STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095020	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stoddard Baptist Nursing Home	1818 Newton St. NW Washington, DC 20010

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, medical record review and staff interviews for two (2) of six (6) sampled residents, facility staff failed to ensure interventions were implemented for a resident who was status post cervical laminectomy and required assistance from staff with transfers; and for a resident with a history of Dementia and Left Below the Knee Amputation (BKA) who required 2-person assistance while performing Activities of Daily Living (ADL) care. Residents' #34 and #35. The findings included: An undated facility policy titled ?Activities of Daily Living' documented in part, [Nursing home facility's name] will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in Activities of Daily Living (ADLs) do not deteriorate and Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care. 2. Transfer and ambulation. 3. Toileting and A resident who is unable to carry out activities of daily living will receive the necessary services to maintain grooming, personal and oral hygiene. 1.Resident #34 was admitted to the facility on [DATE] with multiple diagnoses that included: Peripheral Vascular Disease, Status Post Left BKA, Diabetes Mellitus Type II, Anemia and Hypertension. A care plan Focus area initiated 04/05/24 documented in part: [Resident #34's name] has limited physical mobility r/t (related to) BKA and revised Intervention dated 05/28/25 that documented, Resident is a two person assist with ADLs. A physician's order dated 05/28/25 documented, Resident is a two person assist with ADLs every shift. 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. Functional goals and abilities that documented the resident was totally dependent on staff for all ADLs. A review of certified nursing assistants (CNAs) task sheet dated November 2025 documented that the resident is a two-person assist with ADLs. During a face-to-face interview conducted on 11/19/25 at approximately 3:00 PM, Employee #6 (Certified Nursing Assistant, CNA) stated, I don't call anybody to come with me to clean her; I only call someone if she's agitated. Her care plan says no male CNA can work with her, but I don't know about if it she needs two people to work with her. During a face-to-face interview conducted on 11/19/25 at approximately 4:30 PM, Employee #5 (Unit Manager) acknowledged the findings and stated, They [CNAs] do the 2 people [assistance] so one can validate the other if something is alleged. For meal tray, one person can take her tray into her [room], but for ADL care two people are supposed to do it. I don't know if that's happening all the time when I'm not here. 2.Resident #35 was admitted to the facility on [DATE] with multiple diagnoses that included: Spinal Stenosis, Cervical Laminectomy and Chronic Obstructive Pulmonary Disease. An admission Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '15,' indicating the resident was cognitively intact. Functional goals and abilities that documented that the resident was totally dependent on staff for toileting, personal hygiene, oral hygiene and required maximal assistance from staff for transfers. A care plan Focus area dated 11/14/25 documented, [Resident #35's name] has an ADL self-care performance deficit r/t (related to) cervical laminectomy (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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and Interventions that documented, TRANSFER: The resident is usually dependent on 1-2 [one to two] staff to move between surfaces. During an observation conducted on 11/17/25 at approximately 12:30 PM, facility staff were observed leaving clean linen at the bedside for ADL care to be performed by Resident #35 alone. It should be noted that Resident #35 stated, They leave me by myself when I go to the bathroom to wash myself; they supposed to be monitoring me when I get up. During a face-to-face interview conducted on 11/17/25 at approximately 2:19 PM, Employee #3 (Assistant Director of Nursing/ADON) acknowledged the findings and stated, [Resident #35's name] should be with at least one person during transfers at all times. That's unacceptable if that's not happening.

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, medical record review and staff interviews for one (1) of six (6) sampled residents, facility staff failed to provide a resident with food prepared by methods that conserve nutritive value, flavor, appearance, and that is palatable and attractive. Resident #35. A review of Resident #35's medical record revealed: Resident #35 was admitted to the facility on [DATE] with multiple diagnoses that included: Spinal Stenosis, Cervical Laminectomy and Chronic Obstructive Pulmonary Disease. An admission Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '15,' indicating the resident was cognitively intact. A review of the facility's resident lunch menu dated 11/17/25 documented: Cream of Mushroom Soup, Tuna Macaroni, Peas & Carrots, Crackers and Strawberry Yogurt. During an observation conducted on 11/17/25 at approximately 12:34 PM, Resident #35's lunch tray was noted on the bedside table untouched. The resident stated she was hungry but didn't eat her lunch because she didn't know what it was and she didn't like it and asked if the surveyor would eat something that looked like that. It should be noted that the lunch tray contained a plate with an item that appeared to have been mashed and mixed with small-sized pasta and a small saucer that contained a soft, white unidentifiable food item that looked like mayonnaise. It should also be noted that the resident's meal ticket documented, [Resident #35's name], room number and Regular Meals, Thin Liquids however, the lunch menu was not listed on the meal ticket. During a face-to-face interview conducted on 11/17/25 at approximately 2:30 PM, Employee #4 (Dietary Supervisor) acknowledged the findings and stated, Yes, I can see that it doesn't look appealing, it looks like slop. Our dietary aides plate the food. I will work with them to make the food more appealing when it is plated.