

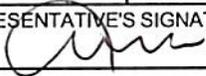
District of Columbia State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/16/2026
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NAME OF PROVIDER OR SUPPLIER SERENITY REHABILITATION AND HEALTH CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE, WASHINGTON, District of Columbia, 20032
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L0000	<p>Initial Comments</p> <p>An unannounced Complaints Survey was conducted at this facility from January 14, 2026 to January 16, 2026. Survey activities consisted of observations, record reviews, and resident and staff interviews. The sample included four (4) residents. The facility's census on the first day of the survey was 178 residents.</p> <p>The following Complaint was investigated: 2708869.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 22B District of Columbia Municipal Regulations (DCMR) Chapter 32 requirements for Long Term Care Facilities.</p> <p>Federal and State deficiencies were cited related to the investigation of intake 2708869.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>AOL - Activities of Daily Living</p> <p>BIMS - Brief Interview for Mental Status</p> <p>B/P - Blood Pressure</p> <p>CM - Centimeters</p> <p>CNA - Certified Nurse Aide</p> <p>LPN - Licensed Practical Nurse</p> <p>MOS - Minimum Data Set</p> <p>Mg - milligrams (metric system unit of mass)</p> <p>NP - Nurse Practitioner</p> <p>PA - Physician's Assistant</p>	L0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE (X6) DATE **Administrative 2-11-2026**

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L0000	Continued from page 1 Prn - As needed Pt- Patient Q- Every RN - Registered Nurse ROM - Range of Motion RP RIP - Responsible party SBAR - Situation, Background, Assessment, Recommendation/Request TAR - Treatment Administration Record	L0000	Serenity Rehabilitation and Health Center LLC makes its best efforts to operate in substantial compliance with both Federal and State laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the statement of the deficiencies. This plan of correction (POC) is prepared and/ or executed because it is required by State and Federal laws 1. CORRECTIVE ACTION FOR THE AFFECTED RESIDENTS	2.11.2026
L0056	3211.5 Nursing Facilities Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day, of which at least six tenths (0.6) hours shall be provided by an advanced practice registered nurse or registered nurse, which shall be in addition to any coverage required by subsection 3211.4. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interview, facility staff failed to provide a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day for seven (7) out of eight (8) days sampled. The facility's census on the first day of the survey was 178 residents. 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 the following dates: 10/25/25 - 3.4. 10/26/25 - 2.9. 10/27/25 - 3.4. 10/28/25 - 3.8.	L0056	This deficiency cannot be retroactively corrected. To address the identified staffing concern and ensure residents' needs are met, the Human Resource Director, Staffing Coordinator, and Nursing Supervisors were educated on February 4, 2026 regarding the importance of maintaining adequate staffing levels in accordance with state-required hours per patient day (HPPD), as well as staff call-out reporting and accountability procedures. The education was provided by the Administrator and the Director of Nursing. 2. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED All residents have the potential to be affected by this deficient practice. A review of resident medical records-(incident reports, and grievances) was conducted by the clinical leadership team, led by the Director of Nursing (DON) and Assistant Director of Nursing (ADON), for the period of January 25 through February 7, 2026. No evidence was identified to indicate that any resident experienced a negative or adverse outcome related to staffing levels not meeting the state-required 4.1 HPPD .	

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L0056	Continued from page 2 10/29/25 - 3.9. 01/15/26 - 3.7. 01/16/26 - 3.5. During a face-to-face interview on 01/16/26 at approximately 2:00 PM, the findings were acknowledged by Employee #1 (Administrator).	L0056	3. MEASURES TO PREVENT REOCCURRENCE To prevent recurrence of the identified staffing concern, the facility has implemented the following measures: Human Resources will reinforce established attendance and call-out policies, including progressive disciplinary action for excessive or unapproved call-outs, to minimize staffing shortages and support compliance with required HPPD. Director of Nursing (DON) and Staffing Coordinator will review call outs so corrective actions can be implemented promptly to ensure the minimum daily 4.1 HPPD is met. The Human Resources Director will continue active recruitment efforts to fill staffing gaps. A bonus and incentive structure have been implemented to encourage staff to accept additional shifts when vacancies occur. Additionally, the Human Resources Director will conduct weekly staff orientations if needed until all open positions are filled.	2.11.2026
L0171	3228.3 Nursing Facilities Each facility shall make available podiatry services upon need or request by a resident. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, record review and staff interviews, for one (1) of four (4) sampled residents, facility staff failed to make podiatry services available for Resident #2. The findings included: Resident #2 was admitted to the facility on 10/13/25 with multiple diagnoses that included: Type 2 Diabetes Mellitus, Hyperlipidemia, Cerebral Infarction and Schizophrenia. Review of the resident's medical record revealed the following: A physician's order dated 10/13/25 that directed, "Dental/Ophthalmology/Podiatry/Psychiatry/Dietary consult PRN (as needed)" 10/14/25 at 1:07 PM Skin and Wound Note:Date of Service: 10/14/25Reason for visit: new admission to the facility, skin/wound assessment.The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails. Care plan focus area initiated 10/15/25: [Resident #2] has unstable blood glucose r/t (related to) Diabetes Mellitus. Interventions: Inspect feet daily for open areas, sores, pressure areas, blisters, edema or redness.	L0171	4. MONITORING CORRECTIVE ACTION The DON or designee will review weekly staffing reports to ensure the minimum 4.1 daily HPPD is met. Audits will be conducted weekly for four weeks and monthly for two months. Findings will be reported to the monthly QAPI meeting for further recommendations. Any negative findings will be corrected upon discovery. DATE OF COMPLIANCE: 2/13/26	

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L0171	<p>Continued from page 3 Refer to podiatrist/foot care nurse to monitor/document foot care needs and to cut long nails.</p> <p>A physician's order dated 10/19/25 that directed, "Weekly skin assessment by Licensed nurse every day shift every Tue (Tuesday) for weekly skin assessment; Shower twice a week and as needed every day shift every Tue, Fri (Friday)."</p> <p>A physician's order dated 10/20/25 directed, "Offload bilateral heels while in bed and as tolerated, every shift for heel pressure relieved (sp)."</p> <p>10/21/25 at 11:39 AM Skin and Wound Note: - Date of Service: 10/21/25. - The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails.</p> <p>10/28/25 at 2:26 PM Skin and Wound Note: - Date of Service: 10/28/25. - The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails.</p> <p>Care plan focus area, last revised on 10/28/25: [Resident #2] has an AOL (activities of daily living) self-care performance deficit related to (r/t) generalized weakness. Interventions: [Resident #2] Requires skin inspection. Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse.</p> <p>Care plan focus area, last revised on 10/28/25: [Resident #2] has an AOL Self-care deficit related to generalized muscle weakness. Interventions: Assist with daily hygiene, grooming, dressing, oral care and eating as needed.</p> <p>Care plan focus area, last revises on 10/28/25 [Resident #2] is at risk for pressure ulcer development</p>	L0171	<p>1. CORRECTIVE ACTION FOR THE AFFECTED RESIDENTS</p> <p>Resident #2 was assessed on 01/14/2026 and did not suffer any negative outcomes as a result of this deficient practice. The resident was referred to Podiatry, assessed on 01/15/2026 by the podiatrist, and all recommendations were carried out.</p> <p>2. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED</p> <p>All residents have the potential to be affected by this deficient practice. An audit was conducted by the Unit Manager/Designee to ensure that all residents requiring podiatry services were referred appropriately and that recommendations were implemented. This audit will be completed by 02/10/2026. Any negative findings will be corrected immediately upon discovery.</p> <p>3. MEASURES TO PREVENT REOCCURRENCE</p> <p>In-service education was provided by the Nurse Educator/Designee to all licensed nurses to ensure that all residents requiring podiatry services are referred to podiatry irrespective of insurance status. Residents awaiting insurance approval will receive alternative arrangements for medically urgent podiatry services. This education will be completed for at least 85% of licensed nurses by 02/13/26 and will continue until 100% compliance is achieved. Education will also be done for Medical Records and Unit Secretaries to ensure that newly admitted residents are promptly referred to Podiatry as appropriate.</p>	2.11.2026

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L0171	<p>Continued from page 4 r/t fragile skin, incontinence, decreased mobility, and other comorbidities.</p> <p>Interventions: Follow facility policies/protocols for the prevention/treatment of skin breakdown. Offload heels/pressure areas while in bed, as tolerated. Weekly skin assessment by licensed nurse.</p> <p>11/07/25 at 9:06 AM Skin and Wound Note: - Date of Service: 11/07/25. - The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails.</p> <p>11/14/25 at 8:34 AM HP Skin and Wound Note: - Date of Service: 11/14/25. - The patient is recommended for routine in house Podiatry evaluation for management of nail trimming and thickened nails.</p> <p>The evidence shows that on 10/14/25, 10/21/25, 10/28/25, 11/07/25 and 11/14/25, the wound care practitioner recommended "routine in house Podiatry evaluation for management of nail trimming and thickened nails."</p> <p>A Quarterly Minimum Data Set (MOS) assessment dated 12/02/25 showed that facility staff coded the following: clear speech, understands others and able to make self understood; A Brief Interview for Mental Status (BIMS) summary score of "13" indicating intact cognitive response; required supervision or touching assistance for shower/bathe self, lower body dressing, putting on/taking off footwear.</p> <p>A document provided to the surveyor showed that a podiatrist was in the facility to see residents on 10/24/25, 11/11/25, and 12/19/25.</p> <p>12/29/25 Weekly Skin Assessment -Licensed Nurse:No skin impairment.Plan of care continued.</p> <p>01/05/26 Weekly Skin Assessment -Licensed Nurse:No skin impairment.Plan of care continued.</p>	L0171	<p>4. MONITORING CORRECTIVE ACTION</p> <p>An audit will be conducted by the Unit Manager/Designee to ensure that all residents requiring podiatry services are referred and that recommendations are carried out. This audit will be conducted weekly for four (4) weeks and monthly for two (2) months. Findings will be reported to the monthly QAPI committee for further recommendations. All negative findings will be corrected immediately upon discovery.</p> <p>DATE OF COMPLIANCE: 2/13/26</p>	02.11.2026

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L0171	<p>Continued from page 5</p> <p>01/13/26 Weekly Skin Assessment -Licensed Nurse:</p> <ul style="list-style-type: none"> - No skin impairment. - Plan of care continued. <p>During an observation on 01/14/26 at 10:15 AM, Resident #2 was observed laying in bed with his feet not covered. Upon inspection by the surveyor, the following was noted:Resident's left foot: all five toes had overgrown, thickened, yellow nails. The nail on the second toe was overgrown and curved downwards and touching the big toe. The nails on the third, fourth and fifth toes were more overgrown, curved and digging into the skin on the bottom of the resident's left foot.Resident's right foot: all five toes had overgrown, thickened, yellow nails. The nails on the fourth and fifth toes were even more overgrown, curved downwards, and digging into the skin on the bottom of the resident's right foot.</p> <p>The surveyor called Employee #3 (assigned Certified Nurse Aide/CNA) and Employee #4 (assigned Licensed Practical Nurse/LPN) into the resident's room at 2:24 PM where they made the same observations. Employee #4 stated, "I did my assessment of [Resident #2] this morning that included a skin assessment and noticed that his toenails are long and that he needed to see podiatry." When asked if the resident had seen a podiatrist since his admission on 10/13/25, Employee #4 stated that she was not sure and would check with the unit manager.</p> <p>At 2:30 PM, Employee #2 (Director of Nursing) and Employee #5 (3rd Floor Unit Manager) were pulled into Resident #2's room and they also observed the condition of Resident #2's feet and toenails. When asked if the resident has been seen by a podiatrist since his admission on 10/13/25, Employee #5 stated, "No." Employee #2 further stated, "He is on the list to be seen but has not been seen yet."</p> <p>During a face-to-face interview on 01/14/25 at 3:09 PM, Employee #1 (Administrator) stated, "[Resident #2] was admitted with Medicare part A. His DC (District of Columbia) Medicaid application is still pending so he does not have insurance to cover podiatry services. His application was submitted on 11/18/25." When asked will the resident have to wait as long as it takes the application to get approved before being able to get</p>	L0171		02.11.2026

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L0171	Continued from page 6 his diabetic feet and toenails addressed by a podiatrist. Employee #1 stated, "No, we could always make exceptions for him to be seen and the facility would cover the cost." The evidence showed that since his admission on 10/13/25 to 01/14/25, three (3) months, facility staff failed to make podiatry services available for Resident #2, who is a diabetic with increased risk to developing foot problems.	L0171		02.11.2026
L0201	3231.12 Nursing Facilities Each medical record shall include the following information: (a) The resident's name, age, sex, date of birth, race, marital status home address, telephone number, and religion; (b) Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor; (c) Medicaid, Medicare and health insurance numbers; (d) Social security and other entitlement numbers; (e) Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses; (f) Date of discharge, and condition on discharge; (g) Hospital discharge summaries or a transfer form from the attending physician; (h) Medical history and allergies; (i) Descriptions of physical examination, diagnosis and prognosis; U) Rehabilitation potential;	L0201	1. CORRECTIVE ACTION FOR THE AFFECTED RESIDENTS Resident MDS assessment was modified by the MDS nurse on 1/16/26 to accurately reflect the status of acquired wounds. Resident #1 was assessed on 01/16/2026 by the charge Nurse and did not suffer any negative outcomes as a result of this deficient practice. 2. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED All residents have the potential to be affected by this deficient practice. An audit was conducted by the MDS nurse/designee to ensure that all acquired wounds in the facility are coded appropriately. This and was completed on 02/05/2026. Any negative findings will be corrected immediately upon discovery.	

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L0201	<p>Continued from page 7</p> <p>(k) Vaccine history, if applicable, and other pertinent information about immune status in relation to vaccine preventable disease;</p> <p>(l) Current status of resident's condition;</p> <p>(m) Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable to indicate a status quo condition;</p> <p>(n) The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged;</p> <p>(o) Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service;</p> <p>(p) A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;</p> <p>(q) The plan of care;</p> <p>(r) Consent forms and advance directives; and</p> <p>(s) A current inventory of the resident's personal clothing, belongings and valuables.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interview, for one (1) of four (4) sampled residents, facility staff to ensure that Resident #1's Quarterly Minimum Data Set (MOS) assessment was accurately coded with the current status of the resident's condition (a facility acquired pressure injury (deep tissue injury/DTI)).</p>	L0201	<p>3. MEASURES TO PREVENT REOCCURRENCE</p> <p>The Regional MDS nurse provided in-service training to all MDS nurses to ensure that all acquired wounds in the facility are coded correctly. This education was completed on 01/16/2026.</p> <p>4. MONITORING CORRECTIVE ACTION</p> <p>An audit will be conducted by the MDS nurse/designee to ensure appropriate coding of acquired wounds. This audit will be conducted weekly for four (4) weeks and monthly for two (2) months. Findings will be reported to the monthly QAPI committee for further recommendations. All negative findings will be corrected immediately upon discovery.</p> <p>DATE OF COMPLIANCE 02-13-2026</p>	02.11.2026

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L0201	<p>Continued from page 8 The findings included:</p> <p>Resident #1 was admitted to the facility on 08/15/23 with multiple diagnoses that included: Type 2 Diabetes Mellitus, Alzheimer's Disease, Dementia, Muscle Weakness and Major Depressive Disorder.</p> <p>Review of the resident's medical record revealed the following:</p> <p>10/29/25 at 1:53 PM Nurses Note: During routine AOL/incontinent care, writer was called by the nursing staff assigned to resident room and observed open area to sacrum. NP made aware, wound team and dietitian notified.</p> <p>10/30/25 at 12:07 PM Skin and Wound Note: Date of Service: 10/30/25.Reason for visit: comprehensive skin assessment.Wound assessment: location - sacrum.Primary etiology - pressure ulcer/injury.On exam today, 10/30/25, the sacrum presents with full-thickness tissue loss with a central area of marooning to the wound bed indicating deeper tissue involvement. Until the true extent of this injury is revealed, the wound team will follow this as a DTI (a serious type of pressure injury (pressure sore) that damages underlying soft tissues, often starting at the muscle-bone interface, appearing as purple/maroon intact skin or a blood blister, and can quickly progress to severe wounds despite initial skin appearance).</p> <p>11/11/25 at 2:02 PM Wound/Pressure Ulcer Note: Type of Break in Skin Integrity: Pressure Ulcer/InjuryStage/Severity: DTI.Location: Sacrum.In house acquired.</p> <p>A Quarterly Minimum Data Set (MOS) assessment dated 11/14/25 showed that facility staff coded the following: severely impaired cognitive skills for daily decision making; at risk for pressure ulcers; has one (1) unstageable pressure injuries present upon admission.</p> <p>The evidence showed that facility staff incorrectly coded Resident #1's sacral ulcer as "present on admission" instead of facility acquired.</p> <p>During a face-to-face interview on 01/16/26 at 10:26 AM, Employee #6 (MOS Coordinator) reviewed the MOS</p>	L0201		02.11.2026

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L0201	Continued from page 9 assessment, acknowledged the findings and stated, "I miscoded that the sacral wound was present on admission, and it's not supposed to be. I will do the correction right now."	L0201		02.11.2026