

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 282	Sec. 503.11 Dignity. (11) To be free from mental, verbal, emotional, sexual and physical abuse, neglect, involuntary seclusion, and exploitation; and Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that each resident was free from neglect, specifically by failing to provide timely responses to call bell systems for one of the 15 residents in the sample (Resident #21). Findings included: Observations on 09/11/2026 at 1:22 PM, during	R 282		

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 282	Continued From page 1 the facility walkthrough revealed that the call bell in Resident #21's bathroom was activated at 1:26 PM. Further observations showed that the facility staff failed to respond to the activated call bells for over 20 minutes. During an interview on 09/11/2026 at 1:50 PM, the Executive Director (ED) acknowledged that the staff failed to timely respond to the activated call bells. According to the ED, the facility's expectation is for call bells to be answered within three minutes.	R 282		
R 421	Sec. 602a Resident Agreements (a) A written contract must be provided to the resident prior to admission and signed by the resident or surrogate, if necessary, and a representative of the ALR. The non-financial portions of the contract shall include the following: Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that Resident Agreements were signed by the ALR and the residents or their surrogates prior to admission for seven of the 15 residents in the sample (Residents #1, #3, #7, #9, #13, #14, and #15). Findings included: 1. On 09/08/2026 at 12:30 PM, the review of Resident #1's record revealed that the resident was admitted to the ALR on 03/12/2026. Further record review showed that the Resident Agreement was signed on the same day by the resident and an ALR representative, and not prior to admission as required. 2. On 09/08/2026 at 12:49 PM, the review of	R 421		

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 421	Continued From page 2 Resident #14's record revealed that the resident was admitted to the ALR 03/05/2026. Further record review showed that the Resident Agreement was signed the day after the resident moved into the facility by both the resident and a representative of the ALR, and not prior to admission as required. 3. On 09/08/2026 at 2:56 PM, the review of Resident #3's record revealed that the resident was admitted to the ALR on 04/09/2026. Further record review showed that the Resident Agreement was signed on the date of admission by both the resident and an ALR representative, and not prior to admission as required. 4. On 09/08/2026 at 2:58 PM, the review of Resident #9's record revealed that the resident was admitted to the ALR on 08/27/2025. Further record review showed that the Resident Agreement was signed on the date of admission only by the resident. The agreement was not signed prior to admission as required. 5. On 09/08/2026 at 3:25 PM, the review of Resident #7's record revealed that the resident was admitted to the ALR on 03/31/2026. Further record review showed that the Resident Agreement was signed on the date of admission by both the resident and a representative of the ALR, and not prior to admission as required. 6. On 09/09/2026 at 2:45 PM, the review of Resident #13's record revealed that the resident was admitted to the ALR on 06/19/2026. Further record review showed that the Resident Agreement was signed on the same day by the resident and a representative of the ALR, and not prior to admission as required.	R 421		

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 421	Continued From page 3 7. On 09/11/2026 at 12:36 PM, the review of Resident #15's record revealed that the resident was admitted to the ALR on 09/11/2026. Further record review showed that the Resident Agreement was signed on the same day by the resident and a representative of the ALR, and not prior to admission as required. During an interview on 09/11/2026 at 2:33 PM, the Executive Director acknowledged the findings.	R 421		
R 475	Sec. 604a5 Individualized Service Plans (5) The ISP shall be signed by the resident, or surrogate, and a representative of the ALR. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that Individualized Service Plans (ISPs) were signed by the resident, their surrogate, and a representative of the ALR for one of the 15 residents in the sample (Resident #12). Findings included: On 09/09/2026 at 4:12 PM, the review of Resident #12's record revealed an ISP dated 07/14/2026. Further review of the ISP showed no evidence that the ISP was signed by the resident or an ALR representative. During an interview on 09/09/2026 at 12:30 PM, the Health Services Director acknowledged the finding.	R 475		
R 481	Sec. 604b Individualized Service Plans (b) The ISP shall include the services to be provided, when and how often the services will be	R 481		

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 481	Continued From page 4 provided, and how and by whom all services will be provided and accessed. Based on record reviews and interviews, the facility failed to update the resident's Individualized Service Plan (ISP) to reflect services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed for three of the 15 residents in the sample (Residents #3, #6, and #9). Findings included: During the entrance conference on 09/03/2026 beginning at 11:03 AM, the Executive Director stated that several residents received physical therapy (PT) services, occupational therapy (OT) services and psychiatric services. 1. On 09/08/2026 at 12:30 PM, the review of Resident #1's records revealed a physician order sheet (POS) dated 06/04/2026 for Amlodipine Besylate 10 milligram (mg), Metoprolol Tartrate Oral Tablet 50 mg and Lisinopril Oral Tablet 20 mg to treat his diagnosis of hypertension. Resident #1's ISP dated 06/05/2026 under the focus area, "Bathing," indicated that the resident assistance required with transfers in/out of the tub/shower, cueing to wash and dry self, and apply lotion, but failed to indicate who, when and how often the assistance should occur. 2. On 09/08/2026 at 2:56 PM, the review of Resident #3's records revealed a 72-hour post ISP dated 04/12/2026 and a 30-day ISP dated 05/12/2026. A provider progress note dated 04/16/2026 documented a recommendation for a PT evaluation and management visit, and a PT evaluation on 04/22/2026, followed by bi-weekly	R 481		

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 481	Continued From page 5 PT services. Further review of Resident #3's records revealed a Health Status note dated 05/22/2026 which documented an initial psychiatric evaluation and recommending regular follow-up, and a weekly psychiatric follow-up visits. The record failed to show an updated ISP that reflected when, how and who would provide PT or psychiatry services. 3. On 09/09/2026 at 4:15 PM, the review of Resident #9's record revealed a physicians order dated 05/14/2026 requesting PT assessments for muscle and gait strengthening. Further review of the resident's ISP dated 09/03/2026 failed to show any documented evidence of the updates reflecting when and how often the PT services were provided, and by whom the services were provided to the resident. 4. On 09/10/2026 at 10:45 AM, the review of Resident #4's records revealed an ISP dated 02/12/2026. A progress notes dated 02/06/2026 indicated a Psychiatry annual reassessment with an Axis I diagnosis - Dementia, and a weekly psychiatric follow-up visits. Further review of the residents record failed to show any updated ISP that reflected when, how and who would provide the psychiatry services. 5. On 09/10/2026 at 11:47 AM, the review of Resident #6's record revealed a home health care order dated 12/22/2025 for PT and OT. Further review of the resident's ISP dated 02/17/2026 failed to show any documented updates reflecting when and how often the PT	R 481		

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 481	Continued From page 6 and OT services were provided, and by whom the services were provided to the resident. During an interview on 09/10/2026 at 2:21 PM, the Health Services Director acknowledged and confirmed that the ISPs failed to specify the frequency, duration or provider of the services being provided. NOTE: There were other similar findings for Residents #2, #5, #7, #8, #10 through #38.	R 481		
R 595	Sec. 701d8 Staffing Standards. (8) Assure that each employee has a background check pursuant to federal and District law executed at the time of initial employment; 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 personnel's 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.	R 595		

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 595	Continued From page 7 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 595		
R 602	Sec. 701f Staffing Standards. (f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form. 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.	R 602		

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 602	Continued From page 8 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 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 602			
R 679	Sec. 702c Staff Training. (c) After the first year of employment, and at least annually thereafter, a staff member shall complete a minimum total of 12 hours of in-service training in the following: Based on interviews and record reviews, the	R 679			

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 679	Continued From page 9 facility failed to ensure that all employees completed the required minimum of twelve hours of annual in-service training covering rights of residents, emergency procedures, and cognitive impairments in an in-service training approved by a nationally recognized and credible expert for five of the 15 employees in the sample (Dining Services Director, Health Services Director, Trained Medication Employee, Resident Services Assistant #1, and Resident Services Assistant #2). Findings included: Observations during the survey period showed the Dining Services Director, Health Services Director, Trained Medication Employee, Resident Services Assistant #1, and Resident Services Assistant #2 providing services and working in the facility. On 09/11/2026 at 10:54 AM, a review of the facility's personnel and training records revealed that the DSD, HSD, Trained Medication Employee, Resident Services Assistant #1 and #2 had not completed the required minimum of 12 hours of annual inservice training on cognitive impairments, resident rights, emergency procedures, and disaster response within the last year. The Executive Director during an interview on 09/11/2026 at 2:39 PM acknowledged the findings.	R 679		
R 705	Sec. 802b Medical, Rehabilitation, Psychosocial Assess. (b) The ALR shall maintain resident information	R 705		

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 705	Continued From page 10 obtained from a standardized physician's statement approved by the Mayor. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so indicated during the medical assessment. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that all the required sections of the Intermediate Care Facilities Division Admission/Annual Medical Certification forms were completed for six of the 15 residents in the sample (Residents #3, #5, #6, #8, #9, and #13). Findings included: 1. On 09/08/2026 at 12:15 PM, a review of Resident #9's medical certification form dated 04/23/2026 revealed that the physician failed to document all the resident's current medications. 2. On 09/08/2026 at 2:36 PM, a review of Resident #8's medical certification form dated 04/23/2026 revealed that the physician failed to document all the residents current medications. 3. On 09/08/2026 at 2:56 PM, a review of Resident #3's medical certification form dated 03/13/2026 showed documented evidence that the resident could self-medicate with assistance. The form also failed to document the type of assistance required, leaving the section incomplete. 4. On 09/09/2026 at 11:05 AM, a review of Resident #6's medical certifications form dated 03/23/2026 revealed that the physician failed to document all the residents current medications.	R 705		

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 705	Continued From page 11 5. On 09/09/2026 at 2:45 PM, a review of Resident #13's medical certification form dated 05/27/2026 revealed that the physician indicated that the resident could self-medicate with assistance. Further review of the form revealed that the physician failed complete the required section determining whether the resident was or was not capable of self-administration of medications. 6. On 09/10/2026 at 1:00 PM, a review of Resident #5's medical certification form dated 04/30/2026 revealed that the resident was admitted to the facility on 04/24/2025. Further review of the residents record showed that there was no current annual medical certification on file documenting the resident's physical condition and medical status for the present year, as required. During an interview on 09/10/2026 at 1:20 PM, the Health Services Director acknowledged the findings.	R 705		
R 800	Subheading On-Site Review Sec. 903. On-site review. The ALR shall arrange for an on-site review by a registered nurse every 45 days to: Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that each resident's 45-day medication profile 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	R 800		

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 800	Continued From page 12 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 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 800		

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 811	Sec. 904b Medication Storage (b) The storage area shall be kept locked when not in use. 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 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	R 811		

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 811	Continued From page 14 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 811		
R 961	Sec. 1002 1 Fire Safety. (1) An ALR shall be in compliance with Chapter 22, New Residential Board and Care Occupancies, Life Safety Code of the National Fire Protection Association; and Based on record reviews and interviews, the Assisted Living Residence (ALR) failed to ensure that fire drills were conducted quarterly on each shift for the three shifts operated by the facility (the first, second, and third shifts). Findings included: The facility's Executive Director during an interview on 09/03/2026 at 2:46 PM indicated that the ALR staff shift hours were (7:00 AM to 3:30 PM, 3:00 PM to 11:30 PM, and 11:00 PM to 7:30 AM) seven days a week. On 09/04/2026 at 1:05 PM, a review of the facility's Fire Drill report book revealed the following: - There were no fire drills conducted from	R 961		

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 961	Continued From page 15 January 2026 through April 2026, during the 7:00 PM to 3:30 PM shift. - There was no fire drills conducted from September 2025 through November 2025, during the 3:00 PM to 11:30 PM shift. - There was no fire drills conducted from April 2026 through July 2026, during the 11:00 PM to 7:30 AM shift. During an interview on 09/08/2026 at 9:10 AM, the Executive Director acknowledged the findings.	R 961		
R 981	Sec. 1004a General Building Interior (a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observations and interviews, the Assisted Living Residence (ALR) failed to ensure that the kitchen's ice machine was maintained in a proper sanitary condition and in good repair for all residents residing in the facility (Residents #1-#38). Findings included: Observations in the kitchen on 09/10/2026, during the facility inspection beginning at 1:35 PM, with the Dining Services Director (DSD) revealed visible mold in the left corner of the ice machine in the kitchen. The Dining Services Director, at the conclusion of the kitchen inspection, acknowledged the finding and stated that he would address the issue with	R 981		

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 981	Continued From page 16 the contractor responsible for servicing the kitchen equipment.	R 981		
R1003	Sec. 1006c Bathrooms. (c) An ALR shall insure that the temperature of the hot water at all taps to which residents have access is controlled by the use of thermostatically controlled mixing valves or by other means, including control at the source, so that the water temperature does not exceed 110 degrees Fahrenheit. Based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to ensure that water temperatures did not exceed 110 degrees Fahrenheit (°F) in three residents' bathrooms (Rooms #111, #208, and #313). Findings included: Observations during a walk-through of the facility on 09/11/2026, beginning at 1:10 PM, with the Executive Director (ED) and Resident Service Director, revealed the following water temperatures: - At 1:21 PM, in Room #208's bathroom, the water temperature measured 126°F. - At 1:44 PM, in Room #313's bathroom, the water temperature measured 114°F. - At 1:59 PM, in Room #111's bathroom, the water temperature measured 126°F. The ED in an interview at 12:49 PM, the ED acknowledged the elevated water temperatures and stated she would contact the Maintenance Director so he could adjust the water temperature in the units	R1003		

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	
R1003	Continued From page 17	R1003			