

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Deanwood Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 Nannie Helen Burroughs Ave. NE Washington, DC 20019	

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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff and resident interviews, the facility staff failed to provide respect to a resident when the resident spoke about a concern with her television for one (1) of 10 sampled residents (Resident # 2).</p> <p>The findings included:</p> <p>Resident #2 was admitted on [DATE] with multiple diagnoses including Hemiplegia, Cervical Disk Disorder and Morbid Obesity.</p> <p>A quarterly Minimum Data Set assessment dated [DATE] documented that the resident had a Brief Interview for Mental Status summary score of 10 indicating that the resident's cognitive status was moderately impaired.</p> <p>During an observation with Employee #2 (DON) and Employee #4 (Assigned RN) on 01/24/25 at approximately 10 AM, Resident #2 was noted in her room lying in bed, well groomed, alert, oriented to person, place, time, and situation. At the time of the observation, the resident stated that she prefers to stay in bed and watch tv, but her tv had not worked for approximately a week. As the resident was speaking, Employee #4 interrupted and stated, That's not true. Her tv was working the other day.</p> <p>During a face-to-face interview on 01/24/25 at approximately 12 PM, Resident #2 stated that she felt disrespected when Employee #4 interrupted her during our earlier conversation. The resident said that the employee tried to make it seem that she didn't know what was going on with her tv.</p> <p>During a face-to-face interview on 01/24/25 at approximately 1PM, Employee #4 stated that she was not trying to be disrespectful with the resident. She interrupted because the resident has periods of confusion, and she wanted to inform the resident that she observed her tv working earlier in the week.</p> <p>During a face-to-face interview on 01/24/25 at approximately 2 PM, Employee #1 (Administrator) stated that the facility was in the process of changing to a new cable provider, and there may have been some interruptions with service. The Administrator also said that residents and families were informed about the possible disruption in cable service prior to the change. Additionally, the Administrator stated that she would have maintenance to check Resident #2's tv.</p>

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Deanwood Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 Nannie Helen Burroughs Ave. NE Washington, DC 20019	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, and resident and staff interview, the facility failed to maintain the required comfortable air temperature range of 71&deg;F to 81&deg;F for one for one (1) of 10 sampled residents. (Resident #2)</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on [DATE] with multiple diagnoses including Hemiplegia, Cervical Disk Disorder and Morbid Obesity.</p> <p>A quarterly Minimum Data Set assessment dated [DATE] documented that the resident had a Brief Interview for Mental Status summary score of 10 indicating that the resident's cognitive status was moderately impaired.</p> <p>During an observation on 1/23/2025 at 10:45am, the resident was observed lying in bed alert, oriented to name, place and time. At the time of observation, the resident was lying in bed with a heavy blanket covering her, stating that her room has been cold for the past week. The resident further stated that her room gets colder at night. The resident added that she informed the nursing staff her room was cold, but she couldn't recall the nurse's name. At the time of observation, the resident's room air temperature was measured to be at 66 &deg;F.</p> <p>During a second observation on 1/23/2025 at 2:45pm, the resident room air temperature was measured to be at 68 &deg;F at the time of observation. The resident was observed still lying in bed in her room with a heavy blanket covering her, saying that that her room was still cold.</p> <p>During a face-to-face interview on 1/23/2025 at 2:45pm, Employee #3 (Maintenance Director) and Employee #1 (Adminrator) stated that they were unaware of Resident #2's room temperature not meeting the required temperature range of 71 to 81&deg;F. Additionally, they stated that residents' room temperatures are monitored daily, but they do not keep a record of it. They further stated that there is an electronic system called Reqger to log maintenance job requests and record tasks that are completed, but the system is hardly used. Employee #3 added that most of the maintenance jobs are completed as they are reported in person to the maintenance team.</p> <p>During an observation on 1/24/2025 at approximately 9:50am, room air temperatures were measured in 24 rooms located in different spaces across the 2nd, 3rd, 4th and 5th floors. Resident #2's room temperature was also measured at this time and was 73 &deg;F. At the time of the observation, Resident #2 was observed in her room lying in bed with a heavy blanket covering her, again stating that her room was cold, and colder at night.</p>		