

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Unique Rehabilitation and Health Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 901 First Street NW Washington, DC 20001	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff and resident interview, facility staff failed to develop care plans for two (2) of nine sampled residents to address: (1) Resident #6's refusal to allow nursing staff to clean his room, including the nightstand and closet; and (2) Resident #4's use of a mechanical lift for transfer out of bed. (Residents #4 and #6).</p> <p>The findings included:</p> <p>Resident #6 was admitted to the facility on [DATE] with multiple diagnoses including Major Depression, Adjustment Disorder, Psychoactive Substance Abuse, Alcohol Use, Generalized Muscle Weakness, and Dependence of Wheelchair.</p> <p>An annual Minimum Data Set assessment dated [DATE] documented in part that Resident #6's Brief Interview Mental Status summary score was coded as 14 indicating resident had an intact cognitive status. Additionally, the resident was coded for impairment of both lower extremities and independent with using a manual wheelchair.</p> <p>An observation on 06/02/25 at approximately 12:45 PM, showed the resident's nightstand drawers contained multiple empty liquor bottles, a bottle of Theraflu (cough syrup), and a tube of Diclofenac Sodium Topical Gel 1% (arthritis medicine). Additionally, the resident's closet was noted to have multiple dirty clothing items and multiple pieces of paper.</p> <p>A review of the resident's care plan lacked documented evidence that the facility developed a care plan that outlined the nursing staff's role when the resident refused to allow them to clean his room, including his nightstand and closet or make his bed.</p> <p>During a face-to-face interview on 06/02/25 at approximately 1PM, Employee #4 (assigned CNA) stated that she has worked with the resident for three months and she has not cleaned his nightstand or closet because he will not allow her to touch any of his things. The employee also said that the resident will not allow her to make his bed or change his linen.</p> <p>During a face-to-face interview on 06/03/25 at approximately 10 AM, Employee #3 (RN/Unit manager) stated that the facility's protocol is that nursing assistants will clean residents' nightstands and closets daily. However, Resident #6 will not allow nursing staff to clean his room, make his bed or change his linen. Employee #3 reviewed the resident's care plan and stated she did not see a care plan that addressed Resident #6's refusal to allow nursing staff to clean his room.</p> <p>(continued on next page)</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #4 was admitted on [DATE] with multiple diagnoses including history of Falls, Muscle Weakness, and Obesity.</p> <p>A quarterly Minimum Data Set assessment documented in part that Resident #4's Brief Interview of Mental Status summary score was coded as 14 indicating that the resident had an intact cognitive status. The resident was coded for no impairment of both upper and lower extremities, totally dependent on staff for activities of daily living and mobility. The resident was coded as 5 feet, 6 inches in height with a weight of 316 pounds.</p> <p>During an observation on 06/05/25 at approximately 10AM, Resident #4 was observed lying in bed watching television. She was alert and oriented to name, place, time, and situation. At the time of the observation, the resident stated the staff gets her out of bed at least one time a week. The staff uses a mechanical lift to get her out of bed. There are at least 2 staff members helping her to get out of bed. She gets out of bed at least once a week because she has a pressure ulcer and is not allowed to sit up for long periods. It should be noted that the resident was admitted with a Stage 3 sacral pressure ulcer.</p> <p>During a face-to-face interview on 06/05/25 at approximately 11:50 AM, Employee #6 (CNA) stated that at least two staff members help her when she gets the resident out of bed. Additionally, they use a mechanical lift to help get the resident out of bed.</p> <p>During a face-to-face interview on 06/05/25 at approximately 1 PM, Employee #5 (RN/Unit Manager) reviewed the resident's care plan and stated that she did not see a care plan that addressed the use of a mechanical lift to transfer the resident out of bed.</p>		