

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

ABRAM HALL AL OPCO, DBA ABRAM ASSITED

STREET ADDRESS, CITY, STATE, ZIP CODE

**1320 MAIN DRIVE, WASHINGTON, DC20012
WASHINGTON, DC 20012**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments An annual licensure survey was conducted at this facility from 09/03/2026 through 09/11/2026, to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 38 residents and employed 41 personnel, including professional and administrative staff. A sample of 15 resident records and 15 employee records were selected for review. On 09/18/2026, the Office of Health Facilities, Intermediate Care Facilities Division conducted an unannounced onsite complaint investigation at this facility on 09/18/2026. Complaint #DC00014504 was investigated during the survey. Deficiencies were identified. The findings of the survey were based on observations, interviews and record reviews.	R 000	Please start typing your responses here:	
R 108	10110.2a Required Policies And Procedures 10110.2a (a)Medication management, administration of medication, medication administration errors, and medication storage; Based on observations, interview and records, the Assisted Living Residence (ALR) failed to implement its medication storage policy for storing medications for the residents residing in the facility (Residents #1 - #38). Findings included: A review of the ALR's Medication Storage and	R 108		

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
NAME OF PROVIDER OR SUPPLIER ABRAM HALL AL OPCO, DBA ABRAM ASSITED		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 108	Continued From page 1 Packaging Policy indicated that the medication storage areas will be kept locked at all times. Observations during medication administration to Resident #16 on 09/3/2026 at 12:36 PM, revealed that the Licensed Practical Nurse (LPN) #2, unlocked the medication cart, walked down the hall to retrieve hand sanitizer and left the medication cart unlocked. It should be noted that other residents and a maintenance personnel member were observed walking up and down the hall corridor. Again at 12:47 PM, LPN #2 was observed administering medications and providing treatment to Resident #17. The resident reported to LPN#2 that his feet were swollen and wanted the LPN to access his feet. The LPN went to the medication cart, unlocked the cart and retrieved the blood pressure machine and the pulse oximeter, left the medication cart open and entered the resident's room. After checking the resident's blood pressure, oxygen level and blood sugar levels, LPN #2 returned to the medication cart, retrieved the resident's medication which included, six units of Humalog, Tylenol, and Gabapentin, to administer to the resident leaving the medication cart open all this time. It should be noted that while the medication cart was left unlocked, there were visitors, residents, facility staff as well as the surveyors in the hallway close to the unlocked. At 12:50 PM, the Registered Nurse Supervisor who was also close by noted that the medication cart was unlocked and immediately locked the medication cart and informed LPN #2 that the medication cart should not be left unlocked while providing treatment and administering medication to the residents.	R 108		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/11/2026
NAME OF PROVIDER OR SUPPLIER ABRAM HALL AL OPCO, DBA ABRAM ASSITED			STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 279	10116.15d Staffing Standards 10116.15d A completed criminal background check, performed as required by the District laws and regulations applicable to each individual; Based on observations, interview, and record reviews, the Assisted Living Residence (ALR) failed to ensure that each employee had completed a criminal background check as required, for one of the 15 employees in the sample working in the ALR (Security). Findings included: Observations conducted from 09/03/2026 through 09/11/2026 showed a Security employee conducting monitoring checks in the facility. On 09/11/2026, beginning at 11:56 AM, a review of the Security personnels file revealed that a criminal background check had been processed through the provider's selected vendor. Further review of the file failed to show any evidence that the required eligibility statement issued by DC Health was included. During an interview on 09/11/2026 at 2:51 PM, after reviewing the personnel records, the Executive Director confirmed that the eligibility statement issued by DC Health for the Security employee's criminal background check was not present in the file.	R 279			
R 281	10116.15f Staffing Standards 10116.15f A healthcare practitioner's written statement as to whether the employee bears any communicable diseases, including communicable tuberculosis. Based on observations, interviews and record	R 281			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
NAME OF PROVIDER OR SUPPLIER ABRAM HALL AL OPCO, DBA ABRAM ASSITED		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 281	Continued From page 3 reviews, the Assisted Living Residence (ALR) failed to ensure that each employee's personnel file contained a written statement from a healthcare practitioner confirming that they were free from communicable disease, for five of the 15 employees working in the facility (Resident Services Director, Executive Director, Health Services Director, Trained Medical Employee, and Resident Services Assistant). Findings included: Observations conducted during the survey period from 09/03/2026 through 09/11/2026 showed the Resident Services Director (RSD), Executive Director (ED), and Health Services Director (HSD) provided services to residents, which included group activities, direct care assistance, and assisting to the surveyors during the survey process. On 09/11/2026 at 9:05 AM, the survey team requested the personnel records of the employees working in the ALR from the ED for review. On 09/11/2026, beginning at 10:54 AM, a review of the personnel files provided revealed that the RSD, ED, HSD, Trained Medical Employee, and Resident Services Assistant did not have any written statements from a healthcare practitioner confirming that they were free from communicable disease, as required by District laws and regulations. During an interview on 09/11/2026 at 2:39 PM, after reviewing the personnel files, the ED acknowledged the findings.	R 281		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
NAME OF PROVIDER OR SUPPLIER ABRAM HALL AL OPCO, DBA ABRAM ASSITED		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 283	Continued From page 4	R 283		
R 283	10116.17 Staffing Standards 10116.17 All employees, including the ALA, shall be required on an annual basis to document freedom from tuberculosis in a communicable form. Documentation shall be provided by the employee's licensed healthcare practitioner. Based on observations, interview, and record reviews, the Assisted Living Residence (ALR) failed to ensure that the staff providing services to the residents had an annual documentation from a healthcare practitioner indicating that they were free from tuberculosis (TB) in a communicable form for five of the 15 employees reviewed (Resident Services Director, Executive Director, Health Services Director, Trained Medication Employee, and Resident Services Assistant). Findings included: Observations conducted during the survey period from 09/03/2026 through 09/11/2026 showed that the Resident Services Director (RSD), Executive Director (ED), and Health Services Director (HSD) provided services to residents, which included leading group activities, providing direct care assistance, and assisting the surveyors during the survey process. On 09/11/2026 at 9:05 AM, the survey team requested the personnel records of the employees working in the ALR from the ED for the sample. On 09/11/2026, beginning at 10:54 AM, a review of the personnel files provided to the survey team revealed the following: - The RSD was seen by a healthcare practitioner on 09/11/2026, but no results could be identified	R 283		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
NAME OF PROVIDER OR SUPPLIER ABRAM HALL AL OPCO, DBA ABRAM ASSITED		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 283	Continued From page 5 until 24-72 hours later. - The ED was seen by a healthcare practitioner on 08/01/2023; however, the healthcare practitioner's signature was dated 11/19/2024. - The Trained Medication Employee (TME) was seen by a healthcare practitioner on 02/25/2025; the healthcare practitioner signed the form on 06/05/2025. - The HSD was seen by a healthcare practitioner on 06/28/2024; the healthcare practitioner signed the form on 08/26/2024. - The Resident Services Assistant (RSA) had no documented evidence of a current tuberculosis screening or written confirmation from a healthcare practitioner indicating free from communicable disease within the required timeframe. During an interview on 09/11/2026 at 2:39 PM, after reviewing the personnel files, the Executive Director acknowledged the findings.	R 283		
R 330	10122.1 On Site Medication Review 10122.1. The on-site medication review by a registered nurse that is arranged to occur every forty-five (45) days, pursuant to § 903 of the Act (D.C. Official Code § 44-109.03), shall include documentation of any changes to the resident's medication profile, including changes in dosing and any medications that have been added or discontinued. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that each resident's 45-day medication profile	R 330		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ABRAM HALL AL OPCO, DBA ABRAM ASSITED

**1320 MAIN DRIVE, WASHINGTON, DC20012
WASHINGTON, DC 20012**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 330	Continued From page 6 accurately reflected added or discontinued medications for three of the 20 residents in the sample (Residents #3, #6 and #10). Findings included: 1. On 09/08/2026 at 2:56 PM, the review of Resident #3's physician orders sheet (POS) dated 09/2026 revealed that Eliquis 2.5 milligrams (mg) was initiated on 04/10/2026. A review of the resident's 45-day medication review form dated 05/24/2026 showed no documented evidence that the Eliquis 2.5 mg had been added to the residents medication profile. The Health Services Director (HSD) in an interview on 09/10/2026 at 2:30 PM acknowledged the findings. 2. On 09/10/2026 at 12:32 PM, a review of Resident #10's POS dated 01/10/2026 revealed an order for Entresto 49-51 mg, and another dated 01/14/2026 indicated an order for Atorvastatin Calcium 20 mg. The review of Resident #10's 45-day medication dated 02/10/2026 failed to show any evidence that either medication had been added to the residents profile. 3. On 09/10/2026 at 2:00 PM, the review of Resident #6's POS dated 04/19/2026 revealed an order for Lorazepam Tab 0.5 mg. A review of the residents 45-day medication review dated 06/12/2026 indicated a dose change to Lorazepam Tab 1 mg. A subsequent 45-day review dated 07/27/2026 listed Lorazepam Tab 0.5 mg as three separate entries, coded as a new medication rather than a dose change, and the "dose change" field for these entries were	R 330		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

ABRAM HALL AL OPCO, DBA ABRAM ASSITED

STREET ADDRESS, CITY, STATE, ZIP CODE

**1320 MAIN DRIVE, WASHINGTON, DC20012
WASHINGTON, DC 20012**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 330	Continued From page 7 marked "No." Resident #6's 45-day medication review profile did not accurately reflect medication dose changes. During an interview on 09/10/2026 at 2:20 PM, the Health Services Director (HSD) acknowledged the findings.	R 330		
R 383	10125.4a Reporting Complaints To The Director 10125.4a An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day; and Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to timely notify the Department of Health (DOH) of incidents that substantially affected the residents, including falls, and emergency room visits for six of the 15 residents (Residents #1, #6, #9, #15, #19, and #20). Findings included: A review of the ALR's policy entitled "Reporting Unusual" listed that the ALR will notify the DOH of any unusual incidents that substantially affect a resident. Per the facility's policy's procedures, the Assisted Living Administrator (ALA) will contact DOH by phone promptly and shall follow up with a written notification via email within twenty-four hours or the next business day. The policy further defined unusual incidents as "accidents resulting in significant injury to a resident, an occurrence requiring or resulting in intervention from law enforcement or emergency response personnel,	R 383		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
NAME OF PROVIDER OR SUPPLIER ABRAM HALL AL OPCO, DBA ABRAM ASSITED		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 383	Continued From page 8 etc." On 09/03/2025, beginning at 1:00 PM, a review of the facility's incident reports folder revealed that the following incidents were either not reported or not reported in a timely manner to the DOH as evidenced below: 1. The review of Resident #6's progress note dated 11/09/2025 at 3:00 PM, revealed that due to a psychotic episode, Resident #6 repeatedly attempted to pull the facility's fire alarm, and an order was issued to transfer the resident to a psychiatric hospital. Further review of the records showed no documented evidence that an incident report was completed or submitted to DOH. 2. The review of Resident #9's progress note dated 11/29/2025 at 3:58 PM, revealed that Resident #9 experienced an unwitnessed fall in his room after losing his balance. The resident was offered transfer to the emergency room (ER) for further evaluation but declined. Further review of the records showed no documented evidence that an incident report was completed or submitted to DOH. 3. A review of an incident report dated 06/11/2026 at 5:00 PM revealed that Resident #1 had been vomiting since the prior day, and the nurse documented that the resident experienced light emesis with a dark, tea-colored appearance. The resident was sent to the hospital for evaluation. Further review of the incident report revealed that the DOH was notified of the incident on 06/15/2026, four days after the incident. 4. The review of an incident report dated 06/11/2026 at 4:30 PM revealed that Resident #19 complained of vaginal bleeding. The resident	R 383		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2026
NAME OF PROVIDER OR SUPPLIER ABRAM HALL AL OPCO, DBA ABRAM ASSITED		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 383	Continued From page 9 was transported to the ER for evaluation. Further review of the incident report revealed that the DOH was notified on 06/15/2026, four days after the incident. 5. The review of an incident report dated 06/05/2025, at approximately 5:30 PM, indicated that Resident #20 was transported to the hospital for dehydration after eloping from the facility since 06/03/2026. Further record review revealed that the incident was reported to the DOH on 06/09/2026, four days after the incident. 6. On 09/17/2026, DOH was notified that Resident #15 was missing from the ALR. Per the incident report, "on 9/16/26, at about 8:40 am, a certified nursing assistant, (CNA) informed the LPN on duty that Resident #15 was not sighted at the facility during breakfast. The resident was last seen entering Metro Bus around 6:00 PM, on 09/16/2026 and has not returned to the facility. Metropolitan Police Department and notified, the Case Manager and his primary care physician, the Executive Director as well as Department of Health via the hotline." An onsite investigation was initiated on 09/18/2026 at 12:05 PM, and as of 09/22/2026, the resident had not returned back to the facility had not been found. During an interview on 09/11/2026 at 2:31 PM and again on 09/18/2026 at 3:30 PM, the facility's Executive Director and the Healthcare Service Director (HSD) acknowledged that the above incidents were not promptly reported to DOH by telephone followed by written notification, as required by regulation and facility policy.	R 383		