AND PLAN OF CORRECTION	) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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	ALR-0006	B WING	<del></del>	C 10/15/2019
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R 000 Initial Comments		R 000		
allegations against man Living Residence, to inc Administrator and the S- complainant, Resident all dated 08/19/19, in which President stated that he resident's grievances an substantiate the allegation Based on the nature of t Survey Agency initiated and on 10/03/19 beginning a compliance with the Ass Regulatory Act of 2000 a The complainant alleged Allegation 1: Resident # mental abuse and retalia Living Administrator.	ag Administration, ities Division (State ed a request to investigate agement at the Assisted clude the Assisted Living enior Vice President. The et presented a letter in the Senior Vice had investigated the ed found no evidence to ons.  The allegations, the State an on-site investigation to 3:10 PM, to determine isted Living Residence and attendant regulations.  The following:  The allegation was partially elaint allegation was partially elaint allegation of the edition of retaliation was attended to the resident or to the resident or to the resident			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG:	(X3) DATE SURVEY COMPLETED
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R 000 Continued From p	page 1	R 000		
throughout the bo  Listed below are a the report:  ALA - Assisted Liv ALR - Assisted Liv ALRRA - Assisted Act of 2000 email - electronic of F - Fahrenheit RA - Resident Agre SC - Sales Counse SSA - State Survey Health, Health Reg Administration, Inter Division  R 354 Sec. 505a3 Repres	ing Administrator ring Residence Living Residence Regulatory mail	R 354	Grand Oaks is filing this respont the sole purpose of confirming compliance with requests of De of Health in receipt of the survey related to the survey completed October 15, 2019. This respons an admission of liability or state agreement with respect to issue identified in discussions with the but is submitted to demonstrate regulatory compliance.  R354 105.05(a)3 A resident shall have the right to grievances and complaints with of threat or retaliation and have acknowledged and acted upon p with due respect to the provision chapter.	epartment ey report l on se is not ement of es agency  o present out fear them promptly
(3) To present grieve fear of threat of retar acknowledged and respect to the provious Based on interviewed failed to ensure that present grievances retaliation, for one of grievance against the (Resident #1).  Findings included:  The review of the All Procedure dated Market fear of the procedure dated Market fear of the procedure dated	vances and complaints without aliation and have them		I. Corrective Action  The ALA acted to have the complainant sign an updated resident agreement to accord the request of internal transfithe time of this action, the Abelieved it to be standard but practice to have residents signal RA when there is a voluntary assignment change for resident had an existing resident agree under the previous management company.	nplish  Per. At  LA  siness  gn a new  y unit  ents that  bement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG:		E SURVEY
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R 354 Continued From pa	ge 2	R 354			
take any improper a	action against a resident for				
making a complaint	. Whether or not the complaint		I		
is valid. A review of	the ALR's Resident's Rights		The intent of the ALA was n	ot to	
ualed 04/30/10, reve	ealed a resident shall have		single out the complainant of		
the right "to present	grievances and complainte		retaliate for previous		
without fear of threa	t of retaliation and have them		actions. Subsequently, it car	ne to be	
acknowledged and a	acted upon promptly with due		known to the ALA, based on		
respect to the provis	ions law." The AIR failed to		auditing, that 12/12 residents	had	
retaliation as oviden	and procedures prohibiting		not signed an updated resider	nau nt	
retailation, as eviden	iced by the following:		agreement when completing	internal	
On 07/19/19, Reside	nt #1 and the resident's		transfer of units. The ALA	micigai	
husband (non-reside	nt) filed a formal grievance		immediately took action to re	medy	
complaint alleging th	at the ALR's ALA retaliated		this and required all of those	iniody	
and coerced the resid	dent to sign a new RA prior		outstanding residents to sign		
to relocating from one	e unit/suite to another		updated agreements several v	vaaks	
Resident #1 objected	to signing a new RA		before this onsite inspection.	The	
alleging that the ALA	unfairly singled out Resident		ALR did not find this these a	tions.	
# I will the request. S	one and her husband		to represent retaliation by the		
believed this was in re	etaliation for being		on the complainant.	ALA	
outspoken and willing	to complain.		on the complainant.	1	
1. During an interview	with the ALA and the ALR's		Notwithstanding these finding	s. the	
altorney on 10/04/19	beginning at 9:40 AM the		ALR will provide education a	nd	
ALA stated that it was	standard business practice		training to the management to	am	
to have residents sign	a new RA when there is a		and staff on the Resident Grie	vance	
voluntary unit assignm	nent change and the RA	1	Procedure as well as the ALR	's	
was signed under a di	fferent management		residents' rights policy.		
that the ALD had ideal	urther interview revealed		g perioj.		
relocated to other unit	tified 12 of 12 residents who				
new RA with Sibley me	s without having to sign a		II. How to Identify Other		
this as an accidental o	anagement. She described	1	and to identify other		
not noticed that those	versight and that she had residents had signed their		Currently, there are no other griev	Onooc	
RAs under the previous	s management company.		or disputes being reviewed for wh	ioh tha	
She then stated that th	ere were no written		ALR could potentially identify	ion the	
procedures regarding v	voluntary unit assignment		retaliation as a factor.		
changes and no proces	SS for identifying which		remnation as a factor.		
residents would need to	O sign a new RA The ALA	1			
stated that she was wo	rking on a policy for future	1			I.I
Regulation & Licensing Administrati	an and a second				

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG:	(X3) DATE SURVE COMPLETED
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R 354 Continued From page	e 3	R 354		
transfers. In addition, against Resident #1 and During a follow-up int 10/09/19 beginning at that "I made an assur residents who relocate new agreement. With weren't under a new awas a history."  The investigation finding expected Resident #1 12 of 12 other resident having to sign a new for show that the ALR is protocol or practices for priot to unit assignment.	she denied ever retaliating and her husband.  erview with the ALA on the 3:02 PM, the ALA stated apption that they (12 of 12 ed) were already under the [Resident #1], I knew they agreement I knew there are showed that the ALR to sign a new RA although the table to the table to the table to the table to the table t	R 354	III. Systemic Changes  Grand Oaks will:  continue to provide trainin residents' rights, including retaliation during initial employee orientation.  conduct additional resident rights training specific to retaliation during staff mee update its Abuse and Negle Education Resource Guide include a section on Retaliant.  IV. Monitoring Process	tings.
2. On 10/04/19 at approf emails showed that #1's request for written  - On 07/15/19 at 12:00 husband wrote, "Pleas written room relocation policy/process."  - 07/15/19 at 2:36 PM, transfer policy required to transferring out of the community initiated transpolicy is not in relation to move to another suite."  - 07/15/19 at 2:44 PM, lasked, "Do you have a	roximately 2:00 PM, review the ALA ignored Resident policies, as followed:  PM, Resident #1's e send me a copy of the or transfer the ALA wrote, "the by the regulation relates e community or a nafer to another suite. The to a customer initiated written policy on what you in relation to a customer er suite?"		Content of the training and staff attendance records will be reviewed the ALR Quality Assurance Commiduring the next 90 days.  V. Date of Completion  The content of the education, staff training, and education resource gui update will take place by January 6, 2020. The Orientation inclusion of t content will be ongoing. The audits be conducted through April 6, 2020.	de 01/06/202 & ongoin he will

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R 354 Continued From page	e 4	R 354		
with Sibley managem it for this move. Than The investigation find	ent Company], not current nent. We will need to update k you."  Ings showed that the ALA usband's request for change			
ALA gave the resident decide on the purchas	Is showed evidence that the two and a half hours to se of the new unit without rameeting to discuss the			
wrote, "we know your processes' in recent your required new RAs for moves We have four Ombudsman looking a and hope to hear from want to make the Resisten we will need to se involved to try and find forward. Let me know proceed. Warm regard - 07/16/19 at 2:38 PM, need a new residency know if you are interes	ears have not always other resident requested r lawyers and the at this to provide advice, them soon should you ident Agreement an issue, at up a meeting with others a mutually agreeable way how you would like to is." the ALA replied, " we will agreement, please let us ted in [Unit #] by the end of			4)
other leads. Take care.  The investigation findin did not address the required proceeded with other of the control of the cont	gs showed that the ALA uest for a meeting and ffers. nterview on 10/25/19 at			
1:20 PM, Resident #1 s that she was being targ Regulation & Licensing Administration	eted because she had			

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I	STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(V3) DATE SUBVEY	_
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l	NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	10/10/2013	
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	R 354	Continued From pa	ige 5	R 354			_
		filed numerous com					
			ipianita iii tile past.				
		A review of the SSA	database determined that				
		eight health and sat	fety-related complaints were				
		neriod March 2015	against the ALR during the				
		evidence that during	- July 2019. There was g the same period, there were				
		ongoing, written cor	nmunications from Resident				
		#1's personal attorn	eys to the ALR, identifying				1
		concerns that affect	ed the resident's quality of				١
		life.					1
		The findings of this	investigation showed that	1			1
		Resident #1 had a d	ocumented history of				1
	j.	complaints against t	he ALR, for which some				1
	ì	allegations were sub	estantiated.				1
	1	5 The ALA required	Desident us to the second				1
	i	BA prior to obtaining	Resident #1 to sign a new the desired unit, knowing	1			١
	i	that the resident had	objected to several of its	1			1
	i	provisions in the pas	t, as follows:				ı
							ı
		On 10/08/19 at appro	oximately 12:15 PM,				ı
	1	Resident #1 stated the	nat the ALA was aware that				ı
	i	ncluded the adheren	new RA because the RA				ı
	Ċ	uidelines for which	she had filed a complaint				ı
	v	vith the SSA in 2018					ı
							ı
	6	review of the SSA (	database confirmed that				
		ommunity quidalia	omplaint objecting to the s. Her allegation was	1			l
	ir	vestigated and outli	ned in the SSA's Statement				ı
	0	f Deficiencies report	, dated 05/08/18, to which				١
	tr	ne ALR responded.	acted dorder to, to writer				١
		•					1
	Α	t the time of this inve	estigation, the SSA findings				1
	SI	ubstantiated Resider	nt #1's allegation of				
		, w				,	

4	Health Regulation & Lic	ensing Administration			21 5 10 80 F F
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	S (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	Taran a
I	AND FUNIT OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED
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l	NAME OF PROVIDER OR SUPP	or IEB			10/15/2019
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	R 381 Continued From	m page 6	R 381		
	R 381 Sec. 507 Full D	isclosure	R 381		
	and reasonable Based on intervial failed to affirm a full disclosure or reasonable, specially voluntary unit as resident entering Agreement with Findings include The ALR failed to contract terms a unit assignment  A. On 07/19/19, with the ALR alle by the ALR's ALA wishes, in order unit/suite to anotation.  1. An interview we attorney on 10/04 confirmed that Resident #1 object Further interview without written product assignment of another. They staggievance and retall ALR performed a and determined the resident without written products and determined the reasonable and retall and determined the reasonable and determined the reasonable and retall and retall and retall and retall and determined the reasonable and retall and retall and retall and retall and determined the reasonable and retall and retall and retall and retall and determined the reasonable and retall and re	riew and record review, the ALR and protect each resident's right to f contract terms that are fair and edifically terms that apply to ssignment changes, for any g into a contract/ Resident the ALR.  Id:  The provide full disclosure regarding pplicable to voluntary resident changes, as follows:  Resident #1 filed a grievance reging that she was being required a to sign a new RA against her to relocate from her current		R381 105.07 A resident shall have the right to fidisclosure of contract terms and bid practices that are fair and reasonable.  I. Corrective Action  To assure full disclosure of conterms and billing practices that fair and reasonable, Grand Oak implement several actions:  Development of an internal trapolicy that provides a consister procedure for resident-initiated internal transfers.  Development of a standard operating procedure for resident apartment waitlists.  The Grand Oaks Residency Agreement is being reviewed a revised to include language methe requirements of the regulation 44-106.02(6): Admission and Discharge policies which included clear and specific criteria for admission, transfer and discharge.  The ALR has treated this provist to apply to transfers out of Grand Oaks but will add criteria to inclinternal transfers.	lling ble.  Intract care cs will  Insfer  Int  Int  Ind  eting  on  de  ge.  sion  ind

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R 381 Continued From pa	age 7	R 381			
residents (Resident residents and the redeceased. Based of	igning new RAs. Four of those ts #2, 4, 5, and 6) were current emaining eight residents were on the audit, the ALA asked and 6's responsible parties to eptember 2019.		II. How to Identify C		
or email correspond Resident #1's husbing - 07/15/19 at 12:00 wrote, "Please send room relocation or the - 07/15/19 at 2:36 Please policy required to transferring out or community initiated policy is not in relation move to another suited policy in the resided initiated move to another suited require of the resided initiated move to another suited initiated move suited initiated move to another suited initiated move to anothe	M, Resident #1's husband a written policy on what you nt in relation to a customer other suite?"		drafted, there are no other in who have requested international transfers. However, the AL implement the following:  • The new Policy and Standardized Operation Procedure will be a all other residents' for an internal transfer an internal transfer and the revised Reside Agreement will be all new residents minto the ALR.	residents al  R will  d ation applied to requests afer. ncy used for	
updated contract is processes. Your wife [Previous Manageme with Sibley managen it for this move." - 07/16/19 at 11:22 A wrote, "we know your	M, the ALA wrote, "an part of our routine business is paperwork is from ent Company], not current ment. We will need to update  M, Resident #1's husband iroutine business		<ul> <li>The revised Resider Agreement will be disseminated to all eresidents for review signature.</li> </ul>	current	
required new RAs for moves should you Agreement an issue, meeting with others is mutually agreeable w how you would like to - 07/16/19 at 2:38 PM	years have not always other resident requested wish to make the Resident then we will need to set up a nvolved to try and find a ay forward. Let me know proceed." I, the ALA replied, "we will agreement, please let us		<ul> <li>Monitoring Proces</li> <li>Once all the actions Internal Transfer Po Standardized Operar</li> </ul>	The	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  ALR-0006  ALR-0006  ALR-0006  ALR-0006  AUDITIFIC CONSTRUCTION  A BUILDING:  A BUILD	Health Regulation & Licens	ing Administration					
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MAME OF PROVIDER OR SUPPLIER  GRAND OAKS ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES  (AND ID PREFIX AND CARTHUR BLYD NW WASHINGTON, DC 20016  R 381  Continued From page 8  know if you are interested in [unit number] by the end of the day. If not, we will proceed with contacting other leads."  3. On 10/04/19 at 3:20 PM, a review of Residents #2, 4, and 5's RAs revealed that they signed new agreements with the current management on 09/23/19, 09/23/19, and 09/20/19, respectively and Resident #1's RA, dated 12/16/10, was signed under the previous management company. None of the RAs reviewed included information or guidance regarding procedures to follow iffwhen a current residents requests a unit assignment change.  4. On 10/04/19 at 4:35 PM, a review of the ALR's policy on Resident Admissions and Transfers, dated 11/28/18, revealed the following: "This policy does not refer to resident initiated transfers to another suite."  At the time of this investigation, the ALR contract failed to disclose a procedure for voluntary unit assignment changes.  B. There was evidence that the ALR implemented a waitlist and offered current residents the right to first refusal; however, these practices were not consistently executed, as follow:  1. The ALR's internal investigation report, dated 08/19/19, stated that sales counselors first had to speak with individuals on a waitlist before the ALR could make an offer to Resident #1.1.  2. During an interview on 10/04/19 beginning at 9:40 AM, the ALA and the ALR's attorney confirmed that initiality, the ALR's sales		IDENTIFICATION NOWBER,	A. BUILDING:				
GRAND OAKS ASSISTED LIVING  WASHINGTON, DC 20016  REGULATORY OR USE DENTIFYING INFORMATION)  REACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DENTIFY INCOMES  (ACA HOLOCAPPROPRIATE DID IN INCOMES IN ITAL IN ITAL		ALR-0006	B. WING				
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R 381 Continued From page 8  Know if you are interested in [unit number] by the end of the day. If not, we will proceed with contacting other leads."  3. On 10/04/19 at 3:20 PM, a review of Residents #2, 4, and 5's RAs revealed that they signed new agreements with the current management on 09/23/19, 09/23/19, and 09/20/19, respectively and Resident #1 RA attent 21/61/10, was signed under the previous management company. None of the RAs revealed the following: "This policy on Resident Admissions and Transfers, dated 11/28/18, revealed the following: "This policy does not refer to resident intiated transfers to another suite."  At the time of this investigation, the ALR contract failed to disclose a procedure for voluntary unit assignment changes.  B. There was evidence that the ALR implemented a waitlist and offered current residents the right to first refusal; however, these practices were not consistently executed, as follow:  1. The ALR's internal investigation report, dated 08/19/19, stated that sales counselors first had to speak with individuals on a waitlist before the ALR could make an offer to Resident #1.  2. During an interview on 10/04/19 beginning at 9.40 AM, the ALA and the ALR's attorney confirmed that intiliatly, the ALR's sales		WASHING					
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confirmed that initially, the ALR's attorney  Residency Agreement to all current	During an interview	on 10/04/19 beginning at					
Sommind that mitidily, the ALN'S sales	9:40 AM, the ALA and	the ALR's attorney					
vvvivencie intolliteu negociale i s mishann mar	counselors informed	Resident #1's husband that					

Health Regulation & Licens	sing Administration			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY
	JOHN TONIBER.	A. BUILDING:	<del></del>	COMPLETED
	ALR-0006	B. WING		C 10/15/2019
NAME OF PROVIDER OR SUPPLIEF	STREET AC	DORESS, CITY, S	STATE, ZIP CODE	10/13/2019
GRAND OAKS ASSISTED LIV	VING 5901 MA	CARTHUR BL GTON, DC 20	.VD NW	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D.RE COMPLETE
R 381 Continued From pa	age 9	R 381		
the Director of Sale maintained a waitlifurther stated that of first refusal over 12:30 PM, when as the right of first refusion of first r	es (SC #2) stated that the ALR st in its sales office. SC #2 current residents had the right people on the waitlist. At sked if current residents had usal, SC #1 answered residents get priority." SC #1 as a waitlist maintained on a the sales office.  120 PM, a review of Residents signed 09/23/19, 09/23/19, ectively, and Resident #1's 0, revealed no written not the management of a resident's right of first refusal recomes available.  135 PM, a review of the ALR's admissions and Transfers, realed that there were no regarding a current resident's or the management of a office.	R 381	residents will be completed by January 6, 2020.	01/06/2020 & ongoing

The state of the s		(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED
NAME OF STREET	ALR-0006	B. WING		C 10/15/2019
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	
GRAND OAKS ASSISTED LIVING	5901 MA Washin	CARTHUR BL GTON, DC 20	.VD NW	
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEI	BE PRECEDED BY FULL NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE COMPL HE APPROPRIATE DAT
R 381 Continued From page 10		R 381		
<ol> <li>On 10/24/19 during the ALA and the ALR's attorned and procedures regarding and a resident's right of fill development.</li> </ol>	ey stated that policies the use of a waitlist			
8. For clarification, on 10, Resident #1 was asked by understanding of a waitlist wasn't aware of an official When asked if residents herefusal," Resident #1 replicated that before."	y telephone about her t. Resident #1 replied "I policy on a waitlist." lad a "right of first			
At the time of this investigated to disclose a proced waitlist and a resident's rig	ure for the use of a			
C. The ALR failed to ensur disclosed fair and reasona follows:	e that contract terms ble practices, as			
On 07/19/19, Resident #1 the ALR alleging that the Al out (Resident #1) by require RA which she found was un	LA unfairly singled her			
1. On 10/02/19, a review of investigative report, dated to Resident #1 was the first personal report of the previous management of 08/31/19, however, Resider which she named 12 other coircumstances who were not o sign new RAs before they	08/19/19, revealed that erson to request a unit and an RA signed under company. On the filed a rebuttal in residents in similar of required by the ALA			
new unit/suite.  2. During an interview with				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVE COMPLETED
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	ALR-0006	B. WING		C 10/15/201
NAME OF PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE, ZIP CODE	
GRAND OAKS ASSISTED LIV		CARTHUR BL GTON, DC 20		
(X4) ID SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	OBBECTION
TAG REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMP IE APPROPRIATE DA
R 381 Continued From pa	ige 11	R 381		
ALR's attorney on 1	10/04/19 beginning at 9:40 AM			
they stated that the	ALR initiated an internal audit			
based on Resident	#1's 08/31/19 rebuttal. The			
to other units withou	f 12 residents who relocated ut having to sign a new RA			
with Sibley manage	ment. The ALA described this			
as an accidental over	ersight and explained that she			
had not noticed that	the 12 residents had signed			
the RAS under the p	revious management			
company,		1		
3. On 10/04/19 at a	pproximately 10:04 AM, the			
ALA presented for re	eview a letter dated 09/20/19			
addressed to the SS	A in which she wrote: "As you			
know, we have ident	tified those residents who	j		
internally transferred	with a [Previous	0 1		
There are four in total	any] Agreement still in place.			
replacement agreem	ent and are expected to			
provide us with signe	ed copies." The 09/20/19			
letter further stated the	hat "Moving forward, we will			
have all residents wh	o internally transfer sign a			
Grand Oaks (Manage	ement) Agreement"			
4. Continued interview	w with the ALA and the ALR's			
attorney on 10/04/19,	, revealed that current			
residents with RAs si	gned under [Previous			
Management Compa	ny] would only be asked to	1		
were to request a uni	ibley management if they t assignment change to a			
different unit. They fu	rther acknowledged that			
there were no written	procedures regarding			
voluntary unit assignm	nent changes.			
5. When interviewed	on 10/07/19 beginning at			
3:03 PM, Resident #1	confirmed that she			
objected to signing a	new RA. At 3:57 PM, the			
resident complained to	hat her husband's email on			
07/16/19, in which he	requested a meeting to			
discuss the issue, was	s met with a response to			
Regulation & Licensing Administra FORM		n		
	686	<sup>19</sup> 8SUC	C11	If continuation sheet 12

Health	Regulation & Licensii					
AND PLA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY	
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		ALR-0006	B. WING		C 10/15/2019	
NAME O	F PROVIDER OR SUPPLIER	STREET AL	ODRESS CITY	, STATE, ZIP CODE	10/13/2019	
CRANE	OAKS ASSISTED		CARTHUR I			
GRANL	OAKS ASSISTED LIV		GTON, DC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	7/20 1			
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R 381	Continued From page	ge 12	R 381			
	make a decision by	the close of the business day				
	(within approximate	ly 2 1/2 hours) or the unit		R392 105.09(b)3		
	would be offered to	someone else. She also				
	complained that the	y had not received written		An ALR shall thoroughly investig	gate	
	policies and procedu	ures when the husband		any allegation of abuse, neglect, of	or	
	requested them by	email on 07/15/19. Resident		exploitation and shall take approp	oriate	
	her to comply with a	found it unreasonable to ask		action to prevent further incidents	s. The	
	especially given that	policy that didn't exist, 12 others had not been		ALR shall report the results of thi		
	required to do the sa	12 others had not been		investigation and actions taken, if	any,	
	4 4. 40 416 35	into.		to the Mayor.		
	At the time of this inv	estigation, the findings				
	showed that the ALR	failed to ensure full		I. Corrective Action		
	disclosure of contract	t terms and demonstrate fair				
	and reasonable prac	tices.		Grand Oaks will revie	ew and	
				revise the Abuse, Neg		
R 392	Sec. 509b3 Abuse, N	leglect, and Exploitation.	R 392		• •	
	**************************************	55.50		and Exploitation Police	cy as	
	(3) An ALR shall thor	oughly investigate any	1	appropriate.		
	allegation of abuse, r	neglect, or exploitation and		<ul> <li>The Policy will include</li> </ul>	ie a	
	incidents. The ALD of	action to prevent further		Table as an Appendix	which	
	investigation and acti	hall report the results of its ons taken, if any, to the		will outline the steps		
	Mayor.	ons taken, if any, to the		required as part of the		
		nd record review, the ALR		•		
	failed to thoroughly in	vestigate an allegation of		investigation (e.g. as i		
	abuse and exploitatio	n, for one of one resident		alleged event, intervie		
	included in the investi	igation (Resident #1).		the complainant(s), ot		
	<b>-</b>			residents or family me	embers	
	Findings included:			who may have been p	resent	
	On 00/02/40 Ab - 004	annahan a was sa		during the alleged		
	Cir usiusi is, the SSA	received an email in which		behavior).		
10	ahuse exploitation a	motional abuse, mental and coercion by the ALA.		•		
	Resident #1 complain	ed that the ALR's internal		<ul> <li>Grand Oaks will revie</li> </ul>		
i	investigation, dated 08	8/19/19 failed to		Grievance Procedure t	to	
	substantiate any of the	e allegations filed by the		reassess (1) how even	ts	
	resident and her husb	and (non-resident) on				
(	07/19/19. Resident #1	also alleged that the	1			

· · · · ·	regulation & Licens	ng Administration				* 1 ***
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY
		ALR-0006	B WING		1	C 0/15/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GRAND	OAKS ASSISTED LIV	ING 5901 MAC	ARTHUR BL	VD NW		
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R 392	Continued From pa	ge 13	R 392			
	On 10/02/19 at app the ALR's internal in 08/19/19, revealed failed to include interfollows:  A. The internal inversion of the internal inversion of the internal inversion of the internal inversion of the interviewed in document. When interviewed in document in the ALR are that the ALR's lead in interviewed the composed that the ALA up of abuse; however, the resident conduct the interviewed the interviewed the ALA up of abuse; however, the interviewed the interviewed the ALA up of abuse; however, the interviewed the conduct the interviewed the interviewed the ALA up of abuse; however, the interviewed the interviewed the ALA up of abuse; however, the interviewed the interviewed the ALA up of abuse; however, the interviewed the interviewed the ALA up of abuse; however, the interviewed the i	roximately 4:00 PM, review of evestigative report, dated that the investigative report erviews with key individuals, as estigative report included the "We did not interview r husband] regarding their edepth of information they ents they submitted."  I on 10/04/19 beginning at ad the ALR's attorney stated envestigator "should have plainant." The attorney further sually investigates allegations the ALR had the Vice		handled (this the conclusion that DC Heat handle the indirectly); and internal escal • Copies of any Policy, Appe Grievance Provided to I the completion.  The ALR reserve not produce information collected that other afforded legal produce.	is to remedy on by the ALR lth would evestigation I (2) the lation process. y revised ndix, and/or ocedure will be OC Health by on target date. s the right to mation erwise may be otection under	
t to op p	i:03 PM, Resident # for her husband wer he ALA confirmed th omplainants was pa rocess.  It the time of this inv vidence that the ALF hd her husband.  Resident #1's 07/1 legation that the ALF	1 confirmed that neither she re interviewed. On 10/09/19, at interviewing all art of the investigation  estigation, there was no R interviewed Resident #1  9/19 grievance included an A made an "unlawful,"		There are currallegations of neglect, or exunder review  III. Systemic Character Chara	rently no other abuse, ploitation by this ALR.  Inges cy, Appendix, e Procedure and revised,	
	NAME OF GRAND (X4) ID PREFIX TAG  R 392  R 392	NAME OF PROVIDER OR SUPPLIER  GRAND OAKS ASSISTED LIV  (X4) ID SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  R 392 Continued From pa  08/19/19 investigate errors.  On 10/02/19 at app the ALR's internal investigate failed to include interfollowing statement: [Resident #1] or [he allegations given the provided in docume  1. When interviewed 9:40 AM, the ALA ar that the ALR's lead is interviewed the companied that the ALA.  2. When interviewed 3:03 PM, Resident # nor her husband wer the ALA confirmed the complainants was pa process.  At the time of this invevidence that the ALE and her husband.  B. Resident #1's 07/11 allegation that the AL unsupportive, verbally	ALR-0006  NAME OF PROVIDER OR SUPPLIER  GRAND OAKS ASSISTED LIVING  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES PREFUX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  R 392 Continued From page 13  08/19/19 investigative report contained factual errors.  On 10/02/19 at approximately 4:00 PM, review of the ALR's internal investigative report, dated 08/19/19, revealed that the investigative report failed to include interviews with key individuals, as follows:  A. The internal investigative report included the following statement: "We did not interview [Resident #1] or [her husband] regarding their allegations given the depth of information they provided in documents they submitted."  1. When interviewed on 10/04/19 beginning at 9:40 AM, the ALA and the ALR's attorney stated that the ALR's lead investigator "should have interviewed the complainant." The attorney further noted that the ALA usually investigates allegations of abuse; however, the ALR had the Vice President conduct this investigation because it involved the ALA.  2. When interviewed on 10/07/19 beginning at 3:03 PM, Resident #1 confirmed that neither she nor her husband were interviewed. On 10/09/19, the ALA confirmed that interviewing all complainants was part of the investigation process.  At the time of this investigation, there was no evidence that the ALR made an "unlawful, unsupportive, verbally abusive and retaliatory	ALR-0006  ALR-0006  ALR-0006  ALR-0006  ALR-0006  B WING  ALR-0006  B WING  ALR-0006  B WING  STREET ADDRESS, CITY, S' 5901 MACARTHUR BL' WASHINGTON, DC 200  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  R 392  Continued From page 13  O8/19/19 investigative report contained factual errors.  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On 10/09/19, the ALA confirmed that interviewing all complainants was part of the investigation process.  At the time of this investigation, there was no evidence that the ALR interviewed Resident #1 and her husband.  B. Resident #1's 07/19/19 grievance included an allegation that the ALA made an "unlawful, unsupportive, verbally abusive and retailiatory	AND PLAN OF CORRECTION  A BUILDING:  ALR-0006  B WING  STREET ADDRESS. CITY, STATE, ZIP CODE  5901 MACARTHUR BLVD NW  WASHINGTON, DC 20016  (PAC) ID SUMMARY STATEMENT OF DEFICIENCIES  PREFIX TAG  CACH DEFICIENCY MUST BE PERCEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  R 392  Continued From page 13  OB/19/19 investigative report contained factual errors.  On 10/02/19 at approximately 4:00 PM, review of the ALR's internal investigative report, dated 08/19/19, revealed that the investigative report failed to include interviews with key individuals, as follows:  A. The internal investigative report included the following statement: "We did not interview Resident #1] or [her husband] regarding their allegations given the depth of information they provided in documents they submitted."  1. When interviewed on 10/04/19 beginning at 9:40 AM, the ALA and the ALR's lattorney stated that the ALR's lead investigator "should have interviewed the complainant." The attorney further noted that the ALR had the Vice President conduct this investigation because it involved the ALA.  2. When interviewed on 10/07/19 beginning at 3:03 PM, Resident #1 confirmed that neither she nor her husband were interviewed. On 10/09/19, the ALA confirmed that interviewing all complainants was part of the investigation process.  At the time of this investigation, there was no evidence that the ALR interviewed Resident #1 and her husband.  B. Resident #1's 07/19/19 grievance included an allegation that the ALR made an "unlawful."	AND PLAN OF CORRECTION  ALR-0006  ALR-0006  AS UNLINE:  ALR-0006  A SULDING:  B WIND  A SULDING:  B WASHINGTON, DC 20018  A SULDING:  B WIND  A SULDING:  B WIND  A SULDING:  B WASHINGTON, DC 20018  A SULDING:  B REGUL CORRECTIVE ACTON SHOULD BE CACHERITY AND  CEACH CORRECTIVE ACTON SHO

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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investigated this alle On 10/02/19, a revie investigative report, evidence that attende Family Council meet residents' involved fa representatives from Ombudsman's office, investigative report di following: "In her four Grand Oaks, we have complaints from the o their family members challenge at Grand O model for our mission this allegation that her disrespectful as allege At the time of this inve evidence that the ALR attended the Resident meetings.  C. The investigation fa #1's allegation that the unit assignment chang past without requiring sign a new RA with Sit follows:	ve statements at past is no evidence that the ALR gation, as follows:  w of the ALR's internal dated 08/19/19, revealed no sees of the Resident and rings, such as other residents, mily members and/or the DC Long-Term Care were interviewed. The d, however, include the plus years of tenure at e not received any other 400 plus residents and (the ALA) meets each aks with a smile is a role We cannot substantiate to behavior is bullying and ed."  estigation, there was no interviewed persons who and Family Council siled to address Resident alarm ALR had allowed voluntary les by other residents to be other residents to be other residents to be other residents.	R 392	to the ALR manateam to assure content of the ALR manateam to assure content of the content of the ALR's Quality Assurance team.  V. Date of Complete Any revisions to Appendix, and Government of Procedure will be completed by Jan 2020.	mpliance.  cess mpliance iewed by y  ion the Policy, rievance	01/06/20 & ongoi
investigative report, da it reflected Resident #1	new RAs. Continued				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY IPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, S	STATE, ZIP CODE		
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R 392 Continued From pag	je 15	R 392			_
association with [Pre Company] was termi Residency Agreemer Oaks made the busin residents moving into Management Comparevised residency agreevised residency agreement internal transfers to o apartments. [Residen This investigation's fir to the ALR's assertion not the first. Other residence assignments without steep the internal investigation.	evious Management inated, a new Grand Oaks nt was put into place. Grand ness decision that all papartments after [Previous any] left, would enter into the reement with Grand Oaks not been any residents revious Management that have requested	K 392			
submitted a rebuttal to report. Their documen dates, and applicable residents whose unit a occurred after the char companies in March 20 those 12 residents had new RAs with Sibley m.  3. In a letter sent to the wrote: "we have identifinternally transferred w. Management Company There are four in total	nge in management 013. They asserted that d not been required to sign nanagement at the time. e SSA on 09/20/19, the ALA fied those residents who				
Grand Oaks (Managen	nent) Agreement" 0/04/19 beginning at 9:40				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:  ALR-0006		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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GRAND OAKS ASSISTED LIVI	NG 5901 MA	CARTHUR BL GTON, DC 20	.VD NW		
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identified residents wassignments with a [I Company] RA and we new RA. During a foll at 3:02 PM, the ALA assumption that they already under new ag #1], I knew they were agreement I knew 10/24/19, the ALA cor Conference that the Aconducted after, and received Resident #1' 08/19/19 investigative  At the time of the inveevidence that Resider thoroughly and accurate thoroughly and accurate D. The ALR's internal examine Resident #1's practice within the sale for prospective resider  1. The ALR's investigation of the report, it had the right to first refreport, however, it should the husband that the unit/suite to prospective prior to offering it to Resident #1.	ALR's attorney neir internal audit had who changed unit Previous Management ere not required to sign a low-up interview on 10/09/19 explained that she "made an (other residents) were greements. With [Resident in tunder a new there was a history." On infirmed during the Exit ALR's internal audit was in direct response to having s 08/31/19 rebuttal to the preport.  In the stigation, there was no interestigation, there was a rely investigated.  Investigation failed to sight of first refusal or the est office of using a waitlist ints, as follows:  Internal audit was in direct response to having so 08/31/19 rebuttal to the oreport.  In the stigation was ately investigated.  Investigation failed to sight of first refusal or the est office of using a waitlist ints, as follows:  In the stigation of the waitlist into the stated that Resident #1 fusal. Elsewhere in the wed that SC #1 and SC #2 they had to offer the eresidents on a waitlist estident #1.	R 392	DEFICIENCY)		
prior to offering it to Re Regulation & Licensing Administrati	sident #1. Interviews with				

Health	Regulation & Licensii	ng Administration					
STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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		ALR-0006	B. WING			15/2019	
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R 392	Continued From page	ge 17	R 392				
	Resident #1 and the prospective resident the unit, prior to the The statement in the right to first refusal to the SSA investigative inaccurate statement the right of first refusal. II. As evidenced about investigation, dated (following misreprese - The ALR's investigation, dated (following misreprese was the first resident Management Compassignment change. inaccurate, through in Resident #1 as well at that was conducted a rebuttal on 08/31/19; - The ALR's investigation of the ALR's dismissed "without metals".	e ALA revealed that the its on the waitlist had declined offer made to Resident #1. It report regarding having the herefore, was inaccurate. On determined that the ALR's report presented and that Resident #1 was given stated that Resident #1 was given stated that Resident #1 with a [Previous any] RA to request a unit This was later proven to be information provided by as the ALR's internal audit and, tion concluded: "At that is interested applicants were and, the interested applicants were as resident had the right to a later proven to be interviews with SC #1 and SC investigative report erit" Resident #1's grievance	R 392				
( 1	dismissed "without mo that the ALR failed to	erit" Resident #1's grievance engage in full disclosure as A. This was proven to be					
4	At the time of this inve	estigation, there was no investigated Resident #1's					

_	Health	Regulation & Licensi	ng Administration				
1 :	STATEME	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
L			ALR-0006	B. WING _			C 15/2019
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	(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	DRF	(X5) COMPLETE DATE
	i s r v ( t s s s 2 # a a o a s c in fo	occur; Based on interview contract/ Resident A provisions for identi procedures in the erresident entering int Agreement with the Findings included:  On 07/19/19, Residence Resident #1 with the required 12 other resident #1 with the required 12 other resident with the AL stated that there 12 in an agement companyithout signing new Residents #2, 4, 5, and Ealents #2, 4, 5, and Sis RAs regreements with the 9/23/19, 09/23/19, and Resident #1's RAsigned under the president or guidant or guidant of the formation or guidant in the president of the president of guidant or guidant or guidant of the president or guidant or guidant of the formation or guidant in the president of the president of the president of guidant or guidant of guidant of the president of guidant or guidant of guidant of guidant or guidant or guidant of guidant of guidant of guidant or guidant of guidant or guidant o	and record review, the ALR's Agreement failed to include fying unit assignments and vent of unit changes, for any to a contract/ Resident ALR.  ent #1 objected to signing a set the ALA unfairly singled out a request and had not sidents who previously w RAs with Sibley  entity and the ALR's attorney residents with previous any RAs had relocated RAs. Four of those residents of ther stated that she their responsible parties to tember 2019.  entity and preview of Residents wealed that they signed new current management on and 09/20/19, respectively A, dated 12/16/10, was	R 426	R426 106.02 (a)(5) A written contract must be provide the resident prior to admission and signed by the resident or surrogate, necessary, and a representative of the ALR. The nonfinancial portions of contract shall include the following (5) Unit assignment and procedure changes occur.  I. Corrective Action  As a corrective action, Grand Convill implement to following:  The Grand Oaks Residency Agreement is being reviewed a revised to include language methe requirements of the regulation 44-106.02(a)(5): Unit Assignment and Procedures if changes occur.  II. How to Identify Other At the time this response is being drafted, there are no other residual who have requested internal transfers to affect unit assignment However, the ALR will implement the following:	nd eting on ent ar.	

Hea	th Regulation & Licens	sing Administration				
	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
	ALR-0006		B. WING		1.00	C /15/2019
NAME	OF PROVIDER OR SUPPLIE	R STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
GRA	ND OAKS ASSISTED LI	VING 5901 MA	CARTHUR BL STON, DC 20	LVD NW		
(X4)	D SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.			_
PREF	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
R4	26 Continued From p	age 19	R 426			
	she had not realize voluntarily changed the previous mana on 10/15/19 begin RAs for the other refollowing: Resident #2 RA 09/09/16; Resident #3 RA: 10/15/12 (ALR still Resident #4 RA: 02/09/17; Resident #5 RA: 03/05/16; Resident #6 RA: 08/01/16; Resident #7 RA: 11/2014 (deceased) Resident #8 RA: 08/2013 and 09/201 Resident #10 RA: 03/2014 (deceased) Resident #11 Recoassignment change Resident #12 RA: 03/2014 (deceased) Resident #13 RA: 03/2014 (deceased) Resident #14 RA: 03/2014 (deceased) Resident #15 RA: 03/2014 (deceased) Resident #16 RA: 03/2014 (deceased) Resident #17 RA: 03/2014 (deceased) Resident #18 RA: 03/2014 (deceased) Resident #19 RA: 03/2014 (deceased) Resident #10 RA: 03/2014 (deceased) Resident #11 Recoassignment change Resident #14 RA: 03/2014 (deceased) Resident #14 RA: 03/2014 (deceased) Resident #14 RA: 03/2014 (deceased)	ning at 9:30 AM, review of the esidents revealed the signed 09/23/19, relocated on signed 09/04/12, relocated under Sunrise management); signed 09/13/19, relocated signed 09/13/19, relocated signed 09/13/19, relocated signed 09/13/19, relocated signed 00/13/19, relocated signed 10/14/11, relocated 6 (deceased); igned 10/03/11, relocated 10/03/1		• The revised Res Agreement (incomplete the language mend 106.02(a)(5)) with for all new reside into the ALR.  III. Systemic Change  The revised Residency A (incorporating the languate 44-106.02(a)(5)) will be disseminated to all current for review and signature.  IV. Monitoring Promotes the use of the revised Residency Agreement for residents entering Grand place, the CEO, and/or dewill randomly audit that the for unit assignment and phave been followed for an who has requested an interest for the next 90 dea of the compliance audits are reviewed by the ALR's Quasimance team.  V. Date of Complete	orporating peting 44-cill be used ents moving testing 44-cill be used ents moving testing agreement age meeting and residents testing	

Health	Regulation & Licensi	ng Administration				
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(V2) DATE BURNEY	
, AND I CA	TO CORRECTION	IDENTIFICATION NUMBER:		IG:	(X3) DATE SURVEY COMPLETED	
		1				
		ALR-0006	B WING_		C	
NAME OF	PROVIDER OR SUPPLIER	PTGEET AA	DDDEGG SIE	4.4	10/15/2019	
		_		Y, STATE, ZIP CODE		
GRAND	OAKS ASSISTED LIV		CARTHUR GTON, DC			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	7N 04T	
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D.BF COMPLETE	
R 426	Continued From pa	ge 20	R 426			
	At the time of the in	vestigation, the ALR failed to		TII.		
	ensure that RAs inc	luded written procedures		The use of the revised Residen	.cy	
	regarding unit assig	nment and changes thereto.		Agreement for new residents		
D4000	S 1000			entering Grand Oaks, and the	01/06/2020	
R1003	Sec. 1006c Bathroo	ms.	R1003	dissemination of the revised	& ongoing	
	(c) An Al P shall inc	wire that the target of		Residency Agreement to all cu residents will be completed by		
	the hot water at all t	sure that the temperature of aps to which residents have		January 6, 2020.		
	access is controlled	by the use of thermostatically		January 6, 2020.		
	controlled mixing va	lves or by other means				
	including control at t	he source, so that the water				
	temperature does no	ot exceed 110 degrees		R1003 110.06 (c)		
	Fahrenheit.			120.00 (0)		
	failed to ensure that	n and interview, the ALR the hot water temperature		An ALR shall insure that the		
	did not exceed 110°	F, in three of three hand		temperature of the hot water at all t	ans	
	sinks inspected (Res	sident #1's unit, the Country		to which residents have access is	<b>-</b> P0	
	Kitchen and public re	estroom on the 4th floor).		controlled using thermostatically		
				controlled mixing valves or by other	er	
	Findings included:			means, including control at the sour		
,	On 10/07/10 the CC	A		so that the water temperature does r	not	
ì	rom Resident #1 via	A received an incident report email. According to the		exceed 110 degrees Fahrenheit.		
î	eport, Resident #1 a	lleged that the water				
į	emperature in her ba	athroom measured at 140°F.		I. <u>Corrective Action</u>		
(	On 10/07/19 at 5:43 I	PM, Resident #1 stated that		At the time of the inspection, the Gr	rand	
ε	ifter turning on the ba	athroom sink and placing		Oaks maintenance team provided		
h	er hands under runr	ning water at 1:30 AM, she		immediate correction on the spot.		
Q	uickly had to remove	them because the water			(	
V.	as scalding hot. She	further stated that she				
) I	hurn When she use	ce to her left hand to prevent ed a candy thermometer to		II. How to Identify Other		
n	neasure the water it	measured at 140°F. [Note:				
ir.	nmediate observation	n of the resident's left and		The Director of Facilities audited th		
ri	ght hands revealed r	no indication of burns.]		water temperature logs leading up to	the	
				incident and provided appropriate		
1. P	. Observations on 10 M, showed that the I	0/07/19 beginning at 5:51 not water temperature		follow up actions.		

Health I	Regulation & Licensii	ng Administration			
SIALEME	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G:	(X3) DATE SURVEY COMPLETED
		ALR-0006	B WING		C 10/15/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE	10/13/2019
GRAND	OAKS ASSISTED LIVI	NG 5901 MA	CARTHUR (	BLVD NW	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
R1003	Continued From page		R1003		
i i i i	sink. [Note: The resisurveyor not go into 4th floor North Coun 117.4°F and water in restroom measured  2. During an interview the Security Guard, wovernight water manipust adjusted the mixtemperature down to Follow-up observations showed that the hot womeasured at 103°F in Resident #1's bathroof The 4th floor North Cl02.3°F and the 4th fineasured at 101.9°F at the time of the sun the surveyor that the time of the sun the surveyor that the time of the sun the surveyor to the surveyor to the surveyor that the time of the surveyor to the surveyor that the time of the surveyor that the surveyor that the time of the surveyor that the	w on 10/07/19 at 7:30 PM, who is responsible for agement, stated that he had ing valve to lower the water 110°F.  In on 10/07/19 at 7:34 PM, water temperature now in Resident #1's kitchen sink. Om sink measured at 104°F, ountry Kitchen measured at loor north public restroom		Additionally, the Director of Facilit had a third-party contractor inspect make adjustments to the hot water system.  III. Systemic Changes  The Director of Facilities updated th Water Temperature Testing Proceduto include ensuring that temperature taken on multiple floors in both residures and common spaces.  IV. Monitoring Process  The Director of Facilities, and/or designee will audit the water temperature log daily for the next 30 days and then weekly ongoing.  The Executive Director, and/or designing will conduct random audits of the water temperature log for the next 90 days.  V. Date of Completion  November 12, 2019 and ongoing	and ne nres s are dent