy. Review of Resident #89's medical record showed the following: A physician's order dated 08/21/24 that directed, Lyumjev KwikPen 100 units/ML Solution pen-injector, inject as per sliding scale: if 200 - 250 = 2unit; 251 - 300 = 4 units; 301 - 350 = 6 units; 351 - 400 = 8 units, call MD/NP if BS < 70 or > 400mg/dl, subcutaneously two times a day for DM. A care plan focus area last reviewed on 11/24/24: [Resident #89] has unstable blood glucose r/t (related to) Diabetes Mellitus had interventions that included: Diabetes medications (Lyumjev KwikPen) as ordered by doctor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded: a Brief Interview for Mental Status (BIMS) summary score of 15, indicating intact cognitive status and received Insulin injections. During an observation on the 3rd floor on 01/28/25 starting at 3:50 PM, Employee #12 (Registered Nurse) was observed walking in the hallway, wearing gloves, carrying an Insulin syringe into a resident's room. When asked what he was doing, the employee stated that he's going to administer Insulin to Resident #89. The surveyor followed him into the resident's room. Upon entering the room, the employee identified Resident #89 and told her that he was administering 6 units of Insulin. The surveyor asked the employee what the resident's most recent blood sugar reading was. He stated, I just checked it, and it was 317, she gets 6 units based on the sliding scale. The surveyor asked the employee what time the resident was expected to get her dinner meal, which he stated, Dinner comes around 5:00 PM. I want to give her the Insulin now, so she doesn't get too hyperglycemic. I checked her blood sugar, it's high, which means my colleague [day shift nurse] didn't give any Insulin during their shift, so I am giving her Insulin now. The employee proceeded to administer the 6 units of Insulin to Resident #89 in her lower right abdomen. The employee exited the room, still wearing his gloves, holding the now used syringe with the needle exposed, and walked down the hall to where his medication cart parked. Once at the medication cart, the employee discarded the dirty syringe in the sharps container and proceeded to touch the computer and unlock the medication cart and while still wearing the same gloves. The surveyor asked the employee to stop, remove his gloves and perform hand hygiene. At 3:56 PM, the surveyor asked Employee #12 to review Resident #89's orders. Upon review of the orders, it was noted that Resident #89 had an active physician's order that directed, Lyumjev KwikPen 100 unit/ml (milliliters) solution, inject per sliding scale subcutaneously two times a day for DM, at 6:00 AM and 9:00 PM; if 200 - 250 = 2 units; 251 - 300 = 4 units; 301 - 350 = 6 units; 351 - 400 = 8 units; call medical doctor (MD)/Nurse Practitioner (NP), if blood sugar (BS) is less than 70 or greater than 400 milligrams (mg)/deciliter (dl). When asked why the Lyumjev was administered using an Insulin syringe and not the KwikPen, Employee #12 stated, It's hard to measure out the exact amount in the KwikPen, so I used the Insulin needle to aspirate the 6 units out. When asked why he administered the resident's Lyumjev five (5) hours before the scheduled time, Employee #12 answered, I know my resident. I did not want her to get hyperglycemic. When asked if he called the medical doctor prior to administering the Insulin, the employee stated, No. I would call only if it was over 400. When asked if that is within his scope and practice to make medication administration decisions without consulting the medical doctor, the employee stated, No. The evidence showed that Employee #12 failed to administer Resident #89's Lyumjev Insulin in accordance with the physician's order and the manufacturer's specifications as evidenced by: - Employee #12 using a syringe to aspirate the medication from the prefilled pen. - Employee #12 administering Resident #89 Lyumjev Insulin 5 hours before the prescribed time. The findings were brought to the attention of Employee #2 (Director of Nursing/DON), Employee #3 (Assistant DON), and Employee #4 (3rd floor Unit Manager) at 4:00 PM. They all acknowledged the findings and removed Employee #12 from the unit. It should be noted that Resident #89 did not suffer any harm or ill effects from this deficient practice. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Cross Reference 22B DCMR Sec. 3226.8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews for seven (7) of 56 sampled residents, facility staff failed to properly store medications in accordance with Standards of Practice as evidenced by: (1) Employee #29 failed to ensure Resident #12's individual compartment did not contain Resident #74's medication; (2) Employee #30 failed to ensure Resident #138's individual compartment did not contain Resident #32's medication and Resident #135's individual compartment did not contain Resident #59's medication; (3) Employee #31 failed to ensure Resident #158's individual compartment did not contain Resident #153's medication, Resident #98's individual compartment did not contain Resident #36's medication, Resident #118's individual compartment did not contain Resident #113's medication and also failed to ensure that Team 1's medication cart did not contain four (4) blister packs of medications prescribed for Resident #113 that should have been properly stored on Team 3's medication cart in the resident's individual medication compartment with the other prescribed medications; and (4) Employee #32 failed to ensure Resident #143's individual compartment did not contain Resident #73's medication. The findings included: A facility policy titled 'Medication Storage' with a review date of 01/2025 documented: The facility stores all drugs and biologicals in a safe, secure, and orderly manner and 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner and 10. For any discrepancies with medications, including controlled substances, the supervisor must be informed immediately. 1.Resident #74 was admitted to the facility on [DATE] with multiple diagnoses that included: End Stage Renal Disease, Hypertension, Psychotic Disorder, Anxiety and Depression. An Annual Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '11,' indicating the resident was moderately impaired. A review of Resident #74's medical record revealed the following physician orders: Order date - 01/12/25, Acetaminophen Tablet 500 MG (milligram) Give 1 tablet by mouth every 6 hours as needed for Temperature 100° (degrees) F (Fahrenheit) or above Do not exceed 3g(grams)/24hrs(hours) from all acetaminophen source Order date - 01/12/25, Acetaminophen Tablet 500 MG Give 1 tablet orally (by mouth) every 6 hours as needed for generalized body ache Do not exceed 3g(grams)/24hrs(hours) from all acetaminophen source (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation conducted on 01/24/25 at 10:55 AM of a medication cart located on the second floor and labeled 'Team 1,' it revealed Resident #74's blister pack of medication labeled 'Acetaminophen 500MG TAB' stored within the medication section assigned to store medication for Resident #12. During a face-to-face interview conducted on 01/24/25 at 10:56 AM, Employee #29 acknowledged the findings and stated, I think I made a mistake and put it back in the wrong slot. 2. Resident #32 was admitted to the facility on [DATE] with multiple diagnoses that included: Hypothyroidism, Peripheral Vascular Disease, Hypertension, Diabetes Mellitus and Unspecified Symptoms Involving Cognitive Function. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '06,' indicating the resident was severely impaired. A review of Resident #32's medical record revealed the following physician order: Order date - 07/28/23, Levothyroxine Sodium Oral Tablet 50MG (milligram) (Levothyroxine Sodium) Give 1 tablet by mouth one time a day for Hypothyroidism During an observation conducted on 01/24/25 at 11:00 AM of a medication cart located on the second floor and labeled 'Team 3,' it revealed Resident #32's blister pack of medication labeled 'levothyroxine 50MCG (microgram) TAB' stored within the medication section assigned to store medication for Resident #138. During a face-to-face interview conducted on 01/24/25 at 11:01 AM, Employee #30 acknowledged the findings. 3. Resident #59 was admitted to the facility on [DATE] with multiple diagnoses that included: Dementia, Coronary Artery Disease and Hypertension. An Annual Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '14,' indicating the resident was cognitively intact. A review of Resident #59's medical record revealed the following physician order: Order date - 03/31/21, Donepezil HCl (Hydrochloride) Tablet 10MG (milligram) Give 1 tablet by mouth one time a day for Dementia During an observation conducted on 01/24/25 at 11:05 AM of a medication cart located on the second floor and labeled 'Team 3,' it revealed Resident #59's blister pack of medication labeled 'Donepezil 10MG TAB' stored within the medication section assigned to store medication for Resident #135. During a face-to-face interview conducted on 01/24/25 at 11:06 AM, Employee #30 acknowledged the findings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Resident #153 was admitted to the facility on [DATE] with multiple diagnoses that included: Hyperlipidemia, Atherosclerotic Heart Disease, Hypertension and Cognitive Communication Deficit. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '10,' indicating the resident was moderately impaired. A review of Resident #153's medical record revealed the following physician order: Order date - 09/27/24, Atorvastatin Calcium Oral Tablet 80MG (milligram) (Atorvastatin Calcium) Give 0.5 (1/2) tablet by mouth at bedtime for HLD (Hyperlipidemia) give 40mg During an observation conducted on 01/24/25 at 12:05 PM of a medication cart located on the third floor and labeled 'Team 1,' it revealed Resident #153's blister pack of medication labeled 'atorvastatin 80MG TAB' stored within the medication section assigned to store medication for Resident #158. During a face-to-face interview conducted on 01/24/25 at 12:06 AM, Employee #31 acknowledged the findings and stated, I don't know how that happened. 5. Resident #36 was admitted to the facility on [DATE] with multiple diagnoses that included: Dementia, Cerebrovascular Accident (CVA), Hypertension and Left Hip Fracture and Spine Compression of T(Thoracic)4, T12 and L(Lumbar)3. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '11,' indicating the resident was moderately impaired. A review of Resident #36's medical record revealed the following physician orders: Order date - 01/12/25, Acetaminophen Oral Tablet 325 MG (milligram) (Acetaminophen) Give 2 tablet[s] by mouth every 6 hours as needed for Generalized body ache 2 tabs x 325mg = 650mg total. Do not exceed 3g (grams) /(per) 24hrs (hours) from all acetaminophen sources. Order date - 01/12/25, Acetaminophen Oral Tablet 325 MG (milligram) (Acetaminophen) Give 2 tablet[s] by mouth every 6 hours as needed for Temperature 100°(degrees) F (Fahrenheit) or above Give 2 tabs (tablets) x 325mg = 650mg total. Do not exceed 3g (grams) / (per) 24hrs (hours) from all acetaminophen sources. During an observation conducted on 01/24/25 at 12:15 PM of a medication cart located on the third floor and labeled 'Team 1,' it revealed Resident #36's blister pack of medication labeled 'Acetaminophen 325MG TAB' stored within the medication section assigned to store medication for Resident #98. During a face-to-face interview conducted on 01/24/25 at 12:17 PM, Employee #31 acknowledged the findings. 6. Resident #113 was admitted to the facility on [DATE] with multiple diagnoses that included: Pancreatic Cancer with Bone Metastasis, Seizures, Failure to Thrive, Pressure Ulcer of Sacral Region, Type 2 Diabetes Mellitus and Chronic Shoulder Pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An admission Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '12,' indicating the resident was moderately impaired. A review of Resident #113's medical record revealed the following physician orders: Order date - 12/29/24, Acetaminophen Oral Tablet 325 MG (milligram) (Acetaminophen) Give 2 tablet[s] by mouth one time a day for pain management r/t (related to) wounds Give 2 tabs (tablets) x 325mg = 650mg total. Give 30 minutes prior to wound care. Order date - 01/12/25, Acetaminophen Oral Tablet 500 MG (milligram) (Acetaminophen) Give 2 tablet[s] by mouth every 8 hours as needed for Generalized body ache 2 tabs 500mg = 1000mg total. Do not exceed 3g (grams) /(per) 24hrs (hours) from all acetaminophen source[s]. Order date - 01/12/25, Acetaminophen Oral Tablet 325 MG (milligram) (Acetaminophen) Give 2 tablet[s] by mouth every 6 hours as needed for Temperature 100°(degrees) F (Fahrenheit) or above Give 2 tabs (tablets) x 325mg = 650mg total. Do not give more than 3g (grams) / (per) 24hrs (hours) from all acetaminophen source[s]. Order date - 01/14/25, Gabapentin Oral Capsule 100MG (milligram) (Gabapentin) Give 2 capsule[s] by mouth 3 times a day for Diabetic Neuropathy/Chronic Pain. 2 caps (capsules) of 100mg = 200mg. During an observation conducted on 01/24/25 at 12:25 PM of a medication cart located on the third floor and labeled 'Team 1,' it revealed the following blister packs of medications labeled with Resident #113's name: 'Acetaminophen 325MG TAB,' 'Acetaminophen 500MG TAB,' and two (2) blister packs that both contained 'Gabapentin 100MG CAP' for a total of four (4) blister packs of medication, but stored within the medication section assigned to store medication for Resident #118 who both shared the same last name. It should also be noted that Resident #113's four (4) blister packs of medications, that were found on the Team 1 medication cart, were on the wrong medication cart and should have been with the rest of the resident's medications that were stored on the Team 3 medication cart. During a face-to-face interview conducted on 01/24/25 at 12:30 PM, Employee #31 acknowledged the findings and stated, I don't know how that all got in there. 7. Resident #73 was admitted to the facility on [DATE] with multiple diagnoses that included: Hyperkalemia, Dementia, Liver Transplant and Seizure Disorder. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '02,' indicating the resident was severely impaired. A review of Resident #73's medical record revealed the following physician order: Order date 06/24/23, Lokelma Oral Packet 10 GM (grams) (Sodium Zirconium Cyclosilicate) Give 1 packet by mouth one time a day for Hyperkalemia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation conducted on 01/24/25 at 12:40 PM of a medication cart located on the third floor and labeled 'Team 3,' it revealed a clear, plastic zip lock bag that contained two (2) packets of Resident #73's medication labeled 'Lokelma 10GM Packet' stored within the medication section assigned to store medication for Resident #143. During a face-to-face interview conducted on 01/24/25 at 12:42 PM, Employee #32 acknowledged the findings and stated, I didn't mean to put it there.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, staff and resident interviews for one (1) of 56 sampled residents, facility staff failed to provide Resident #77 with a diet that met the residents' daily nutritional and special dietary needs while taking into consideration the residents' preferences for fresh fruits and vegetables. Resident #77 The findings included: Resident #77 was admitted to the facility on [DATE] with multiple diagnoses that included the following: Diabetes Mellitus Type 2 with Unspecified Diabetic Retinopathy without Macular Edema, Sickle Cell Trait, Anemia and Constipation. It is noted that on 01/31/25 at 1:38 PM, the survey team received a forwarded email from the ombudsman requesting that a surveyor reach out to Resident #77 concerning food at the nursing facility. A review of Resident #77's medical record revealed the following: A review of a physician's order dated 08/07/20 documented Regular diet regular texture, thin liquids consistency, (Double portion) per preference Review of a care plan note dated 12/05/24 at 4:24 PM documented Resident had a special care plan meeting & (and) was in attendance with ombudsman on phone today 12/5/24 with care plan team in attendance. He began to share his disapproval of food serve (ed) in facility, stating food was substandard. He was reminded that alternates are available but he shared that he had a problem with that as well. Writer visited with him 2 days prior to this meeting to obtain information regarding his concerns. He stated that food serve (ed) in facility is compared to that serve(ed) in soup kitchen. He was asked to specify his food preferences in writing & (and) stated he would provide the information in 2 days A review of a care plan dated revised on 12/5/24 with a focus area (Resident #77) is at nutritional risk r/t (related to) Dx (diagnosis): Adult failure to thrive, protein calorie malnutrition, Type 1 Diabetes, Sickle Cell Trait, Calculus of Kidney, GERD (gastroesophageal reflux disease) HTN requiring liberalized diet; verbalizing dislike for food serve in facility Interventions: Provide regular texture, thin liquids with double portion, honor food preferences as best able During an observation and face-to-face interview conducted on 01/31/25 at 2:00 PM, Resident #77 stated that his lunch tray was missing items that were on the menu. The resident showed the surveyor the menu that was on his tray and he stated he did not receive an adequate amount of fresh fruit and vegetables, and his tray had ravioli and not the baked ziti listed on the menu. The resident also says that they do not send butter and sugar on the trays and they serve too much starch. The resident stated he does not want processed food or beef, and he stated that he has communicated this to staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation and face-to-face interview were conducted on 02/03/25 at approximately 10:00 AM, with Employee #8 (kitchen director) who stated that after breakfast is served they start making snack trays for the residents and some residents have a specific snack designated for them and they also have general items that the staff can give to any residents who request a snack. The surveyor observed multiple trays each containing multiple oranges and other items. During a face-to-face interview conducted on 02/03/25 at approximately 1:00 PM, Resident #77 was asked if he received any fresh fruit and the resident stated that he did not. The resident also stated he was not offered any snacks or fresh fruit. During a face-to-face interview conducted on 02/03/25 at 1:55 PM, Employee #23 (certified nurse aide) assigned to Resident #77 stated that Resident #77 was not offered any snacks or fresh fruit after breakfast. During a face-to-face interview conducted on 02/03/25 at 2:10 PM, Employee #5 (2nd floor unit manager) stated that it is up to the kitchen to provide fresh fruits and vegetables. Employee #5 stated she was aware of Resident #77's food preferences and she did not know why he was not offered any of the fresh fruit that was brought to the unit earlier that shift. During a face-to-face interview conducted on 2/5/25 at approximately 1:40 PM, Employee #2 (Director of Nursing) acknowledged the findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, facility staff failed to: (1) distribute and serve foods under sanitary conditions, as evidenced by using wet dome covers on the tray line to help maintain food temperatures in serving plates; (2) follow infection control standards and practices to prevent the spread of infections and communicable diseases; and (3) ensure there were no breaks in infection control standards and practices to prevent the widespread of commnicable diseases. Resident #332. The findings included: 1. Facility staff failed to distribute and serve foods under sanitary conditions. During observations in dietary services on February 4, 2025, at approximately 1:15 PM, dietary staff used wet dome covers on the tray line, to help maintain hot food temperatures in serving plates. This deficiency exposes foods to moisture and potential contamination as the insulated dome covers were not allowed to air dry before use. Employee #8 acknowledged the findings during a face-to-face interview on February 5, 2025, at approximately 11:00 AM. 2. Facility staff failed to follow infection control standards and practices to prevent the spread of infections and communicable diseases. During an observation on the 3rd floor on 01/28/25 starting at 3:50 PM, Employee #12 (Registered Nurse) was observed walking in the hallway, wearing gloves, carrying an Insulin syringe into a resident's room. When asked what he was doing, the employee stated that he's going to administer Insulin to a resident. The employee was observed administering the Insulin injection in the lower right abdomen of the resident. The employee then exited the room, still wearing his gloves, holding the now used syringe, with the needle exposed, and walked down the hall to where his medication cart parked. Once at the medication cart, the employee discarded the dirty syringe in the sharps container and proceeded to touch the computer and unlock the medication cart, while still wearing the same gloves. The surveyor asked the employee to stop, remove his gloves and perform hand hygiene. During a face-to-face interview at the time of the observation, Employee #12 acknowledged that he failed to follow infection control standards and practices and made no further comments. Cross Reference 22B DCMR Sec. 3217.6 3. The facility staff failed to ensure there were no breaks in infection control standards and practices to prevent the widespread of commnicable diseases as evidenced by: 1) impoperly disposing of a resident's soiled incontinent pads/brief in a trash can located in two resident's room; 2) failing to intervene when a resident with a history of behavioral symptoms was observed wearing gloves and masks, in patient care areas throughout the facility. Subsequently, the resident with behaviors was observed wearing gloves in the hallway while carrying soiled incontinent pads belonging to his roommate and disposing of the trash in a common patient care area. Resident #337 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #332 was admitted to the facility on [DATE] with diagnoses that included Depressive Disorder, Anxiety Disorder, Dementia, Peripheral Vascular Disease, and Substance Abuse History A review of Resident #337's medical record showed : A Quarterly Minimum Data Set (MDS) assessment dated [DATE] that showed that Resident #337 had a Brief Interview for Mental Status (BIMS) summary score of, 09, indicating that the Resident had moderately impaired cognition, was independent with ambulation and mobility, required set-up for activities of daily living, and was not taking antidepressants, antianxiety or antipsychotic medications. A care plan initiated on 10/23/23 documented: Focus/Problem: [Name of Resident #337] has non-compliance behavioral concerns by putting on gloves and putting on double (two) masks despite staff redirection provided, Goal: [Name of Resident #337] will have fewer episodes of non-compliant behavior with putting on gloves and double mask through the next review date x 90 days with Target Date: 02/11/2025; Interventions (Initiated on: 10/23/23): Approach [Name of Resident #337] with a soft and calm voice to avoid escalation and improve compliance; Encourage and redirect [Name of Resident #337] to take out his gloves for safety precaution; Redirect [Name of Resident #337] to wear a single mask as appropriate. A care plan initiated on 11/06/23 and revised on 01/29/25 documented: Focus/Problem: [Name of Resident #337] has a behavior problem being resistant to care; Taking out the trash in his room and putting it in the dining room; Goal: [Name of Resident #337]will have fewer episodes of behavior by review.Target Date: 02/11/2025; Interventions: Anticipate and meet the resident's needs; Caregivers to provided opportunity for positive interaction, attention; .If reasonable, discuss the resident's behavior; Explain/reinforce why the behavior is inappropriate and/or unacceptable to the resident; Intervene as necessary to protect the rights and safety of others; Approach/Speak in a calm manner; Divert attention .Monitor behavior episodes and attempt to determine the underlying cause. Consider location, time of day, persons involved, and situations; Document behavior and potential causes .Psych consult with behavioral disturbance[when the resident is] non-compliant, noncooperative. During an observation on 01/29/25 at 10:15 AM, Resident #337 opened the door to the 3rd-floor dayroom (an activity room for residents) and entered the doorway wearing two masks, and gloves. The resident was observed carrying two soiled, incontinence pads and a dirty/soiled brief(s) under his right arm. The Resident entered the room without saying anything or making eye contact with the surveyors who were sitting at a table in the room. Employee #17 (3rd-Floor Unit Secretary) entered the doorway behind him and called his name, however, the Resident did not respond. The Resident then walked directly over to a trash can that was situated in the left corner of the room, threw the soiled trash in the trash can, and walked out of the day room. Employee #17 left the doorway and returned wearing gloves, and she immediately went to the trash can and removed the trash bag that contained the soiled briefs and soiled incontinence pads. During an interview on 01/29/25 at 10:15 AM,, Employee #17 (Unit Secretary) stated that Resident #337 was known to have behavior issues. She added that she was at the nurses' station when she observed the Resident wearing a mask and gloves and walking quickly toward the 3rd-floor day room. She added that the Resident walked by other staff in the hallway, but could not verify which staff. She added that she recalls looking up and saw that the Resident was carrying soiled incontinent pads and a soiled brief. She tried to stop him but couldn 't before he entered the 3rd floor day room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a face-to-face interview with Resident #337 on 01/29/25 at 10:20 AM, the Resident stated that when there is dirty trash in his trash can in his room, he takes the trash to the 3rd-floor day room and empties it. He added that he does not call for facility staff or wait for them to empty it because they take too long and he does not want dirty trash in his room because it smells. During a face-to-face interview on 01/29/25 at 10:24 AM with Employees #1 (Administrator) and Employee #2 (Director of Nursing/DON) stated that the resident is known to have behavior symptoms, but does not pose a safety risk to himself or others. Employee #2 stated, that the Resident had never entered another resident's room and she had never observed or heard that the resident was disposing of trash in the day room. He just likes things a certain way. The Employees then stated they would notify the doctor/Psych and speak with the resident so it does not happen again. During a second observation and face-to-face interview on 02/05/25 at 11:23 AM with Resident #337, the Resident was observed lying in his bed watching television. The Resident was observed wearing two masks over his mouth and wearing gloves. The Resident stated things were a little better since the facility staff had started to empty the trash can in his room a few times a day. He added, however, that they were still dumping dirty pads that belonged to his roommate in his trash can. The Resident then got out of bed and used the foot pedal to open his trash can, the resident opened the trash can and showed the surveyor a wet, dirty incontinent pad. The Resident further commented, I can get up and use the bathroom myself, so that is not my pad, They dump my roommate's dirty diapers and pads in my trash. That's why I had been taking the trash around in the other room. I don't like the smell. Observations made of Resident #337's behaviors and a further review of the Resident's medical record lacked evidence that facility staff provided no breaks in infection control standards and practices to prevent the widespread of commnicable diseases. During a telephone interview on 02/05/25 at 11:46 AM Employee #18 (Certified Nurse Aide/CNA) stated that a few times she had observed the resident wearing a mask and gloves in the hallway while he was on the phone talking to his sister. She stated that on the day of the observation, she stated she did not see the Resident carrying trash anywhere and she did not see the Resident wearing gloves and a mask in the hallway. When asked where CNAs dispose of incontent pads and briefs,she stated, Iin a rolling cart that, we put outside the resident's room, Then after we have provided incontinent care for the resident, we roll the cart to the soiled utility room and throw the trash down the chute. During a face-to-face interview on 02/05/25 at 12:28 PM Employee #19 (Registered Nurse/RN) stated that she had observed the Resident she had randomly seen Resident #337 wearing double masks and gloves in the hallway when the Resident was standing at the meal cart waiting for his meal tray to be handed to him. She added that the Resident was easily redirectable, and that was the intervention she used most of the time to get him to change his behavior. She stated that on the day of the observation, she did not see the Resident carrying trash and she did not see the Resident wearing gloves or masks in the hallway. She also stated that she had never seen the Resident pick trash up out of the trash can in his room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Rehabilitation and Health Center LLC	1380 Southern Ave SE Washington, DC 20032

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a face-to-face interview on 02/05/25 at 12:53 PM, Employee #3 stated that Resident #337 had a history of being noncompliant with wearing gloves, and despite facility staff speaking with him, the Resident continues to wear two masks and gloves all day around other residents. She added that most of the time staff tried to redirect the Resident, and when necessary consulted Psych. She acknowledged that the approaches needed to be updated and revised to address the resident's behavior. She further stated that she was not aware that the CNAs were placing dirty briefs belonging to Resident # 337 's roommate in the Resident 's trash can. She added they have a cart marked as Soiled Linen, that they put outside of the Resident 's room when they provide incontinent care, and once they are finished they roll the cart to the soiled utility room and throw the soiled trash into the dumpster chute. The Employee acknowledged that both the Resident's behavior and the assigned CNA's behavior could compromise infection control. She then stated that she would conduct an inservice with the staff that afternoon and she made no further comment about the findings.