STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: ALR-0006 B. WING 05/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW GRAND OAKS ASSISTED LIVING WASHINGTON, DC 20016 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) R 000 Initial Comments R 000 0000 Initial Comments An annual licensure survey was conducted on 05/24/2022, 05/25/2022, and 05/26/2022, to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seg) and Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Please start typing your responses here: Assisted Living Residence (ALR) provided care for 133 residents and employed 150 personnel, to include professional and administrative staff. A Grand Oaks is filing this response for sample of 20 resident records, 14 employee the sole purpose of confirming records, and 6 Private Duty Aide (PDA) record were compliance with requests of DC selected for review. Health in receipt of the survey report The findings of the survey were based on related to the survey conducted May observations throughout the facility, clinical and 24 - May 26, 2022. This response is administrative record review, and resident, family, not an admission of liability or and staff interviews. statement of agreement with respect to issues identified in discussions with R 074 10108.2 Admissions R 074 the agency but is submitted to demonstrate regulatory compliance. 10108.2 Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure the Intermediate Care Facilities Division 10108.2 Admissions Admission/Annual Medical Certification form was An ALR shall deny admissions to an completed with all areas addressed, for eight of the individual if the individualized service 20 residents in the sample (Residents #3, 4, 6, 7, plan (ISP) that is developed prior to 17, 18, 19, and 20). the individual's admission...does not Findings included: indicate that the individual requires at least the minimal level of assistance The ALR failed to ensure that medical certification with activities of daily living or forms were completed with all areas addressed as evidenced below: instrumental activities of daily living provided by the ALR. a. On 05/25/2022 at 10:03 AM, review of Resident #3's medical certification form, dated 03/30/2022, I. Corrective Action showed that the physician did not Health Regulation & Licensing Administration D. DECTOR LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Health Regulation & Licensing Administration

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(X6) DATE

If continuation sheet 1 of 3

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0006	B. WING		05/26/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	FATE, ZIP CODE	
GRAND (	DAKS ASSISTED LIVIN	G	ARTHUR BI		
			TON, DC 2	20016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
R 074	Continued From page address the resident The physician also, in needed a mental heat b. On 05/25/2022 at #4's medical certifical showed that the physimedications on the feet of the continue of the physimedications on the feet of the physimedication of the physimedical certifical showed that the physimedication of the form for the physimedication of the form for the physimedical certifical showed that the physimedical c	re 1  's vision and podiatry needs. failed to indicate if the resident alth evaluation.  11:12 AM, review of Resident attion form, dated 11/27/2021, sician did not list the resident's form.  12:42 PM, review of Resident attion form, dated 10/21/2021, sician did not list the resident's form. In addition, the physician atthe resident was not in need of the grare.  1:10 PM, review of Resident attion form, dated 10/25/2021, sician did not document the sis status.  2:20 PM, review of Resident attion form, dated 07/14/2021, sician did not list the resident's m.  1:25 PM, review of Resident attion form, dated 01/25/2022, sician did not indicate the	R 074	In response to the deve of the ISP for Residents #3 17, 18, 19 and 20, resident 14 and 6 have expired, and been discharged from community. Resident #3, podiatry and mental healt are being updated by the	lopment 6, 4, 6 7, numbers 1 #7 has n the vision, h needs medical ecessary will be nysician tion list on form dates to Resident codiatry medical ecessary will be nysician ton the nysician
	g. On 05/25/2022 at 3 #19's medical certifical showed that the physimedications on the fo	3:30 PM, review of Resident ation form, dated 05/02/2022, ician did not list the resident's rm.	pri the #20 ma col cor and	prior to admission. No upon the ISP were necessary. References and the ISP were necessary. References and any necessary updates ISP will be made.	dates to lesident reason A and being Director

Health F	Regulation & Licensing	Administration			FORM APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		ALR-0006	B. WING		05/26/2022
	ROVIDER OR SUPPLIER  DAKS ASSISTED LIVIN  SUMMARY ST	5901 MA	DRESS, CITY, ST CARTHUR BI GTON, DC 2	LVD NW 20016	
PREFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
R 074	05/02/2022, showed indicate the reason resident had behavior physician did not increded a mammogr Colonoscopy.  On 05/26/2022 start Director of Nursing a aware of the findings findings and stated the strategies to get the sections on the Imm Admission/Annual Mat the time of the sutthat all sections of the sutthat all sections of the surface of the surface of the sections of the surface of the	I that the physician did not for the evaluation or if the oral issues. In addition, the dicate if the resident had or ram, PAP test, PSA or and Administrator were made at the ALR would explore physicians to complete all ediate Care Facilities Division ledical Certification form.	R 074	II. How to Identify Oth  The Director of Nursing, D designee, will conduct an armove ins for the last 6 mon ensure compliance with cordocumentation on the medicertification form to ensure meet the resident needs.  III. Systemic Changes  The Director of Nursing, Director of Resident Services, Oasis Coordinator, or designee wireview all medical certificate forms prior to resident move ensure full completion by the physician.  IV. Monitoring Process  The Executive Director, or designee, will conduct montare andom audits of medical certification forms for the needs and the process of the	ON, or udit of ths to inplete cal ISPs irector RN ill tion is in to ine thly ext 90

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ALR-0006 B. WING 05/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW **GRAND OAKS ASSISTED LIVING** WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 000 Initial Comments R 000 An annual licensure survey was conducted on 05/24/2022, 05/25/2022, and 05/26/2022, 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 Please start typing your responses here: Assisted Living Residence (ALR) provided care for 133 residents and employed 150 personnel, to include professional and administrative staff. A sample of 20 resident records, 14 employee 601b Admissions records, and 6 Private Duty Aide (PDA) record were Prior to admission of a resident, the selected for review. ALA or designee shall determine that the resident is appropriate for The findings of the survey were based on observations throughout the facility, clinical and admission to the ALR and that the administrative record review, and resident, family, resident's needs can be met in and staff interviews. addition to the needs of other residents. R 403 Sec. 601b Admissions R 403 VI. Corrective Action (b) Prior to admission of a resident, the ALA or designee shall determine that the resident is appropriate for admission to the ALR and that the In response to the missing resident's needs can be met in addition to the documentation on Residents #3, needs of the other residents. Based on interview and record review, the Assisted 4, 67, 17, 18, 19 and 20, resident Living Residence (ALR) failed to ensure the numbers 4 and 6 have expired, #7 Intermediate Care Facilities Division has been discharged from the Admission/Annual Medical Certification form was community. Resident #3, vision. completed with all areas addressed, for eight of 20 residents in the sample (Residents #3, 4, 6, 7, 17, podiatry and mental health is 18, 19, and 20). being updated by the medical director. Resident #17, the Findings included: physician attached the signed The ALR failed to ensure medical certification forms medication list to the medical were completed with all areas addressed as certification form prior evidenced below: admission. Resident #18. Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE EXECUTIVE

(X6) DATE

DIRECTOR

08/01/22

STATE FORM

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If continuation sheet 1 of 3

STATEMENT OF DEPICIENCIES ALR-0006  ALR-0006  ALR-0006  STREET ADDRESS, CITY, STATE, 2P CODE SOUTH MANNEY STATEMENT OF DEPICIENCIES PRETE TO NOW WASHINGTON, DC 20016  PRETE CONSTRUCTION  SUMMANY STATEMENT OF DEPICIENCIES PRETE CONSTRUCTION NOW WASHINGTON, DC 20016  PRETE CONSTRUCTION NOW WASHINGTON, DC 20016  R 4/03  Continued From page 1  a. On 05/25/2022 at 10:03 AM, review of Resident #3's medical certification form, dated 03/30/2022, showed that the physician did not laddress the resident's wision and podiatry needs. The physician did not dedress the resident sustain and podiatry needs the form. In addition, the physician did not idicate that the resident's medications on the form. In addition, the physician did not idicate that the resident was not in need of 24-hour skilled nursing care.  d. On 05/25/2022 at 1:10 PM, review of Resident #7's medical certification form, dated 10/25/2021, showed that the physician did not document the resident's Tuberoulosis status.  e. On 05/25/2022 at 1:10 PM, review of Resident #7's medical certification form, dated 10/25/2021, showed that the physician did not document the resident's Tuberoulosis status.  e. On 05/25/2022 at 2:20 PM, review of Resident #7's medical certification form, dated 07/14/2021, showed that the physician did not document the resident's medical certification form, dated 07/14/2021, showed that the physician did not is the resident's medical certification form, dated 07/14/2021, showed that the physician did not is the resident's medical certification form, dated 07/14/2021, showed that the physician did not is the resident's medical certification form, dated 07/14/2021, showed that the physician did not indicate the reason for the evaluation or address if the resident medical certification form, dated 07/14/2021, showed that the physician did not indicate the resident's medical certification form, dated 07/14/2021, showed that the physician did not indicate the reason for the evaluation or address if the resident medical certification form, dated 0	Health F	Regulation & Licensin	g Administration			FORM	APPROVED
INAME OF PROVIDER OR SUPPLIER  GRAND OAKS ASSISTED LIVING  SOUNT MACARTHUR BLVD NW WASHINGTON, DC 20016  PREFEX TAG  CALL DEPLICATION OF CLISC IDENTIFY NO BRECEDED BY FULL REGULATORY OR LEGOURITH PARK IN CONTROL OF THE APPROPRIATE DATE OF CREECISM.  R 403  Continued From page 1  a. On 05/25/2022 at 10:03 AM, review of Resident #3's medical certification form, dated 03/30/2022, showed that the physician did not address the resident's vision and podiatry needs. The physician also, failed to indicate if the resident needed a mental health evaluation.  b. On 05/25/2022 at 11:12 AM, review of Resident #4's medical certification form, dated 11/27/2021, showed that the physician did not list the resident's medications on the form.  c. On 05/25/2022 at 12:42 PM, review of Resident #6's medical certification form, dated 10/21/2021, showed that the physician did not document the resident's medication form, dated 10/25/2021, showed that the physician did not document the resident's Tuberculosis status.  e. On 05/25/2022 at 2:20 PM, review of Resident #17's medical certification form, dated 07/14/2021, showed that the physician did not document the resident from the form.  f. On 05/25/2022 at 2:20 PM, review of Resident #17's medical certification form, dated 07/14/2021, showed that the physician did not document the resident of the form.  f. On 05/25/2022 at 2:20 PM, review of Resident #18's medical certification form, dated 07/14/2021, showed that the physician did not list the resident's medication of the form.  f. On 05/25/2022 at 2:20 PM, review of Resident #18's medical certification form, dated 07/25/2022, showed hat the physician did not indicate the reason for the evaluation or address if the resident medical certification form.  The Director of Nursing, DON, or designee, will conduct an audit of move ins for the last 6 months to ensure compliance with complete documentation on the medical certification form.  VIII. Systemic Changes  The Director of Nursing, Director of Nursing, Director of Nursing, Director of Re	STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA				
GRAND OAKS ASSISTED LIVING  MASHINGTON, DC 20016  Report Provider or Supplier  (EACH DEPICIENCY MUST are PRECEDED BY FULL REGULATORY TAG  R 403  R 403  Continued From page 1  a. On 05/25/2022 at 1:0:03 AM, review of Resident #3's medical certification form, dated 03/30/2022, showed that the physician did not list the resident's medications on the form.  c. On 05/25/2022 at 11:12 AM, review of Resident #6's medical certification form, dated 11/27/2021, showed that the physician did not list the resident's medications on the form. In addition, the physician did not list the resident's medications on the form. In addition, the physician did not indicate that the resident was not in need of 24-hour skilled nursing care.  d. On 05/25/2022 at 1:10 PM, review of Resident #17's medical certification form, dated 10/25/2021, showed that the physician did not document the resident's medication of the form. In addition, the physician did not indicate that the resident was not in need of 24-hour skilled nursing care.  d. On 05/25/2022 at 1:10 PM, review of Resident #17's medical certification form, dated 10/25/2021, showed that the physician did not document the resident's medication of the form.  e. On 05/25/2022 at 1:2:0 PM, review of Resident #17's medical certification form, dated 07/14/2021, showed that the physician did not document the resident's medication of the form.  f. On 05/25/2022 at 1:2:0 PM, review of Resident #17's medical certification form, dated 07/14/2021, showed that the physician did not list the resident's medication of the form.  f. On 05/25/2022 at 1:2:0 PM, review of Resident #18's medical certification form, dated 07/14/2021, showed that the physician did not list the resident's medication form, dated 07/14/2021, showed that the physician did not list the resident's medication form, dated 07/14/2021, showed that the physician did not list the resident's medication form, dated 07/14/2021, showed that the physician did not list the resident's medication form, dated 07/14/2021, showed that the physi			ALR-0006	B. WING		05/2	6/2022
WASHINGTON, DC   20016   SUMMAY EXPERIENCE OF DEPICIENCES   PROVIDER'S PLAN OF CORRECTION   PREFIX   CACH DEPICIENCY MUST RE-PROCEDED BY PLAL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   PROVIDER'S PLAN OF CORRECTION   CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE DATE			5004 144 6		NAME AND ADDRESS OF THE PARTY O		0.1022
R 403 Continued From page 1 a. On 05/25/2022 at 10:03 AM, review of Resident #3's medical certification form, dated 10/21/2021, showed that the physician did not indicate that the resident was not in need of 24-hour skilled nursing care.  d. On 05/25/2022 at 1:10 PM, review of Resident #7's medical certification form, dated 10/25/2021, showed that the physician did not indicate that the resident was not in need of 24-hour skilled nursing care.  d. On 05/25/2022 at 1:10 PM, review of Resident #7's medical certification form, dated 10/25/2021, showed that the physician did not of certification form, dated 10/25/2021, showed that the physician did not document the resident's Tuberculosis status.  e. On 05/25/2022 at 2:20 PM, review of Resident #17's medical certification form, dated 07/14/2021, showed that the physician did not list the resident medication on the form. In addition, the physician did not document the resident's Tuberculosis status.  e. On 05/25/2022 at 2:20 PM, review of Resident #18's medical certification form, dated 07/14/2021, showed that the physician did not list the resident's medication of the form.  f. On 05/25/2022 at 5:25 PM, review of Resident #18's medical certification form, dated 01/25/2022, showed that the physician did not indicate the resident's medical certification form, dated 01/25/2022, showed that the physician did not indicate the resident's medical certification form, dated 01/25/2022, showed that the physician did not indicate the resident's medical certification form, dated 01/25/2022, showed that the physician did not indicate the resident had any podiatry issues.	GRAND	DAKS ASSISTED LIVII	NG				
a. On 05/25/2022 at 10:03 AM, review of Resident #3's medical certification form, dated 03/30/2022, showed that the physician did not address the resident's vision and podiatry needs. The physician also, failed to indicate if the resident needed a mental health evaluation.  b. On 05/25/2022 at 11:12 AM, review of Resident #4's medical certification form, dated 11/27/2021, showed that the physician did not list the resident's medications on the form.  c. On 05/25/2022 at 12:42 PM, review of Resident #8's medical certification form, dated 10/21/2021, showed that the physician did not list the resident's medications on the form. In addition, the physician did not indicate that the resident was not in need of 24-hour skilled nursing care.  d. On 05/25/2022 at 1:10 PM, review of Resident #7's medical certification form, dated 10/25/2021, showed that the physician did not document the resident's Tuberculosis status.  e. On 05/25/2022 at 2:20 PM, review of Resident #17's medical certification form, dated 07/14/2021, showed that the physician did not document the resident's medication of the form.  f. On 05/25/2022 at 2:20 PM, review of Resident #18's medical certification form, dated 07/14/2021, showed that the physician did not did not indicate the resident's medication of the form.  f. On 05/25/2022 at 2:20 PM, review of Resident #18's medical certification form, dated 07/14/2021, showed that the physician did not liditate the resident's medical certification form, dated 07/14/2021, showed that the physician did not liditate the resident's medical certification form, dated 07/14/2021, showed that the physician did not liditate the resident's medical certification form, dated 07/14/2021, showed that the physician did not liditate the resident's medical certification form, dated 07/14/2021, showed that the physician did not liditate the resident's medical certification form, dated 07/14/2021, showed that the physician did not liditate the resident's medical certification form, dated 07/14/2021, showed that the physici	PREFIX	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES.)	D BE	COMPLETE
g. On 05/25/2022 at 3:30 PM, review of Resident #19's medical certification form, dated 05/02/2022, showed that the physician did not list the resident's medications on the form.  designee will review all medical certification forms prior to resident move in to ensure full completion by the physician.		a. On 05/25/2022 at #3's medical certific showed that the phyresident's vision and also, failed to indical mental health evaluab. On 05/25/2022 at #4's medical certific showed that the phymedications on the did not indicate that 24-hour skilled nurside. On 05/25/2022 at #7's medical certific showed that the phyresident's Tuberculobe. On 05/25/2022 at #17's medical certific showed that the phyresident's Tuberculobe. On 05/25/2022 at #17's medical certific showed that the phyresident's Tuberculobe. On 05/25/2022 at #18's medical certific showed that the phyreason for the evaluate had any podiatry issues.	t 10:03 AM, review of Resident ation form, dated 03/30/2022, visician did not address the dipodiatry needs. The physician terif the resident needed a ation.  11:12 AM, review of Resident ation form, dated 11/27/2021, visician did not list the resident's form.  12:42 PM, review of Resident ation form, dated 10/21/2021, visician did not list the resident's form. In addition, the physician the resident was not in need of ing care.  1:10 PM, review of Resident ation form, dated 10/25/2021, sician did not document the sis status.  2:20 PM, review of Resident cation form, dated 07/14/2021, sician did not list the resident's im.  5:25 PM, review of Resident cation form, dated 01/25/2022, sician did not indicate the ation or address if the resident ues.  3:30 PM, review of Resident cation form, dated 05/02/2022, sician did not list the resident cation form, dated 05/02/2022, sician did not list the resident cation form, dated 05/02/2022, sician did not list the resident cation form, dated 05/02/2022, sician did not list the resident cation form, dated 05/02/2022, sician did not list the resident's	R 403	evaluation reason and are being updated by the director. Resident # physician wrote "see attact the medical certification for attached the signed medist prior to admission. #20, the evaluation mammography, PAP, P colonoscopy sections are updated by the Medical E VII. How to Identify C The Director of Nursing, or designee, will conduct of move ins for the last 6 to ensure compliance with complete documentation of medical certification form VIII. Systemic Changes The Director of Resident Serv Oasis RN Coordinator, or designee will review all medication forms prior to resident move in to ensure	medical 19, the ched" on form and edication Resident reason, SA and re being Director.  Other  DON, an audit months hon the n.  Sinces, medical of efull	

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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h. On 05/25/2022 a #20's medical certif showed that the phy reason for the evalu behavioral issues. I indicate if the reside mammogram, PAP  On 05/26/2022 star Director of Nursing aware of the finding findings and stated strategies to get the sections on the Imm Admission/Annual M  At the time of the su that all sections of the	tt 3:45 PM, review of Resident fication form, dated 05/02/2022, ysician did not indicate the pation or if the resident had n addition, the physician did not ent had or needed a test, PSA or Colonoscopy.  Iting at 11:30 AM, the ALR's and Administrator were made as. They acknowledged the that the ALR would explore a physicians to complete all nediate Care Facilities Division Medical Certification form.  Invey, the ALR failed to ensure the Immediate Care Facilities Annual Medical Certification	R 403	IX. Monitoring Proces The Executive Director, of designee, will conduct morandom audits of medical certification forms for the 90 days to ensure completic.  X. Date of Completic August 15, 2022 and ongo	or conthly e next tion.	08  is 202	

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