

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 09/17/2025
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 - Some</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 interview, facility staff failed to provide housekeeping services necessary to maintain a safe, clean, comfortable environment as evidenced by dust buildup in 25 of 25 residents' rooms, soiled window tracks and frames in one (1) of eight (8) dayrooms, dirty floors in 13 of 53 residents' rooms, sticky floors in nine (9) of 53 residents' rooms, a foul smell on one (1) of eight (8) resident care unit, dirty toilets in two (2) of 53 residents' rooms, dirty trash cans in three (3) of 53 residents' rooms, stained privacy curtains in three (3) of 53 residents' rooms, and dusty window blinds in five (5) of 53 residents' rooms. The findings include: During an environmental walkthrough of the facility on September 17, 2025, between 10:30 AM, and 2:00 PM, the following issues were identified: 1. Dust buildup was observed under the handwashing sinks, under the beds, in wall corners, around the nightstands and dressers, and chairs in 25 of 25 resident's rooms on the fourth and fifth floor. 2. Window tracks and frames from three (3) of three (3) glass windows in the dayroom on 5 south were soiled with traces of cobweb/spider web. 3. Floors were dirty throughout in residents' rooms 512, 522, 529, 531, 532, 415, 421, 422, 423, 425, 428, 433, and #220, 13 of 53 residents' rooms surveyed. 4. Floors were sticky in the dayroom on unit 5 South, and in residents' rooms #520, 401, 402, 407, 211, 215, 219, 225, and #227, nine (9) of 53 residents' rooms surveyed. 5. A strong urine odor was evident in the 3 North resident care units, and in resident room [ROOM NUMBER]. 6. The toilets in resident room [ROOM NUMBER], and resident room [ROOM NUMBER] were soiled with dark stains throughout, two (2) of 53 residents' rooms. 7. Trash cans in residents' room [ROOM NUMBER] and 322, were soiled at the bottom, and the trash can in room [ROOM NUMBER] had a broken step pedal, three (3) of 53 residents' rooms. 8. Privacy curtains in three (3) of 53 residents' rooms were stained (335, 324, and #303). 9. Window blinds in five (5) of 53 residents' rooms #529, 520, 512, 401, and #227, were dusty. These observations were acknowledged by Employee #1 during a face-to-face interview on September 17, 2025, at approximately 4:00 PM.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interview, facility staff failed to maintain an efficient pest control system as evidenced by flies that were seen in three (3) of 13 resident's rooms on the third floor. The findings include: 1. Numerous flies were observed in resident room [ROOM NUMBER] on unit 3 North. Further investigation revealed a trash can that was soiled at the bottom with a dark substance that seemed to attract the flies. The trash can was placed in a large trash bag, disposed of, and replaced. 2. Flies were evident in resident room [ROOM NUMBER]. Further investigation revealed a dark, lumpy substance that was on the floor, under a portable toilet that was around the foot of the bed on the B side of the double occupancy room. The substance was eventually identified as human waste by staff and the room was immediately cleaned and the floor disinfected. 3. Two (2) flies were observed on the privacy curtain in room [ROOM NUMBER], side A of the double occupancy room, and two (2) other flies were seen on a pillow, on the bed located on the B side of the room. Facility leadership was immediately made aware of these findings and proceeded to implement measures to address these issues. Employee #1 acknowledged the findings during a face-to-face interview on September 17, 2025, at approximately 1:00 PM.</p>