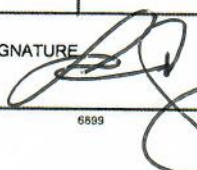


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAND OAKS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 MACARTHUR BLVD NW WASHINGTON, DC 20016</b>		
(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  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 seq) and Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The 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 records, and 6 Private Duty Aide (PDA) record were selected for review.  The findings of the survey were based on observations throughout the facility, clinical and administrative record review, and resident, family, and staff interviews.	R 000	Please start typing your responses here:  <i>Grand Oaks is filing this response for the sole purpose of confirming compliance with requests of DC Health in receipt of the survey report related to the survey conducted May 24 – May 26, 2022. This response is not an admission of liability or statement of agreement with respect to issues identified in discussions with the agency but is submitted to demonstrate regulatory compliance.</i>  <b>10108.2 Admissions</b> An ALR shall deny admissions to an individual if the individualized service plan (ISP) that is developed prior to the individual's admission...does not indicate that the individual requires at least the minimal level of assistance with activities of daily living or instrumental activities of daily living provided by the ALR.  I. <u>Corrective Action</u>	
R 074	10108.2 Admissions  10108.2 Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure the Intermediate Care Facilities Division Admission/Annual Medical Certification form was completed with all areas addressed, for eight of the 20 residents in the sample (Residents #3, 4, 6, 7, 17, 18, 19, and 20).  Findings included:  The ALR failed to ensure that medical certification forms were completed with all areas addressed as evidenced below:  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	R 074		

Health Regulation & Licensing Administration

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



TITLE

*EXECUTIVE  
D. DIRECTOR*

(X6) DATE

*08/01/22*

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAND OAKS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 MACARTHUR BLVD NW WASHINGTON, DC 20016</b>		
(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 074	<p>Continued From page 1</p> <p>address the resident's vision and podiatry needs. The physician also, failed to indicate if the resident needed a mental health evaluation.</p> <p>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.</p> <p>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 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.</p> <p>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.</p> <p>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's medication of the form.</p> <p>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 reason for the evaluation or address if the resident had any podiatry issues.</p> <p>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.</p> <p>h. On 05/25/2022 at 3:45 PM, review of Resident #20's medical certification form, dated</p>	R 074	<p>In response to the development of the ISP for Residents #3, 4, 6 7, 17, 18, 19 and 20, resident numbers 4 and 6 have expired, and #7 has been discharged from the community. Resident #3, vision, podiatry and mental health needs are being updated by the medical director and any necessary adjustments to the ISP will be made. Resident #17, the physician attached the signed medication list to the medical certification form prior to admission. No updates to the ISP were necessary. Resident #18, evaluation reason and podiatry are being updated by the medical director and any necessary adjustments to the ISP will be made. Resident #19, the physician wrote "see attached" on the medical certification form and attached the signed medication list prior to admission. No updates to the ISP were necessary. Resident #20, the evaluation reason mammography, PAP, PSA and colonoscopy sections are being completed by the Medical Director and any necessary updates to the ISP will be made.</p>	

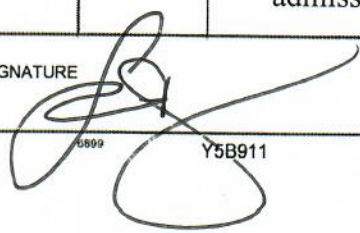
Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAND OAKS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 MACARTHUR BLVD NW WASHINGTON, DC 20016</b>		
(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 074	<p>Continued From page 2</p> <p>05/02/2022, showed that the physician did not indicate the reason for the evaluation or if the resident had behavioral issues. In addition, the physician did not indicate if the resident had or needed a mammogram, PAP test, PSA or Colonoscopy.</p> <p>On 05/26/2022 starting at 11:30 AM, the ALR's Director of Nursing and Administrator were made aware of the findings. They acknowledged the findings and stated that the ALR would explore strategies to get the physicians to complete all sections on the Immediate Care Facilities Division Admission/Annual Medical Certification form.</p> <p>At the time of the survey, the ALR failed to ensure that all sections of the Immediate Care Facilities Division Admission/Annual Medical Certification forms were completed by the physician.</p>	R 074	<p>II. <u>How to Identify Other</u></p> <p>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 to ensure ISPs meet the resident needs.</p> <p>III. <u>Systemic Changes</u></p> <p>The Director of Nursing, Director of Resident Services, Oasis RN Coordinator, or designee will review all medical certification forms prior to resident move in to ensure full completion by the physician.</p> <p>IV. <u>Monitoring Process</u></p> <p>The Executive Director, or designee, will conduct monthly random audits of medical certification forms for the next 90 days to ensure completion.</p> <p>V. <u>Date of Completion</u> August 15, 2022 and ongoing</p>	08/15/2022

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAND OAKS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 MACARTHUR BLVD NW WASHINGTON, DC 20016</b>		
(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 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 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 records, and 6 Private Duty Aide (PDA) record were selected for review.  The findings of the survey were based on observations throughout the facility, clinical and administrative record review, and resident, family, and staff interviews.	R 000	Please start typing your responses here:  <b>601b Admissions</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 resident's needs can be met in addition to the needs of other residents.  <b>VI. <u>Corrective Action</u></b>  In response to the missing documentation on Residents #3, 4, 6 7, 17, 18, 19 and 20, resident numbers 4 and 6 have expired, #7 has been discharged from the community. Resident #3, vision, podiatry and mental health is being updated by the medical director. Resident #17, the physician attached the signed medication list to the medical certification form prior to admission. Resident #18,	
R 403	Sec. 601b Admissions  (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 resident's needs can be met in addition to the needs of the other residents. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure the Intermediate Care Facilities Division Admission/Annual Medical Certification form was completed with all areas addressed, for eight of 20 residents in the sample (Residents #3, 4, 6, 7, 17, 18, 19, and 20).  Findings included:  The ALR failed to ensure medical certification forms were completed with all areas addressed as evidenced below:	R 403		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE **EXECUTIVE DIRECTOR** (X6) DATE **08/01/22**

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAND OAKS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 MACARTHUR BLVD NW WASHINGTON, DC 20016</b>		
(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 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 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 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 reason for the evaluation or address if the resident had any podiatry issues.  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.	R 403	evaluation reason and podiatry are being updated by the medical director. Resident #19, the physician wrote "see attached" on the medical certification form and attached the signed medication list prior to admission. Resident #20, the evaluation reason, mammography, PAP, PSA and colonoscopy sections are being updated by the Medical Director.  VII. <u>How to Identify Other</u>  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. <u>Systemic Changes</u>  The Director of Nursing, Director of Resident Services, Oasis RN Coordinator, or designee will review all medical certification forms prior to resident move in to ensure full completion by the physician.	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GRAND OAKS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 MACARTHUR BLVD NW WASHINGTON, DC 20016</b>		
(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 403	<p>Continued From page 2</p> <p>h. On 05/25/2022 at 3:45 PM, review of Resident #20's medical certification form, dated 05/02/2022, showed that the physician did not indicate the reason for the evaluation or if the resident had behavioral issues. In addition, the physician did not indicate if the resident had or needed a mammogram, PAP test, PSA or Colonoscopy.</p> <p>On 05/26/2022 starting at 11:30 AM, the ALR's Director of Nursing and Administrator were made aware of the findings. They acknowledged the findings and stated that the ALR would explore strategies to get the physicians to complete all sections on the Immediate Care Facilities Division Admission/Annual Medical Certification form.</p> <p>At the time of the survey, the ALR failed to ensure that all sections of the Immediate Care Facilities Division Admission/Annual Medical Certification forms was completed by the physician.</p>	R 403	<p>IX. <u>Monitoring Process</u></p> <p>The Executive Director, or designee, will conduct monthly random audits of medical certification forms for the next 90 days to ensure completion.</p> <p>X. <u>Date of Completion</u></p> <p>August 15, 2022 and ongoing</p>	08/15/2022