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 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deanwood Rehabilitation and Wellness Center	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)
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 observation, record reviews and staff interviews, for two (2) of eight (8) sampled residents, facility staff failed to ensure that resident's Minimum Data Set (MDS) assessment were accurately coded for rejection of care behaviors and one wandering behaviors. Residents' #6 and #1.The findings included: Resident #6 was admitted to the facility on [DATE] with multiple diagnoses that included: Cerebral Vascular Accident (CVA), Hemiplegia and Hemiparesis, Chronic Obstructive Pulmonary Disease and Muscle Disease. Review of the resident's medical record revealed the following: 12/24/25 at 11:44 AM Nurses Note: Resident alert, oriented and verbally responsive. resident refused lab, MD (medical doctor) and RP (representative) notified. Lab rescheduled. A care plan focus area revised on 12/24/25: [Resident #6] is noncompliant with treatment/care, had interventions that included, if resists care, leave and return later and provide education to patient/family. An admission MDS assessment dated [DATE] showed that facility staff coded: a Brief Interview for Mental Status (BIMS) summary of 08, indicating moderate cognitive impairment and that rejection of care behaviors were not exhibited. The evidence showed that facility staff failed to code Resident #6's admission MDS for rejection of behavior. During a face-to-face interview on 02/02/26, at 1:27 PM the findings were brought to the attention of Employee #3 (MDS Coordinator) who stated, Coding is based on the IDT (interdisciplinary) meetings and looking at all documentation during the lookback period of seven (7) days. Rejection of care should have been coded. Resident #1 was admitted to the facility on [DATE] with multiple diagnoses that included: Anemia, Chronic Kidney Disease, Stage 3, Alzheimer's Disease, and Benign Prostatic Hyperplasia (BPH). Review of the resident's medical record revealed the following: 01/14/26 at 5:00 PM Situation Background Assessment Request (SBAR) Communication Tool:Situation: Altered Mental Status, lethargy.At around 4:15 PM, resident was observed seizing on the chair for a minute, had a pulse but not responding. 911 was called, arrived at the unit at 4:32 PM, took resident via stretcher at 4:48 PM to [hospital name]. A Complaint, #2722122, filed with the State Agency on 01/20/26 documented in part:On 01/14/26, between 4:00 PM and 4:15 PM, [Resident #1] was found nonresponsive by a nurse who just came on duty. The ambulance paramedic arrived and took over. [Resident #1] was transported to [hospital name]. This nursing home has mistreated him and neglected to care for him. 01/20/26 at 8:56 PM admission Note: Resident is admitted from [hospital name].Upon assessment, resident is alert and verbally responsive, oriented to person. A Significant Change MDS assessment dated [DATE] showed that facility staff coded: in section B (cognitive status), a BIMS summary score of 03, indicating severely impaired cognitive status; in section E (behaviors), wandering behaviors occurred four (4) to (6) days and wandering placed resident at significant risk of getting to a potentially dangerous place (stairs, outside of the facility). During an initial observation on 01/28/26 at approximately 2:00 PM, [Resident #1] was observed sitting in the 5 south day room, in a Geri chair. The resident was alert to self only. The resident had a staff member sitting next to him. When asked, the staff member stated that the resident is not ambulatory and that (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: 095019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
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	

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	someone sits next to him to make sure he doesn't try to get up and fall.During a face-to-face interview on 01/28/26 at 2:06 PM, Employee #4 (5 south Unit Manager) stated, [Resident #1] has not exhibited any wandering behaviors for a while now, at least a couple of months. Review of the resident's progress notes and Treatment Administration Record (TAR) for January 2026 showed no documented evidence that he had any wandering behaviors.During a face-to-face interview on 02/04/26 at 10:43 AM, Employee #5 (MDS Coordinator) reviewed the Resident #1's January 2026 progress notes and TAR and stated, Section E is filled out by the Social Worker. I am not sure why he coded wandering behaviors.During a face-to-face interview on 02/04/26 at 10:47 AM, Employee #6 (Social Worker), who completed section E of the MDS assessment, reviewed Resident #1's January 2026 progress notes and TAR. When asked why he coded the resident for having wandering behaviors that occurred 4 to 6 days in the last 7 day look back period, the employee stated, He's (Resident #1) had a history of wandering behaviors in the past but that doesn't seem to be the case now. This was a mistake. I will make a modification now.The evidence showed that facility staff inaccurately coded Resident #1's admission MDS assessment for having wandering behaviors.Cross Reference 22B DCMR Sec. 3231.12

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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 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 observation, record review and staff interview, for one (1) of eight (8) sampled residents, facility staff failed to implement Resident #4's care plan intervention of having an escort when using the stairwell. The findings included:Resident #4 was admitted to the facility on [DATE] with multiple diagnoses that included: Chronic Obstructive Pulmonary Disease (COPD), Chronic Respiratory Failure with Hypoxia and Hypertension. Review of the resident's medical record revealed the following: A care plan focus area revised on 10/29/25: [Resident #4] to use the stairs when going down and when coming back in, with an escort. A physician's order dated 12/11/25 directed, Oxygen Supplementation. Administer Oxygen 2-3L/min via Nasal Cannula, every shift for COPD.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 response; shortness of breath or trouble breathing with exertion, when sitting at rest and when lying flat; and used oxygen therapy.During an observation on the 2-north stairwell on 01/30/26 at 3:47 PM, the resident was observed alone, going down the stairwell, noticeably short of breath. The resident had oxygen on via nasal cannula at 3 liters and was carrying a portable oxygen cylinder E-tank [3 feet tall, aluminum tank that weighs approximately 8 pounds] in a wheeled caddy. When asked, the resident stated, I don't like taking the elevators, so I take the stairs. When asked how he got to the stairwell, the resident stated that a staff member let him down. It should be noted that all the stairwells in the facility require manual entry of a 4-digit code when entering from the units.During a face-to-face interview on 01/30/26 at 3:55 PM, the findings were brought to the attention of Employee #1 (Administrator). Employee #1 stated that Resident #4 uses the stairwell because he is claustrophobic and that, He should have someone with him when he's using the stairs.The evidence showed that facility staff failed to implement Resident #4's care plan intervention of having an escort when using the stairwell.Cross Reference 22B DCMR Sec. 3210.4

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety 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 observation, record review, resident and staff interview, for one (1) of eight (8) sampled residents, facility staff failed to ensure that Resident #4 was provided with adequate supervision and assistance to prevent accidents. During this survey, an Immediate Jeopardy (IJ-J) was identified at 42 CFR 483.25, Quality of Care, F689, Free of Accident Hazards/Supervisions/Devices on January 30, 2026 at 6:14 PM. The facility's Administrator submitted a corrective action plan to the Survey Team that was accepted on January 30, 2026 at 8:21 PM. The Survey Team verified implementation of the corrective plan while onsite and the Immediate Jeopardy was lifted on February 2, 2026 at 4:30 PM. After removal of the immediacy, the deficient practice was lowered to a scope and severity level of D.The findings included:Resident #4 was admitted to the facility on [DATE] with multiple diagnoses that included: Chronic Obstructive Pulmonary Disease (COPD), Chronic Respiratory Failure with Hypoxia and Hypertension.A care plan focus area, revised on 10/29/25: [Resident #4] to use the stairs when going down and when coming back in, with an escort.A physician's order dated 12/11/25 directed, Oxygen supplementation, administer oxygen 2-3L (liters)/minute via Nasal Cannula, every shift for COPD.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 response; no functional impairment in range of motion; did not use any devices for mobility; independent with transfers and walking 150 feet; and that he used oxygen therapy.During an observation on the 2-north stairwell on 01/30/26 at 3:47 PM, the resident was observed alone, going down the stairwell, noticeably short of breath. The resident had oxygen on via nasal cannula at 3 liters and was carrying a portable oxygen cylinder E-tank [3 feet tall, aluminum tank that weighs approximately 8 pounds] in a wheeled caddy. When asked, the resident stated, I don't like taking the elevators, so I take the stairs. When asked how he got to the stairwell, the resident stated that a staff member let him down. It should be noted that all the stairwells in the facility require manual entry of a 4-digit code when entering from the units.During a face-to-face interview on 01/30/26 at 3:55 PM, the findings were brought to the attention of Employee #1 (Administrator). Employee #1 stated that Resident #4 uses the stairwell because he is claustrophobic and that, He should have someone with him when he's using the stairs.The evidence showed that serious harm was likely to occur as Resident #4 was noted to be short of breath, alone in the stairwell, carrying an oxygen tank. Facility staff failed to provide adequate supervision of Resident #4. Based on these findings, an Immediate Jeopardy (IJ-J) was identified at 42 CFR 483.25, Quality of Care, F689, Free of Accident Hazards/Supervisions/Devices on January 30, 2026 at 6:14 PM.The facility's Administrator submitted a corrective action plan to the Survey Team that was accepted on January 30, 2026 at 8:21 PM that documented, Following the time that the surveyors notified the facility, Resident #4 was immediately assessed by a licensed nurse on 1/30/26, including a head-to-toe assessment and fall risk assessment. The resident sustained no injuries, had no change in condition, no evidence of shortness of breath, and vital signs were within normal limits. The resident refused skin assessment, and all documentation was entered in the electronic health record on l /30/26 at 16:56. The resident was determined to be at a low fall risk by using the Fall Risk Assessment with a score of 2.On 1/30/26, at 16:59 Resident #4 received education by a licensed nurse regarding safety on the stairs, safety with oxygen tank/portable 02 use, oxygen tubings, fall precautions, safety precautions, LOA leave-of-absence (LOA) precautions.The Nurse Educator/designee initiated staff education for all staff beginning 1/30/26 on stair safety, resident supervision, including documentation of escort refusal. Staff that have not yet completed education will receive education (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	when they come on their shift.The resident's care plan was updated on 1/30/26 by licensed nurse to reflect non-compliance with staff escort while using the stairwell.The code for the stairwell was changed on 1/30/26 and education was provided to all staff.Date of Compliance: 2/2/26.Verification for the removal of the immediacy was performed by the Survey Team onsite on February 2, 2026 at 4:30 PM. Cross Reference 22B DCMR Sec. 3211.1(d)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, resident and staff interviews, for one (1) of eight (8) sampled residents, facility staff failed to ensure that a resident who needed continuous oxygen was provided with such care. Resident #4.The findings included: Resident #4 was admitted to the facility on [DATE] with multiple diagnoses that included: Chronic Obstructive Pulmonary Disease (COPD), Chronic Respiratory Failure with Hypoxia and Hypertension. Review of the resident's medical record revealed the following: A care plan focus area last revised on 10/29/25, [Resident #4] is on oxygen therapy r/t (related to) COPD, had interventions that included: for residents who should be ambulatory, provide extension tubing or portable oxygen apparatus and oxygen settings: [Resident #4] has O2 (oxygen) via nasal prongs @ (2-3)L/M (liters per minute) continuously. A physician's order dated 12/11/25 directed, Oxygen Supplementation. Administer Oxygen 2-3 L/min via Nasal Cannula, every shift for COPD.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 response; shortness of breath or trouble breathing with exertion, when sitting at rest and when lying flat; and used oxygen therapy while a resident.During an observation on the 2-north stairwell on 01/30/26 at 3:47 PM, the resident was observed alone, going down the stairwell, noticeably short of breath. The resident had oxygen on via nasal cannula at 3 liters and was carrying a portable oxygen cylinder E-tank [3 feet tall, aluminum tank that weighs approximately 8 pounds] in a wheeled caddy. Upon inspection, the oxygen tank's indicator was in the red area that marked 0 refill, indicating that the tank was empty. During a face-to-face interview on 01/30/26 at 3:51 PM, Employee #7 (2 south Unit Manager), acknowledged that Resident #4's oxygen was empty when he was observed short of breath and alone in the stairwell. The employee stated, The assigned nurse is supposed to check and make sure that resident's oxygen tanks are not empty when they are leaving the unit.The evidence showed that facility staff failed to ensure that Resident #4, who required continuous oxygen, was provided with continuous oxygen.

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	095019	A. Building B. Wing	02/04/2026

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interview, for one (1) out of three (3) dining observations, facility staff failed to distribute and serve food in accordance with professional standards for food service safety.The findings included: Code of Federal Regulations (CFR) S483.60(i) Food Safety Requirements documents in part:Hand Washing, Gloves, and Antimicrobial Gel - Employees should never use bare hand contact with any foods, ready to eat or otherwise. Since the skin carries microorganisms, it is critical that staff involved in food preparation, distribution and serving consistently utilize good hygienic practices and techniques. Staff should have access to proper hand-washing facilities with available soap (regular or anti-microbial), hot water, and disposable towels and/or heat/air drying methods.Staff must decontaminate hands by proper hand washing (preferred) or use of hand sanitizers (when hand washing sinks are not available) when outside the kitchen in the following situations: Prior to starting meal delivery. Prior to entering or exiting resident rooms/common areas. During a dining observation on unit 2 south on 01/29/26, at 12:30 PM, in the hallway closest to the nurse's station, two (2) facility staff were observed distributing and delivering resident meal trays without performing hand hygiene. Upon assessment, it was noted that the alcohol-based hand rub station outside of room [ROOM NUMBER] was not functioning (the handle to push that allows the alcohol-based hand sanitizer to be dispensed was broken). During a face-to-face interview on 01/29/26 at 12:35 PM, the findings were brought to the attention of Employee #8 (2 south Unit Manager). The employee acknowledged the findings and stated that he would provide education and let maintenance know that the hand sanitizing station needs to be replaced. Cross Reference 22B DCMR Sec. 3219.1

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F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. Based on record reviews and staff interview, facility staff failed to meet the State requirement of providing a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day on 01/30/26, when an Immediate Jeopardy was identified. The census on that day was 273.The findings included: Review of the facility's staffing revealed that they failed to meet the requirement of providing a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day on 01/30/26. The total direct nursing hours per resident on 01/30/26 was 3.9, the same day an Immediate Jeopardy was identified. During a face-to-face interview on 02/04/26 at 2:53 PM, the findings were brought to the attention of Employee #8 (Staffing Coordinator). The employee acknowledged the findings and stated, I hear that ‘4.1' number a lot and we are working hard on meeting that requirement.Cross Reference 22B DCMR Sec. 3211.5

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, resident and staff interviews, for three (3) of eight (8) sampled residents, facility staff inaccurately documented that Residents' #5 and #6 received showers when they did not; and facility staff failed to accurately complete Resident #4's Safe Smoker Assessment.The findings included:Review of the facility's Clinical Documentation/Record policy dated January 2026 documented in part:Documentation entries into organization documents or the health record (including but not limited to provider orders) must be accurate, valid, complete, and authenticated, that is, the information is truthful.Review of the 2 south shower, bath and skin sweep sheets document provided to the surveyor on 01/29/26 showed that on Mondays and Thursdays, day shift, the residents in room [ROOM NUMBER] (private) and 229D were scheduled to get a shower.Resident #5 was admitted to the facility on [DATE] with multiple diagnoses that included: Cirrhosis of the Liver, Muscle Weakness, Sickle- Cell Disease and Heart Failure.Review of the resident's medical record revealed the following:A census tracking sheet that showed Resident #5 resided in room [ROOM NUMBER] (private room) since 01/11/26.A physician's order dated 11/27/25 that directed, Shower twice a week and per patient request in the morning every Monday, Thursday.A Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded: a Brief Interview for Mental Status (BIMS) summary score of 11, indicating moderate cognitive impairment; rejection of care behaviors not exhibited; and independent with showers and bathing.Review of Resident #5's Treatment Administration Record (TAR) for January 2026 showed that facility staff documented a checkmark and their initials to indicate that a shower was completed for the resident on 01/29/26, day shift. Review of the Certified Nurse Aide (CNA) documentation for January 2026 showed that facility staff documented their initials on 01/29/26 to indicate that Shower preferred day of Monday and Thursday in morning with skin check. Document refusals was completed.During a face-to-face interview on 01/29/26 at 3:03 PM, Resident #5 stated, I didn't take a shower today, I didn't want one and I told them that.Resident #6 was admitted to the facility on [DATE], to room [ROOM NUMBER]D with multiple diagnoses that included: Hemiplegia and Hemiparesis, Chronic Obstructive Pulmonary Disease and Muscle Disease. Review of the resident's medical record revealed the following: A physician's order dated 12/18/25 that directed, Shower twice a week and per patient request, every day shift every Monday, Thursday.An admission MDS assessment dated [DATE] showed that facility staff coded: a BIMS summary score of 08, indicating moderate cognitive impairment; rejection of care behaviors not exhibited; and required substantial/maximal assistance to shower/bathe.Review of the Resident #6's TAR for January 2026 showed that facility staff documented a checkmark and their initials to indicate that a shower was completed for the resident on 01/29/26, day shift. Review of the CNA documentation for January 2026 showed that facility staff documented their initials to indicate that Shower preferred day of Monday and Thursday in morning with skin check. Document refusals was completed.During a face-to-face interview on 01/29/26 at 3:05 PM, Resident #6 stated, I didn't take a shower today. I wouldn't take a shower here! I don't shower after the people at this place.A face-to-face interview was conducted on 01/29/26 at 3:07 PM, with Employee #9, (Registered Nurse/RN), who was assigned to Residents' #5 and #6. When asked if the residents received showers today, the employee stated, No. The CNA told me that the residents were washed up in the bed. The surveyor then asked Employee #9 why she documented that showers were administered when they were not. The employee stated, I should've documented that they refused their showers and got a bed bath instead. The evidence showed that both Resident #5 and 6's assigned CNA and nurse documented that they had received a shower on 01/29/26, day shift, when they did not.During a (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	face-to-face interview on 01/29/26 at 3:10 PM, the findings were brought to the attention of Employee #7 (2 south Unit Manager). The employee acknowledged the findings and stated that education will be provided. Resident #4 was admitted to the facility on [DATE] with multiple diagnoses that included: Chronic Obstructive Pulmonary Disease (COPD), Chronic Respiratory Failure with Hypoxia and Hypertension. Review of the resident's medical record revealed the following: A care plan focus area revised on 10/29/25, [Resident #4] is on oxygen therapy r/t (related to) COPD had interventions that included, [Resident #4] has O2 (oxygen) via nasal prongs @ (2-3)L/M (liters per minute) continuously.A physician's order dated 12/11/25 directed, Oxygen Supplementation. Administer Oxygen 2-3L/min via Nasal Cannula, every shift for COPD.A Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded: a Brief Interview for [NAME] Status (BIMS) summary score of 15, indicating intact cognitive response; no functional impairment in range of motion; and used oxygen therapy while a resident. 01/09/26 Quarterly Safe Smoker Assessment:Resident's preferred method of tobacco - cigarettes.Does the resident have an order for continuous or PRN (as needed oxygen) - no.Recommended personal protective equipment for safe smoking based on the therapy assessment - supervision.The IDT determined that the resident is deemed safe smoker.During a face-to-face interview on 02/02/26 at 1:45 PM, Resident #4 stated that he does not smoke cigarettes and has not smoked cigarettes in almost ten (10) years. The evidence showed that facility staff inaccurately documented that Resident #4 did not have an order for continuous or PRN oxygen on the Safe Smoker Assessment. During a face-to-face interview on 02/02/26 at 1:51 PM, Employee #7 (2 south Unit Manager) stated, The process for completing the smoking assessment is to talk to the resident, do an assessment and review the medical record for any orders for oxygen use. The employee reviewed Resident #4's Safe Smoker Assessment, physician's orders, and stated, That was an oversight.

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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, record review and staff interviews, facility staff failed to implement infection prevention and control practices to help prevent the development and transmission of communicable diseases and infections as evidenced by: failure to perform hand hygiene and don required personal protective equipment (PPE) prior to entering Resident #8's room who was on contact precautions; one (1) of five (5) hand sanitizer stations on unit 2 south were not operable; and failure to have an operable hand soap dispenser and hand soap in one staff restroom.The findings included:Resident #8 was admitted to the facility on [DATE] with multiple diagnoses that included: End Stage Renal Disease and Diastolic Congestive Heart Failure. Review of the resident's medical record revealed the following: A Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed that facility staff coded a Brief Interview for Mental Status (BIMS) summary score of 11, indicating moderate cognitive impairment.01/27/26 at 2:00 PM Situation Background Assessment Request (SBAR) Communication Tool:Situation - bacteria conjunctiva of the left eye.Nurse Practitioner (NP) notified in person at 2:05 PM.Resident was noted with left eye redness when she came back from dialysis. NP was informed in person and she ordered Moxifloxacin ophthalmic solution 0.5% instill 1 drop in left eye three times a day for Bacterial Conjunctivitis for 7 Days. Resident denied pain.A physician's order dated 01/27/26 directed, Place patient on contact isolation for 10 days, every shift for Conjunctivitis.During an observation on unit 3 north on 01/28/26 at 1:22 PM, a pink sign was posted on Resident #8's door that documented, Isolation Droplet/Contact Precautions. Staff and providers must clean hands when entering and exiting, gown, N95 respirator, eye protection, gloves. Keep door closed. Use dedicated or disposable equipment. Clean and disinfect shared equipment. A blue PPE holder was noted with gloves and gowns. During a face-to-face interview on 01/28/26 at 1:23 PM, in front of Resident #8's room, Employee #10 (3 north Unit Manager) was asked why the resident was on droplet and contact precautions. Employee #10 stated, [Resident #10] has conjunctivitis, I'm not sure why it says ‘droplet/contact precautions. It should be just contact precautions. As this interview was happening, a staff member was observed entering Resident #8's room. The staff member failed to perform hand hygiene or don any PPE before entering the room. During an observation on 01/28/26 at 1:27 PM, Employee #11 (Certified Nurse Aide/CNA) was asked why she failed to perform hand hygiene and don PPE before entering Resident #8's room, who was on contact precautions. Employee #8 stated, I was just going in there to replace her water.2. During a dining observation on unit 2 south on 01/29/26, at 12:30 PM, in the hallway closest to the nurse's station, two (2) facility staff were observed distributing and delivering resident meal trays without performing hand hygiene. Upon assessment, it was noted that the alcohol-based hand rub station outside of room [ROOM NUMBER] was not functioning (the handle to push that allows the alcohol-based hand sanitizer to be dispensed was broken). During a face-to-face interview on 01/29/26 at 12:35 PM, the findings were brought to the attention of Employee #8 (2 south Unit Manager). The employee acknowledged the findings and stated that he would provide education and let maintenance know that the hand sanitizing station needs to be replaced. 3. During an observation on 02/02/26 at 10:46 AM of the 2 south staff restroom, the hand soap dispenser was observed to be broken and nonfunctional. A bottle of Sterex Medical Hospital bath and shampoo was placed at the sink for staff to use to wash their hands. During a face-to-face interview on 02/02/26 at 10:51 AM, the observation was brought to the attention of Employee #11 (Infection Preventionist). Employee #11 stated, The ‘Sterex bath and shampoo' is used to bathe residents and is not acceptable for staff to use for hand hygiene purposes. I am not sure how long the soap dispenser has been broken or how long staff have been using the shampoo to wash their hands. I will get maintenance to (continued on next page)

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 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deanwood Rehabilitation and Wellness Center	5000 Nannie Helen Burroughs Ave. NE Washington, DC 20019

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	come and fix the soap dispenser now.The evidence that facility staff failed to maintain infection prevention and control practices to help prevent the development and transmission of communicable diseases and infections.These findings were brought to the attention of Employee #2 (Director of Nursing/DON) on 02/02/26 at approximately 4:45 PM. Employee #2 acknowledged the findings and stated that education will be provided. Cross Reference 22B DCMR Sec. 3217.6