## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/24/2021 FORM APPROVED OMB NO. 0938-0391

	8/8/2010/201	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED	
	095019			0:	02/09/2021
NAME OF PROVIDER OR SUPPLIER  DEANWOOD REHABILITATION AND WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	SHOULD BE COMPLETION	
An Emergency Pr conducted on Janu of Health, Health F Administration, in a Based on observat interviews, it was f compliance with Er requirements for M	pary 29, 2021, by the Department Regulation and Licensing accordance with 42 CFR 483.73. Itions, record review and staff bound that the facility was in mergency Preparedness ledicare and Medicaid	E 000			4/2/21
	Initial Comments  An Emergency Producted on January of Health, Health Fadministration, in a Based on observatinterviews, it was frompliance with Enrequirements for Marticipating Provid 483.73.	Summary STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An Emergency Preparedness Survey was conducted on January 29, 2021, by the Department of Health, Health Regulation and Licensing Administration, in accordance with 42 CFR 483.73. Based on observations, record review and staff interviews, it was found that the facility was in compliance with Emergency Preparedness requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An Emergency Preparedness Survey was conducted on January 29, 2021, by the Department of Health, Health Regulation and Licensing Administration, in accordance with 42 CFR 483.73. Based on observations, record review and staff interviews, it was found that the facility was in compliance with Emergency Preparedness requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR	Summary statement of deficiencies  (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An Emergency Preparedness Survey was conducted on January 29, 2021, by the Department of Health, Health Regulation and Licensing Administration, in accordance with 42 CFR 483.73. Based on observations, record review and staff interviews, it was found that the facility was in compliance with Emergency Preparedness requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.	SUMMARY STATEMENT OF DEFICIENCIES  (JEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING IMPORMATION)  Initial Comments  An Emergency Preparedness Survey was conducted on January 29, 2021, by the Department of Health, Health Regulation and Licensing Administration, in accordance with 42 CFR 483.73, Based on observations, record review and staff interviews, it was found that the facility was in compliance with Emergency Preparedness requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.

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.