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	01/16/2026

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** Based on record review and staff interview, for one (1) of four (4) sampled residents, facility staff to ensure that one resident's Quarterly Minimum Data (MDS) assessment was accurately coded for a facility acquired pressure injury (deep tissue injury/DTI). Resident #1. The findings included: Resident #1 was admitted to the facility on [DATE] with multiple diagnoses that included: Type 2 Diabetes Mellitus, Alzheimer's Disease, Dementia, Muscle Weakness and Major Depressive Disorder. Review of the resident's medical record revealed the following: 10/29/25 at 1:53 PM Nurses Note: During routine ADL/incontinent care, writer was called by the nursing staff assigned to resident room and observed open area to sacrum. NP made aware, wound team and dietitian notified. 10/30/25 at 12:07 PM Skin and Wound Note: Date of Service: 10/30/25.Reason for visit: comprehensive skin assessment.Wound assessment: location - sacrum.Primary etiology - pressure ulcer/injury.On exam today, 10/30/25, the sacrum presents with full-thickness tissue loss with a central area of marooning to the wound bed indicating deeper tissue involvement. Until the true extent of this injury is revealed, the wound team will follow this as a DTI (a serious type of pressure injury (pressure sore) that damages underlying soft tissues, often starting at the muscle-bone interface, appearing as purple/maroon intact skin or a blood blister, and can quickly progress to severe wounds despite initial skin appearance). 11/11/25 at 2:02 PM Wound/Pressure Ulcer Note: Type of Break in Skin Integrity: Pressure Ulcer/InjuryStage/Severity: DTI.Location: Sacrum.In house acquired. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded the following: severely impaired cognitive skills for daily decision making; at risk for pressure ulcers; has one (1) unstageable pressure injuries present upon admission. The evidence showed that facility staff incorrectly coded Resident #1's sacral ulcer as present on admission instead of facility acquired. During a face-to-face interview on 01/16/26 at 10:26 AM, Employee #6 (MDS Coordinator) reviewed the MDS assessment, acknowledged the findings and stated, I miscoded that the sacral wound was present on admission, and it's not supposed to be. I will do the correction right now. Cross Reference 22B DCMR Sec. 3231.12

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and staff interviews, for one (1) of four (4) sampled residents, facility staff failed to provide the necessary podiatry consult, treatment and foot care to Resident #2, who is a diabetic with increased risk to developing foot problems.The findings included: Resident #2 was admitted to the facility on [DATE] with multiple diagnoses that included: Type 2 Diabetes Mellitus, Hyperlipidemia, Cerebral Infarction and Schizophrenia. Review of the resident's medical record revealed the following: A physician's order dated 10/13/25 that directed, Dental/Ophthalmology/Podiatry/Psychiatry/Dietary consult PRN (as needed) 10/14/25 at 1:07 PM Skin and Wound Note: Date of Service: 10/14/25Reason for visit: new admission to the facility, skin/wound assessment.The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails. Care plan focus area initiated 10/15/25: [Resident #2] has unstable blood glucose r/t (related to) Diabetes Mellitus.Interventions: Inspect feet daily for open areas, sores, pressure areas, blisters, edema or redness. Refer to podiatrist/foot care nurse to monitor/document foot care needs and to cut long nails. A physician's order dated 10/19/25 that directed, Weekly skin assessment by Licensed nurse every day shift every Tue (Tuesday] for weekly skin assessment; Shower twice a week and as needed every day shift every Tue, Fri (Friday). A physician's order dated 10/20/25 directed, Offload bilateral heels while in bed and as tolerated, every shift for heel pressure relied (sp). 10/21/25 at 11:39 AM Skin and Wound Note:- Date of Service: 10/21/25.- The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails. 10/28/25 at 2:26 PM Skin and Wound Note:- Date of Service: 10/28/25.- The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails. Care plan focus area, last revised on 10/28/25: [Resident #2] has an ADL (activities of daily living) self-care performance deficit related to (r/t) generalized weakness.Interventions: [Resident #2] Requires skin inspection. Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. Care plan focus area, last revised on 10/28/25: [Resident #2] has an ADL Self-care deficit related to generalized muscle weakness.Interventions: Assist with daily hygiene, grooming, dressing, oral care and eating as needed. Care plan focus area, last revises on 10/28/25 [Resident #2] is at risk for pressure ulcer development r/t fragile skin, incontinence, decreased mobility, and other comorbidities.Interventions: Follow facility policies/protocols for the prevention/treatment of skin breakdown. Offload heels/pressure areas while in bed, as tolerated. Weekly skin assessment by licensed nurse. 11/07/25 at 9:06 AM Skin and Wound Note:- Date of Service: 11/07/25.- The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails. 11/14/25 at 8:34 AM HP Skin and Wound Note:- Date of Service: 11/14/25.- The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails. The evidence shows that on 10/14/25, 10/21/25, 10/28/25, 11/07/25 and 11/14/25, the wound care practitioner recommended routine in house Podiatry evaluation for management of nail trimming and thickened nails. A Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded the following: clear speech, understands others and able to make self understood; A Brief Interview for Mental Status (BIMS) summary score of 13 indicating intact cognitive response; required supervision or touching assistance for shower/bathe self, lower body dressing, putting on/taking off footwear. A document provided to the surveyor showed that a podiatrist was in the facility to see residents on 10/24/25, 11/11/25, and 12/19/25. 12/29/25 Weekly Skin Assessment -Licensed Nurse:No skin impairment.Plan of care continued. 01/05/26 Weekly Skin Assessment -Licensed Nurse:No skin impairment.Plan of care continued. 01/13/26 Weekly Skin Assessment -Licensed Nurse:- No skin impairment.- Plan (continued on next page)

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of care continued. During an observation on 01/14/26 at 10:15 AM, Resident #2 was observed laying in bed with his feet not covered. Upon inspection by the surveyor, the following was noted:Resident's left foot: all five toes had overgrown, thickened, yellow nails. The nail on the second toe was overgrown and curved downwards and touching the big toe. The nails on the third, fourth and fifth toes were more overgrown, curved and digging into the skin on the bottom of the resident's left foot. Resident's right foot: all five toes had overgrown, thickened, yellow nails. The nails on the fourth and fifth toes were even more overgrown, curved downwards, and digging into the skin on the bottom of the resident's right foot. The surveyor called Employee #3 (assigned Certified Nurse Aide/CNA) and Employee #4 (assigned Licensed Practical Nurse/LPN) into the resident's room at 2:24 PM where they made the same observations. Employee #4 stated, I did my assessment of [Resident #2] this morning that included a skin assessment and noticed that his toenails are long and that he needed to see podiatry. When asked if the resident had seen a podiatrist since his admission on [DATE], Employee #4 stated that she was not sure and would check with the unit manager. At 2:30 PM, Employee #2 (Director of Nursing) and Employee #5 (3rd Floor Unit Manager) were pulled into Resident #2's room and they also observed the condition of Resident #2's feet and toenails. When asked if the resident has been seen by a podiatrist since his admission on [DATE], Employee #5 stated, No. Employee #2 further stated, He is on the list to be seen but has not been seen yet. During a face-to-face interview on 01/14/25 at 3:09 PM, Employee #1 (Administrator) stated, [Resident #2] was admitted with Medicare part A. His DC (District of Columbia) Medicaid application is still pending so he does not have insurance to cover podiatry services. His application was submitted on 11/18/25. When asked will the resident have to wait as long as it takes the application to get approved before being able to get his diabetic feet and toenails addressed by a podiatrist, Employee #1 stated, No, we could always make exceptions for him to be seen and the facility would cover the cost. The evidence showed that since his admission on [DATE] to 01/14/25, three (3) months, facility staff failed to provide the necessary podiatry consult, treatment and foot care to Resident #2, who is a diabetic with increased risk to developing foot problems. Cross Refence 22B DCMR Sec. 3228.3