						С
		ALR-0041	B, WING		T	03/2022
AME OF F	ROVIDER OR SUPPLIER			FATE, ZIP CODE		
OUTHE	RN AVE SP LLC DBA L	IVINGS I ON A I	NGSTON RO TON, DC 2	= -		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEPICIENCY	ION SHOULD BE HE APPROPRIATE	(X6) COMPLE DATE
1 [] 1 h 2 b 3 w dr 4.	Health, Health Regular Administration, Interm (DOH/HRLA/ICFD), refrom two complainant showed that two of the Parties raised concern to their loved ones by Avenue Assisted Livin Based on the nature of Agency (SSA) initiated 6/13/2022, beginning a Road, SE Washington with the Assisted Livin of 2000, "DC Code § 4 regulations. The surve 15/19/2022. The complainants allegations of Complained Resident #1 acquired er apartment. Resident #1's son was ed.	12/2022, the Department of ations and Licensing mediate Care Facilities eceived email notifications is. The email notification is regarding services provided Livingston Place at Southerning Residence (ALR). If the emails, the State Survey of an on-site investigations on it 9:34 AM, at 4657 Livingston, DC to determine compliance is Residence Regulatory Act 4-101.01" and attendant yors remained on site through god the following: Inant #1] If bedbugs at the facility in its required to buy a new is required to buy a new is given all washed together, it-colored clothing and the is denied financial	R 000	Please start typing your re		

Health	Regulation & Licensin	g Administration		J#	FOR	M APPRO
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY MPLETED
		ALR-0041	B. WING	:		C
IAME OF F	PROVIDER OR SUPPLIER		t ====	and the second	06/	03/2022
		4004100	DRESS, CITY, STA NGSTON ROA			
100111	RN AVE SP LLC DBA	HILLIAGOIOIANI	TON, DC 20	·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	(D PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLET DATE
R 000	Continued From pag	e 1	R 000		***************************************	
	5. Resident #1's son one month's rent.	was denied reimbursement for	į			
	for May 2022's rent. s for management, the	k account was charged twice Son reported he left message n confacted the Executive of no communication.				
	7. The resident's son had stated to him that	also reported that two staff , "The place is running itself."				
- 11	[Allegations of Compli	ainant #2j	j			
	1. The resident's fob is wice.	s missing. She has lost it		21		
a f	Personal items we book items).	re missing (paper towels,				
S le	The bed sheets have east 2 weeks.	not been changed for at				
4	. No bath was given;	she had a horrible odor.	ľ			
5	. No available transpo	rtation for appointments.				
6.	. There was a 7% rent	increase,	1		İ	
7.	There was no one at	the front desk.			Į.	
8. pr	There was an Inability none most of the time.	y to reach nursing staff by				
9. ca	There were no activiti pacity.	es to assist with mental				
10 the	. There was a non-me medication cart (2nd	dical employee sitting by floor), which was in the				
outollen	R. I Iconsina Administration					

ANLI PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER: ALR-0041	A. BUILDIN	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED C 06/03/2022
	PROVIDER OR SUPPLIER ERN AVE SP LLC DBA L	IVINGSTON AT 4888 LIV	DORESS, CITY, S /INGSTON RI IGTON, DC	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLET ATE DATE
	During the course of the determined that other adversely affected by complainants. Therefor the 84 residents of verify the ALR's compregulatory guidelines. The investigative finding observations, Interview management staff, the staff, and a review of a investigation determine compliance with the AR Regulatory Act of 2000	lse was around. The nurse's floor. the investigation, it was residents in the ALR may be practices identified by the precial a random sampling of 18 the facility was selected to liance with the applicable	R 000		
1 pp a pp	available for the resident or to admission. Based on Interviews an assisted Living Resider the complete terms of a sesident's agreement, wommunicated to the Rine two residents in the and 2).	terms of all financial 's agreement shall be made at (or surrogate) to review d record reviews, the ace (ALR) failed to ensure ll financial provisions in a arere accurately esponsible Parties for two of Investigation (Residents #1	R 142	8-3-22 Residents 1 was given a copy of lease their lease agreement. Resident #2 is in hospital current have a copy ready to give to her on her return to community. There was no increase in residents 1 or rent since move in. Resident number 1 has a credit \$162 for September rent. Administrator or designee will provide a copy of the resident's agreement including all financial provision prior to admission to resident surrogate. Resident a surrogate will sign acknowledgment that a copy was provided, and acknowledgment will be kept on resident with all moves in beginning 8-1-22 and forward. An Audit of all current resident's financial agreement will be conducted to ensure correct signed and will provide a copy as needed to residents/surrogate by 9-15-22. Administrator and or designee will review all new moin agreements monthly to ensure resident/surrogate received a copy of financial agreement and that acknowledgement was singed.	y but 2 of and or ent's

,.,.,	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION		E SURVEY OMPLETED
		ALR-0041	B. WING		06	C /03/2022
IAME OF	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
OUTHE	RN AVE SP LLC DBA L	#*####################################	NGSTON ROAD TON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT OROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
F CE hSb Rsi Ti a ra Oi	the ALR increased the admission and that the rental terms. On 5/13/2022 at 5:05 interview, Resident #2 indicated that since are monthly rent had increase had not beer asked to provide a colagreement, the Responsibent should have resident should have rethe mall and that she will be the mall and that she will be the work of the mall and that she will be the work of the monthly rental fear would follow-up. The revolde an email that in Lease Form) that was carry, which showed a con 05/16/2022 at 1:20 increase sin the said that there was rethe the Resident #2 should not	sponsible Party, alleged that e resident's rent by 7% since are increase was not included in PM, during a telephone 2's Responsible Party dimission, the resident's eased by 7%, and that the included in the terms. When by of the resident's rental easier included in the terms. When by of the resident's rental easier included in the terms. When by of the resident's rental easier increase in would look for the received the rental increase in would look for the strator (ALA) revealed that he would included the attachment sent to the Responsible move-in date of 11/13/2021. PM, interview with the ALR's revealed Resident #2 did not not admission on 10/7/2021. In a difference of \$27.00 tental Agreement and the which were both dated and ble Party on 10/07/2021. In said that the \$27.00 was rought the monthly room	R 142			

STATEME	Regulation & Licensir	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION'	Tana Fra	
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY MPLETED
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		ALR-0041	B. WING	***	06	03/2022
AME OF F	PROVIDER OR SUPPLIER	STREET ADO	ORESS, CITY, STAT	E, ZIP CODE		
)UTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIVI	NGSTON ROAL	D, SE		
-		WASHING	TON, DC 200	132		
(X4) ID REFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
R 142	Continued From pag	ne 4	R 142	10.54-500	7.0	
	Rental Fee Summar	y, and Lease Agreement.				
	a. The Resident Leas following:	ee dated 10/7/2021 showed the				
	or \$1417.00. The Rer six month period, and month-to-month follow commencing on 4/07/ Agreement was signe	ving the first six months, (2022. The Resident's Lease and end dated by the				
!	Responsible Party on b. The Service Agreer 10/07/2021 showed the amount:	nent Fee Summary dated te following "private pay"		2		
fo c to S ap	personal care charges Charges - \$27.00, for to orm also contained the change these fees upon you, however, if you dervices increases or pply immediately."] Tr	\$1417.00 (Core and/or), and Board the total of \$1,444.00. The total of \$1,444.00. The total of state of the may thirty days of written notice r level of personal Care decreases, the new fees will the Service Agreement Fee to the Responsible Party on				
c. sh	The Rental Fee Sum nowed the following:	mary dated 10/7/2021				
op rec \$3	r a one-bedroom apar sponsibility was \$105 otional State Supplem ceived. "Once they an	7.00 until funds for the ent Program (OSSP) are a received, the difference of ler of unpaid months will be		#1 24		
In e	comparison, the Leas	e Agreement showed the				
		anni Merany amang ang ang	1			

*	RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	BURVEY MPLETED
		ALR-0041	B. WING		1977	С
AME OF PROVID	ER OR SUPPLIER		OORESS, CITY, STA	TE 712 0005	06/	03/2022
			INGSTON ROA			
OUTHERN A	VE SPILL DBA	HIVINGG JOH XI	GTON, DC 200	•		
(X4) ID PREFIX (EAC TAG	H DEFICIENCY MUS	FATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLE DATE
R 142 Cont	inued From pa	ge 5	R 142			
Agre Sum \$144 On 5. state to the state Janua doubl draft howe 1/19/2 Janua card p Febru \$1,057 and A	ement fee sum mary showed ti 4.00, which wa 117/2022 at 2:3 ments were reve ALR for rent. I ment showed ze ary 2022, bank e Automated C of \$2114.00 wa wer the ACH wa rer the ACH wa rer 2022, \$1,057,00 ry 2022 bank s ayment of \$40 ary 2022, bank 7.00 was attem orli 2022, bank	as \$1417.00. The Service mary and the Rental Fee ne total monthly rent was a difference of \$27.00. 7 PM, Resident #2's bank lewed to determine payments for December 2021 bank are was deducted for rent. The statement showed that a learing House (ACH) Network a attempted on 1/12/2022, as not paid by the bank. On a was paid by ACH. The tatement also reflected a debit 7.43 on 1/25/2022. The statement showed an ACH of pted, but not paid. The March statements showed the ACH to respectively.				
telepho was sti she ren howeve attemp telepho was me there w	one on 5/19/20; Il searching for moved from Re er she had not it to reach the Re ine to obtain a acide by the Investas no response d be noted that	with the Responsible Party by 22 at 12:45 PM, revealed she the rent increase letter that sident #2's ALR mailbox, been able to locate it. Another desponsible Party by copy of the rent increase letter stigators on 6/02/2022. After e, a voicemail was left.		а		e.

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING;			E SURVEY IMPLETED
		ALR-004.1	B. WING		06	C /03/2022
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, STAT	=		1850
SOUTHE	RN AVE SP LLC DBA	EITRICO I CITA I	NGSTON ROAD STON, DC 200	=		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLI DATE
a MR o b.5pp the st	Agreement total more with the signed Serva and the signed Rent stated the total more stated the total more. It. Resident #1's represent for the apartment after admission. On 05/13/2022, begin interview with Reside indicated that the ALI monthly rental fee an supporting document then requested follow was now paying the cone-bedroom apartment of the properties of the pro	sure that the signed Lease on the present state of the summary all Fee Summary, which both the state of the summary all Fee Summary, which both the state of the	R 142			

	IDENTIFICATION NUMBER:	A, BUILDING:		Co	E SURVEY MPLETED
	ALR-0041	B. WING		06	/03/2022
IAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
OUTHERN AVE SP LLC DBA	WASHING	NGSTON ROAD STON, DC 200	• -		
PREFIX (EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES FOR PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT GROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(XS) COMPLET DATE
Director of Operation only paid \$1,417.00 one-bedroom apartm February 2022. She same period the resis \$1,444.00 (\$1,417.00 charge). She further board charges were a Responsible Party under the same period the resistant part of the same period the resistant part of the same period the resistant part of the same period to part of the same period to pay the \$1402/01/2022, and signed the same period to pay the \$1402/01/2022, and signed House (ACH) Form. The was a Monthly Authority for ACH debits for more form was signed by the 1/18/2022 and the ACD begin in February 2022. The Resident Lease defollowing: (1) The Lease Agreem Responsible Party on \$1417.00 was due more months. A prorated pay 2021 was immediately	55 PM, interview with the ins revealed Resident #1 had for the rental of the nent from 7/01/2021 until sald however that during this dent should have been paying 0 rent plus \$27.00 board stated that the reason the not collected from the livestigators that Resident ed to include the \$27.00 board ruary 2022. The email stated with the ALR's previous ned that the Responsible Party 144.00 rent, effective and the Automated Clearing the attachment to the email ization Fee Authorization form on the payment. The eresponsible Party on the debits were scheduled to 2. ated 6/3/2021 showed the nothly for a term of \$1,322.73 for June due, and thereafter the 0 on the first calendar day of	R 142			

	of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:_	CONSTRUCTION		MPLETED
		ALR-0041	B. WING			C 03/2022
AME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	E, ZIP CODE		
OUTHE	RN AVE SP LLC DBA L		NGSTON ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D RE	(X5) COMPLE DATE
Interest Athan	showed the following: Resident #1's total motor a one-bedroom ap of \$1,275.29 was due 2021) (3) The Service Agreement showed the following: The Service Agreement blank. The form only nand was not signed by the Responsible Party. The Service Agreement along the pay a monthly fee is pay a monthly fee is pay and Personal Care Services and any apon thirty days written a comparing the two signed to the pay a monthly fee for Core Services and any apon thirty days written a comparing the two signed 1417.00. No additional desident #1's rent was in 27.00 board charge mothich then brought the tal444.00. It the time of the investige ALR falled to ensure	anthly room rate was \$1417.00 artment. A prorated payment for the first month (June ment Fee Summary form was left oted "n/a" (not applicable) the ALR representative or the first specific payment of the Services, if applicable, rable in advance by the first ponth. We may change your privices and for Personal fees for additional services notice to you." Igned documents presented, and the Rental Fee the total monthly rent was fees were charged until increased to include the ponthly in February 2022, otal monthly rent to gation, prior to admission that the signed Lease rent (\$1417.00) and signed	R 142			

	INT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SUR COMPLE	
		ALR-0041	B. WING		06/03/2	022
	PROVIDER OR SUPPLIER ERN AVE SP LLC DBA	LIVINGSTON AT 4666 LIVIN	IGSTON RO	_ •		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATÉMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	TON, DC 2	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE C	(X6) XOMPLET DATE
R 142	coincided with the ur Summary (left blank) monthly rent, includir resident's Responsib	isigned Service Agreement Fee to clearly define the total ng board charges due from the le Party.	R 142			
t Enfanta	10124.8. An ALR s and all licensed practice rephysician assistants, responsible for admin administration of med the ALR's premises, in medication error or ad ALR's available regist discovery. The ALR should be a considered from the resident (or surrog assed on observation, eviews, the Assisted Living iscovery and notified to rectitioner of the Assisted Living iscovery and notified to rectitioner of the error Resident #3).	hall ensure that all employees ical nurses, registered nurses, physicians, or certified medication aides istering or assisting in the ication to a resident while on mediately report any liverse drug reactions to the ered nurse and ALA upon shall require the ALA or or export the medication error on, to the resident's prescriber, pharmacist, and ate), as appropriate. interviews and record living Residences (ALR) yees administering and medications, immediately of the registered nurse (RN) and Administrator (ALA) upon the resident's health care for one of one resident to immediately report dimedication refusals and	R 374	6-28-22 Director of Nursing of Livingston Place and Reginal director of Clinical Se for Priority Life care educated all Nurse of proper notification/reporting process of resident's medication refusal, missing medication and any medication error to F Health Care practitioner/PCP/NP and ressurrogate. All nurses also re-educated oproper medication administration process emphasis on observing residents take medication and proper medication documentation. A second RN has been hired to start 8-1-Director of Nursing or RN Designee will reproper reporting of medication issues and proper medication administration monthly starting in July 2022 at monthly staff/nurse meeting x 3 months. Regional Director of Clinical Services and Operation specialist with priority Life care educate all member of Leadership on propreporting procedure and time frame to stal regulatory body, PCP and surrogates of all incidents by 8-3-22. Administrator, or RN designee will review monthly with leadership team on proper incident reporting with emphasis on medication incidents x 4 months.	rvices on RN, d ident/ n s with 22.	at and

AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY MPLETED
		ALR-0041	B. WING		06	C /03/2022
AME OF PR	OVIDER OR SUPPLIER		DRESS, CITY, STATI			
OUTHER	N AVE SP LLC DBA		NGSTON ROAD STON, DC 200:			
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	URHALIIABE	(X5) COMPLE DATE
Add fee Disconnection on measure on diagnosch	bbservation in the recups of unidentified preveral packets controbservation of the mesident's apartment included (1) Benztrophoming (2) Nifedipinitorastor 250 mg eveng at bedtime. It 1:47 PM, during an on't take it. I told the reliany different. He suring interview on 5/ frector of Nursing (Durveyor's, she said Rescription medication id that she would impress the resident's apartment in the resident in the resident's apartment in the resident in the residen	PM, a walk-through sident's apartment showed 5 cunched medications and alining other medications. edication packets left in the revealed the medications ine Mesylate 1 mg in the a 30 mg in the morning, (3) my day (4) and Olanzapine 10 interview, Resident #3 said "I doctor it does not make me said I don't have to take it." 13/2022 at 1:49 PM, with the ON) who accompanied the esident #3 should not have in her apartment. The DON mediately follow-up with the ine why the medications were not. The DON stated that the nurses that were called esident refused the if them out of her apartment we them from her. The DON the Licensed Practical Nurse anation why the resident's cation when offered was not the RN and the ALA. As a afusal had not been reported mer, prescriber, or	R 374			

STATEME	Regulation & Licensin	(X1) PROVIDER/BUPPLIER/CLIA			FORM APPRO
	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		ALR-0041	B. WING_		C 06/03/2022
NAME OF F	PROVIDER OR GUPPLIER	STREET	ADDRESS, CITY, (STATE, ZIP CODE	
OUTHE	RN AVE SP LLC DBA I		VINGSTON R		
			NGTON, DC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEPICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLEY ATE DATE
R 374	Continued From pag	e 11	R 374		
	Included Ofanzapine Benztropine 1 mg, 1 30 mg, 1 tab daily, Fi capsule every day.	ay 2022, physician orders 10 mg, 1 tab at bedtime, tab twice daily, Nifedipine ER orastor 250 mg capsule, 1			
	report dated 5/16/202 discovery of the medi Incident report and co	cation error, the DON wrote ar unseled all nurses on duty.	1		¥
	ensure all nursing pro administering or assis administration to resid	ents reported any medication e available RN, the ALA, and			
1		# #			
383 1	0125.4a Reporting Co	omplaints To The Director	R 383	10125.4a Reporting Complaints To The Direct R383	etor
re m pl	nusual incident that a esident. Notifications hade by contacting the hone promptly, and sh	of unusual incidents shall be Department of Health by all be followed up by written within twenty-four (24)		Residents 1 and 3 were not reimbursed for all expense related to bed beg incident per residuality of Bed Bug addendum that both reside POA signed at time of contract signing. All Staff educated on 6-27-22 by Administrate and leadership department heads on proper notification of Administrator of any incidents tignyolve resident care.	ent nts
to ap	views, the Assisted Li report timely, bed but	interviews, and record ving Residence (ALR) failed p infestations in the facility rtment of Health (DOH) for Residents #1 and 3).	- [All members of leadership team were educate by regional operational specialist and regional director of clinical services the week of 6-27-2 on verbal report to DOH and submitting a writing report in 24 hours.	2
	ndings included:	1		Administrator and or designee will review regulation 10125.4a on a weekly basis with leadership in month of August 2022.	
11/1/4	On 5/13/2022 at 5:11	Old intensional Miles	1	Ongoing Administrator or designee will monito	1

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X9) DATE	SURVEY
	35)	ĺ	A. BUILDING:			C
_		ALR-9041	B. WING			03/2022
AME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT			
OUTHE	RN AVE SP LLC DBA		INGSTON ROAI GTON, DC 200			
(X4) ID REFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	FROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
R 383	Continued From pag	e 12	R 383			
	revealed that bed bu	the is the Responsible Party, gs were discovered in the in December 2021, March lay 2022.		N		
	(dated 5/17/22) from Party showed the res from her one-bedroor	i PM, a review of an emall Resident #1's Responsible ident was moved three times π apartment to a studio sed bug infestations were being		æ	7	
1 in	Control invoice dated bug treatment service 12/27/2021 for Reside nspection revealed m	ent #1's apartment. The any live and dead bed bugs. sated for bed bugs, as well as		363		
(e)	At the time of the inver- vidence the bed bug OOH.	sligation, there was no Infestation was reported to				
ho the best of the control of the co	ne maintenance super ed bugs seen in Resident Control invoice da in 3/17/2022, Apartme eated on 12/30/2021, e bed, baseboards, a esident #3's Apartment ave many live bed bug oth apartments were to the invoice further notes eventative treatment.	ated 3/14/2022 revealed that visor was informed of the dent #1's apartment (228). A sted 3/17/2022 showed that nt 228, which was previously had many live bed bugs on nd ceiling. Additionally nt (328) was observed to gs, excrements, and casings, reated by the Pest Patrol, ad that staff declined of the rooms neighboring to		#X:	**	
Ap	eartments 228 and 32	0.				

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		Co	E ŚLIRVEY MPLETED C
		ALR-0041	B. WING	06/	06/03/2022	
ame of P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	•		
OUTHE	RN AVE SP LLC DBA I		INGSTON ROAL STON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIÉS BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT GROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
R 383	Continued From pag	e 13	R 383			
	At the time of the Investigation of the Investigation of the DOH.	estigation, there was no g infestation was reported to				
	Control invoice dated Assisted Living Admil bug treatment in Resi after staff reported se stated that after the 3, apartment 228, on 4/1 the apartment for bed	:32 PM, review of a Pest 5/09/2022, revealed the nistrator (ALA) requested bed dent #1's apartment (228) eing bed bugs. The Invoice /17/2022 treatment of /2/2022 further treatment of bugs was declined. On	-	×		
i r n b	nspected and no bed On 06/02/2022, at 3:5 eceived by DOH on 0 evealed that on 5/08/2 led bug on Resident # esident was temporar	213, 226, 326, and 328 were bug activity was seen. 1 PM, an unusual incident 6/01/2022 at 1:25 PM, 2022, staff observed a live 11's bed and on the floor. The ily relocated to a studio d of the bed bug abatement.		N.	*	
A	t the time of the inves	itigation, there was no nfestation was reported		**		
- în	The facility falled to refestation in Resident a festation in Resident a felow.	aport timely bed bug #3 apartment, as evidenced				
Pr ap at ha 5/*	VI, Resident #3 said si partment In an envelop the front desk "yester id bed bugs in her apa	pe and gave them to the staff rday". The resident said she artment before. On nterview with the front deak Ident #3 gave her the	-			

	Regulation & Licensin	g Administration	172		(On	APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY MPLETED
		ALR-0041	B. WING	14		G 03/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	1 001	IGIZUZZ
SOUTHE	RN AVE SP LLC DBA I		NGSTON ROA	· ·		
	i	WASHING	STON, DC 200	032	- 16	
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
R 383	Continued From pag	e 14	R 383			
	maintenance directo	г.				
	Review of an incident PM) documented bed	t report dated 5/16/22 (1:43 d bug sighting.		21		
	Interviewed in a differ stated that the facility	55 PM Resident #3 was rent apartment. The resident moved her to a different 16/2022) while her apartment bedbugs.		98		
	Maintenance Director Protocol was impleme	2 PM, interview with the revealed the Bed Bug ented and the resident was artment temporarily while her treated.			ie	
3	Control invoice dated a pug treatment services 3/15/2022 for Residen evealed that the apart ped bug infestation. The	:13 PM, review of a Pest 3/17/2022 revealed that bed s were requested on t #3's apartment. The Invoice iment was treated for heavy ne staff declined preventative ing Apartment to 328.				
e	at the time of the invest widence the bed bug in OH.	stigation, there was no infestation was reported to				
be sa w	egan working at the fa aid that he had made	strator (ALA) revealed he cellity on 3/28/2022. The ALA efforts to ensure incidents in accordance with the				11
no	tify the Director of un	ligation, the ALR falled to usual incidents (bedbugs) and residents by phone				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0041	A. BUILDING:	CONSTRUCTION	1	MPLETED C
AME OF E	PROVIDER OR SUPPLIER				1 06/	03/2022
	RN AVE SPILLE DBA	LIVINGSTON AT 4656 LIVI	ORESS, CITY, STAT INGSTON ROAL GTON, DC 200), SE		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD RE	(X5) COMPLETI DATE
R 383	Continued From pag promptly and follow- within twenty-four (2) day.	ge 15 up with written notification 4) hours or the next business	R 383			
					¥	
				E		
				e te		
):			81
				¥		£
**				×		
		2	16			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION		SURVEY MPLETED
		ALR-0041	B, WING		55.747	C
AME OF P	ROVIDER OR SUPPLIER		!	TATE, ZIP CODE	06/	03/2022
	RN AVE SP LLC DBA	4000 4 10 0	NGSTON RO			
	WAY OF ECO DOM		STON, DC		2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CI (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLI DATE
R 000	Initial Comments		R 000		×	
	On 5/11/2022 and 5/12/2022, the Department of Health, Health Regulations and Licensing Administration, Intermediate Care Facilities (DOH/HRLA/ICFD), received email notifications from two complainants. The email notification showed that two of the residents' Responsible Parties raised concerns regarding services provided to their loved ones by Livingston Place at Southern Avenue Assisted Living Residence (ALR). Based on the nature of the emails, the State Survey Agency (SSA) initiated an on-site investigations on 5/13/2022, beginning at 9:34 AM, at 4657 Livingston Road, SE Washington, DC to determine compliance with the Assisted Living Residence Regulatory Act of 2000, "DC Code § 44-101.01" and attendant regulations. The surveyors remained on site through 05/19/2022.		ē	Please start typing your ret	sponses here;	
1						
	The complainants all	eged the following:			1	
[/	Allegations of Comp	lainant #1]			w.	
1 h	. Resident #1 acquii er apartment,	red bedbugs at the facility in				
	. Resident #1's son : ed.	was required to buy a new				
The resident's clothing were all washed together, which damaged the light-colored clothing and the dry-cleaned clothing.		ning were all washed together, ght-colored clothing and the	}			
	Resident #1's son v sistance for the dan		1	%		
5.	Resident #1's son w	vas denled reimbursement				
gulation DRY DIRE	& Licensing Administration	ON PPLIER REPRESENTATIVE'S SIGNATURE		TITLE		DATE

STATEME	Regulation & Licensing NT OF DEPICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) BALD TRO!	COMPTRIBLIATION	·
	OF CORRECTION	IDENTIFICATION NUMBER:	A; BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0041	B. WING		C 06/03/2022
AME OF P	ROVIDER OR SUPPLIER	STREET AL	DIRESS, CITY, STA	TE ZIR CODE	06/03/2022
OUTHE	RN AVE SP LLC DBA		INGSTON ROA		
OUTTLE	MITATE OF LCG DOA		GTON, DC 201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DE COMPLE
R 000	Continued From pag	ge 1	R 000		
	for one month's rent		1 1		1
	for May 2022's rent. for management, the	nk account was charged twice Son reported he left message on contacted the Executive y of no communication.			90
	The resident's son had stated to him that	also reported that two staff it, "The place is running itself."			
	[Allegations of Comp	lainant #2]			
	1. The resident's fob twice.	is missing. She has lost it			
	2. Personal Items w lood Items).	ere missing (paper towels,			
i i	l. The bed sheets have east 2 weeks.	e not been changed for at			
4	. No bath was gîven;	she had a horrible odor.			
5	. No available transp	ortation for appointments.			
6	. There was a 7% rer	nt increase.		v	1
7.	. There was no one a	t the front desk,			
8. pl	There was an Inabili	ty to reach nursing staff by		186	
	There were no activi apacity.	ties to assist with mental	⊙		
the	e medication cart (2n	edical employee sitting by d floor), which was in the a was around. The nurse's			

	I-OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDIN	G:		IPLETED 0 13/2022
	PROVIDER OR SUPPLIER	IVINGSTON AT 4656 LÍV	DDRESS, CITY, /INGSTON R IGTON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D BE	(X5) COMPLET DATE
R 272 Shipp	other residents in the affected by practices. Therefore, a random a residents of the facility ALR's compliance with guidelines. The investigative finding observations, interview management staff, the staff, and a review of a investigation determine compliance with the As Regulatory Act of 2000. The deficient practices report. Sec. 503.1 Dignity. (1) A safe, clean, composed belongings to be a served belongings to be a served belongings to be a served by the property of th	on, it was determined that ALR may be adversely identified by the complainants, sampling of 18 of the 84 was selected to verify the in the applicable regulatory ings were based on we with the complainants, residents and residential idministrative records. The edithat the ALR failed to be in sisted Living Residence, "DC Code § 44-101.01", are addressed within this infortable, stimulating, and allowing the resident to use the greatest extent possible. Interviews and record ving Residence (ALR) I II. Ironment was free of pests in the 18 residents in the 18 residents in the 18 residents in the 18 of 17 and 18 of 18 observed 317, 328, 346, 426, 434.	R 000	So3.1 Dignity R272 Resident 1, 3, 4 returned to their original rooms one were treated for bedbugs by the end of May 2022. The change to rent during freatment of inveols per bed by addendum signed at contract signing. Resident rooms were inspected /audituitems documented and items will be puret the furnishing requirements All staff educated by leadership team on 6-27-22 and on what to do if see or a resident reports insect the apartment/community specifically bid bugs. Maintenance, Sales and or designee will check each before now residents physically move in la ensure purperable and all litems community provide in good wo had not only the seed of the maintenance team will inspect any first residents bring into community to ensure spartment for now resident. A member of the maintenance team will inspect any first residents bring into community to ensure free of it in good working order. Pull cords will be checked monthly with and a membe leadership will do monthly apartment inspections to many environmental issues. Community will have monthly pest inspection and treated monthly as needed to be addressed and reported promptly as needed to be addressed and reported promptly as needed to be addressed and reported promptly as needed to see	appariment libraries and professional appariment libraries is ready uniture needs and professional appariment of unitor for libraries of wared will be appared will be appared to the appared will be appared to the app	

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		AL ID 0044	E IMANIO			С
		ALR-0041	B. WING	06/	06/03/2022	
AME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STAT	E, ZIP CODE	v.	
OUTHE	RN AVE SP LLC DBA I	WASHING	NGSTON ROAD TON, DC 200			
(X4) ID- PREFIX TAG	(EACH DEPICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI (CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X6) COMPLE DATE
t () the real contract of the	door to her apartmen and seld, "You're just have bugs." She state bugs which were on a Further interview reverse saught two bedbugs as staff (Business office staff (Business office resident stated that no gave the bedbugs to the bedbugs to the bedbugs to the companied the survey of the mattress. The Eaccompanied the survey of the staff continuity. The front desk staff continuity of the pedbugs	n R383) D2 PM, Resident #3 opened the after the surveyor knocked is the people I want to see. We sed that when she smashed the her bed, blood came out. Had be all that the resident also earlier during the week, which and gave it to the front desk Assistant). When asked, the cone followed-up after she he front desk staff. Ining at 1:05 PM, observations ment (328), which is located in #1's apartment (228), ed to be several bloods spots of the e. Continued observations #3 was temporarily relocated ferent aparlment after the ling at 3:33 PM, interview with firmed that Resident #3 was temporarily relocated ferent aparlment after the ling at 3:33 PM, interview with firmed that Resident #3 was temporarily relocated to the Maintenance Director. PM Resident #3 was interview to a different to a dif	R 272			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	į.	CONSTRUCTION		SURVEY
			A. BUILDING; _		í	
		ALR-0041	B. WING			C 03/2022
ME OF P	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	FE, ZIP CODE		
OUTHE	RN AVE SP LLC DBA	I A MODI ON ON A	INGSTON ROAI GTON, DC 200	-		
X4) ID REFIX	SUMMARY S	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY	ID I	PROVIDER'S PLAN OF CO	PRRECTION	()(5)
TAG	OR LSC IC	ENTIPYING INFORMATION)	PREPIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEF(CIENCY)	N SHOULD BE	COMPLE DATE
R 272	Continued From pa	ge 4	R 272	AND THE		
	During an interview	on 05/18/2022 at 1:58 PM, the				
İ	that Resident #3 re	or stated that he was not aware ported that she had bedbugs and				٠
	did not remember if	the front desk staff gave him retrieved from the resident's				
1	mattress.	emeaan nom me tesidents			4	
	II. On 5/13/2022 at !	5:11PM, interview with Resident				
18	#1's son, who is the	Responsible Party, revealed				
- 11	apartment in Decem	discovered in the resident's ber 2021, March 2022, and				
- 16	again in May 2022. '	The resident was relocated from artment to a studio apartment				
16	each time, while the	bed bug infestations were	1			9
18	peing treated.			1		
ji ji	At the time of the inv	estigation, intermittent bed bug to be a concern at the ALR, as			1	
6	widenced below:	,	ĺ			
а). On 5/17/2022 at 4	:00 PM, review of Pest Control				
5	ivoices dated 12/30/ /09/2022, revealed t	2021, 3/17/2022, and hat live and dead bugs were	1			
0	bserved, and bed bu	g treatment services were		(4		
in	spection of apartme	it #1's apartment (228). The nt 228 on 12/27/2021 revealed	1			
m	any live and dead b	ed bugs. The apartment was as well as the adjacent				
ap	partments (226, 328	, 326).			ł	
(d	. Review of a house	keeping report dated			1	
3/	14/2022 on 5/17/202	22 at 4:13 PM revealed that rvisor was informed of the				
be	ed bugs seen in Res	ident #1's apartment (228), A				
Pe	est Control invoice d	ated 3/17/2022 showed that ent 228, which was previously				
tre	ated on 12/30/2021	had many live bed bugs on		80		
Re	e bed, baseboards, a sident #3's apartme	and ceiling. Additionally nt (328) was observed to			1	
1110000	ve many live bed bu	() IIMO ODDOI VOU (O			- 1	

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
		SEATINGATION NUMBER:	A. BUILDING:_		00	MPLETED
		ALR-0041	B. WING		l . ne	C 03/2022
VAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E ZIP CODE		USIZUZZ
SOUTHE	RN AVE SP LLC DBA L	4000110	NGSTON ROAL			
		WASHING	STON, DC 200	32		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X6) COMPLET DATE
t control of the cont	treated by the Pest C noted that staff declin the rooms neighborin c). On 5/17/2022 at 4 Control invoice dated Assisted Living Admir bug treatment in Resi after staff reported se stated that after the 3/apartment 228, on 4/1 the apartment for bed 5/9/2022 apartments 2 Inspected and no bed d). On 5/18/2022 at 11 incident which stated the front desk staff that on her neck. Mainten bugs in the box spring, evealed six bite marks bug protocol was imple was prepared to be trained and that it was the gold of the first that it was the gold of the first that the first that it was the gold of the first that the first that it was the gold of the first that the first that it was the gold of the first that the first that it was the gold of the first that it was the gold of the first that it was the gold of the residents hom aspected before taking revent potential hitch-ingrevent potential hitch-ingreve	ings. Both apartments were control. The Invoice further and preventative treatment of g to apartments 228 and 328. 32 PM, review of a Pest 5/09/2022, revealed the histrator (ALA) requested bed dent #1's apartment (228) align bed bugs. The Invoice 17/2022 treatment of 2/2022 further treatment of bugs was declined. On 113, 226, 326, and 328 were bug activity was seen. 18 AM, DOH received an hat on 5/18/2022 at 10:30 lives in apartment 301, told the she woke up with bite marks ance inspection revealed bed. The nursing assessment to on the resident. The bed amented, and the resident insferred to a temporary. M, Interview with the strator (ALA) revealed he cility on 3/28/2022. He call of the ALR to maintain a line. Furnishing brought es was to be properly it to the apartments to alking of bed bugs. All staff buraged to promptly report is to ensure timely.	R 272			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE A. BUILDING:_	CONSTRUCTION	(X3) DATE SURVE COMPLETE C	
		ALR-0041	B, WING			
MEOFF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	75 710 CADE		06/03/2022
MTHE	RN AVE SP LLC DBA		NGSTON ROAI			
70 TTL	INN AVE OF LLC DBA		3TON, DC 200			
X4) ID REFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE	(X5) COMPLE DATE
R 272	Continued From pag	ge 6	R 272	7.00		
	On 5/18/2022 at 2:3 Service Agreement which included the fo	7 PM, review of the Resident revealed a Bed Bug Addendum ollowing:				
- 1	of the rented unit's e bed bugs. It is the go	dendum is to protect the quality nvironment from the effects of pal to clearly set forth the ch of the parties to the rental				
	agreement. Residen! Owner/Agent has ins aware of any bed bu	t acknowledges the spected the unit and is not g infestation. Resident acrees				
	be moved into the pro Resident hereby agre	nd personal properties that will emises will be free of bed bugs, ses to prevent and control y adhering to the below list of				
-	Check for hitch-hikir	ng bed bugs.				
ti n	he Community. Even	t any problems immediately to a few bed bugs can rapidly ajor infestation that can nents.			*	
-	Resident shall coope	erate with pest control efforts.				
e: ai m	xpenses including, bu nd pest management	elimburse the Community for ut not limited to attorney fees fees that the Community infestation of bed bugs in the				
fro	om any actions, claim	old the Community harmless is, losses, damages, and ur as a result of a bed bug		a)		
- II	is acknowledged that liable for any loss or	at the Community shall not personal property to the		e e		

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY OMPLETED
		ALR-0041	B. WANG		06	C /03/2022
MAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	TE, ZIP CODE	1 00	103/2022
SOUTHE	RN AVE SP LLC DBA		INGSTON ROAD	= -		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X6) COMPL DATI
R 272	Continued From pa	ge 7	R 272			
	Resident agrees to Insurance to cover			•	*	
	concern at the ALR.				*	
12	have sufficient envir prevent recurrent be	vestigation, the ALR failed to onmental measures in place to d bug infestation and to ensure omelike environment.				
1	beginning at 12:24 P was observed to hav on the wall beside th the call bells in apart revealed that the pine prevented them from	mental inspection on 05/13/22, M each apartment balfroom be a call bell system mounted e tollet. Further observations of ments 308, 317, 328 and 346 aremained in the system which being able to transmit signals			æ	
A d ls	frector confirmed the	w with the maintenance system is inoperable if the pin the maintenance director then		ü		
S	nowed call bell pins	6/2022 beginning at 2:47 PM, were attached to the system in 34, 317, 311, 234 and 228.				ŝ
SI	bservations on 05/16 nowed call bell pins v stem in apartment 5	8/2022 beginning at 4:21 PM, vere still attached to the 21, 517, and 524.				
the	n 05/18/2022 at 4:30 e call bell pins to the rveyors. The ALA th	PM, the surveyors showed				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY
	Admin to 1	ALR-0041	B. WING		06/	C 03/2022
	PROVIDER OR SUPPLIER ERN AVE SP LLC DBA	LIVINGSTON AT 4666 LIVI	DRESS, CITY, ST. NGSTON ROA STON, DC 20	AD, SE		
(X4) ID PREFLX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES FOR PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION BHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	HILD BE	(X5) COMPLE DATE
R 272	bells are functional. At the time of the invensure that the call becall boll system in ea	estigation, the ALR failed to less person the control of the contr	R 272			,.
F Old Food Se s new thirth LC re Old Food Se s new thirth LC r	with his or her interes psychosocial well-bel Based on interview at Assisted Living Resid choice of activities comental status for one investigation (Resider Findings Included: On 5/13/2022 beginning the price with Residen Party, revealed that the care stimulation due to She stated that the resident's preadmissionat activities can be place Responsible Party in Ing Administrator (Al coordinator, must now esident.	and record reviews, the ence (ALR) falled to ensure a nisistent with the Interests and of two residents in the at #2). Ing at 4:10 PM, a telephone at #2's niece, the Responsible e resident may need memory the progressive dementia. In the progressive demential in the progressi	R 280	Sec. 503.9 Dignity. R280 An audit of all current residents' charts will ensure a life enrichment assessment has completed and if not, one will be completed service plan updated accordingly by 8-30-Activity director or designee will monitor re attendance/involvement in activities by me daily attendance records. 8-3-22 Regional Director of Quality Service Leadership team on life enrichment assess activities for residents that may have some impairment and trained Life Enrichment Le how to complete the Life Enrichment asses to be addressed in residents service plan. Priority Corp Director of Life Engagement virtaining with activity director on engagement with individuals with cognitive impairment. Activity Director or designee will meet with resident in the first 7 days of move in to conscious in the service plan. Administrator or designee will monitor daily enrichment program is occurring.	beerr d, and 22. sidents' intetning ment on cognitive eder on sament and vill do nt activities y 8-30-22 each nplate a life o resident's will be	

AND PLAN	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		TE SURVEY
		ALR-0041	B; WING		1.	C
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		6/03/2022
SOUTHE	ERN AVE SP LLC DBA		NGSTON ROA			
(X4) ID		WASHING TATEMENT OF DEFICIENCIES	TON, DC 200			
PREFIX TAG	(EACH DEFICIENCY MU	THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPL DATI
R 280	Continued From pa	ge 9	R 280			
i i	activities provided for Coordinator said that the dining room at in bring her to the groumeal. There had be providing individuality resident in her apart interview with Certifican 5/17/2022 at 2:13 encouraged to particulate activities, however to added that at times to activities and reques interview with CNA #revealed when she is may sometimes take CNA stated however.	ed Nursing Assistant (CNA) #1 PM, revealed Resident #2 was ipate in the recreational drifted off' during them. She he resident refused to attend ted to go to her apartment. 2 on 5/17/2022 at 2:56 PM assigned to the resident, she her to the group activities. The that often after a brief period, d to go to her apartment and		a R	*	
q q O C di	with Resident #2 reversitions, however, druestions asked. On 5/17/2022 at 2:47 library Service Plan up its groses included Aliervice Plan stated the	PM, an altempted interview aled she slowly responded to lid not answer the specific PM, review of Resident #2's dated 3/28/2022 revealed the zheimer's disease. The Client at the resident will participate ce. Interventions to achieve		8		

AND PLAN	INT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: ALR-0041	A. BUILDING	PLE CONSTRUCTION S:		PLETEO
	PROVIDER OR SUPPLIER ERN AVE SP LLC DBA	STREET ALL LIVINGSTON AT 4856 LIV	1		06/0	3/2022
(X4) LO PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED (ENCY)	DBE	(X6) COMPLE DATE
R 280	At the time of the invevidence the ALR as choices and the provwith her interests and	estigation, there was no sessed the resident to ensure ision of activities consistent it mental status.	R 280	There was no increase in the monthly re		•
	(B) Fee for services Based on interviews a Assisted Living Resid that the total monthly coincided with the ren agreement fee for two investigation (Resider Findings included: I. On 6/13/2022 at 5:0: interview, Resident #2 indicated that since ad monthly rent had incre increase had not been asked to provide a cop agreement, the Respon esident should have re the mail and that she w locumentation. On 05/16/2022 at 10:3: assisted Living adminis resident #2 should not in her monthly rental fee e would follow-up. The rovide an email that in lease Form) that was	rates; and and record reviews, the ence (ALR) failed to ensure rent in the lease agreement tal fee and the service of the two residents in the ats #1 and 2). 5 PM, during a telephone is Responsible Party mission, the resident's ased by 7%, and that the included in the terms. When y of the resident's rental naible Party stated that the accived the rental increase in rould look for the	IV+OU	\$1322 was the pro-rated amount to movactual rate going forward will be \$1417, attached supporting documents An Audit of all current resident's financial agreements will be done to ensure accurate and service rates by 9-15-22. Administrator will educate leadership team regulation 603a3b and proper way to compl Service agreement and the fee and rate secural as educate need for signatures by compresentative and resident and or surrogate 8-3-22. Administrator or designee will review each in lease agreement to ensure rate and fees are accurate signed properly and copies provide resident and or surrogate.	re in. The See on the ete stition as munity a by	

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		TE SURVEY OMPLETED
		ALR-0041	B. WING	*		С
AME OF F	PROVIDER OR SUPPLIER		DREES OUT DEAD		1 00	8/03/2022
			DRESS, CITY, STAT NGSTON ROAL			
	RN AVE SP LLC DBA L		STON, DC 200			*
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST I	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	PREFIX TAG	FROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TTON SHOULD BE THE APPROPRIATE	(X6) COMPLE DATE
R 460	Continued From page	e 11	R 460		· · · · · · · · · · · · · · · · · · ·	-
F C S N C A R	Director of Operations have a rent increase shave a rent increase she said that there we between the Resident Rontal Foe Summery, signed by the Responsible Party on 16 Service Agreement Lease following: Resident #2 was to be a fix-month period, and the six-month period, and the incontinuous and the six-month following or menering on 4/07/20 greement was signed desponsible Party on 16 The Service Agreement.	ary, Rental Fee Summary, dated 10/7/2021 showed the charged a total monthly rent al Agreement term was for a hen will change to ng the first six months, 122. The Resident's Lease and dated by the				
M	mount: onthly Service Fee - \$ ersonal care charges),	1417.00 (Core and/or and Board				
for ch to Se ap	harges - \$27.00, for the rm also contained the f range these fees upon you, however, if your le prvices increases or de	total of \$1,444.00. The following note ["We may thirty days of written notice evel of personal Care creases, the new fees will Service Agreement Fee			ě	

			Y' BRITDING: _		1 "	MPLETED C
		ALR-0041	B. WING		06	/03/2022
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, STAT			
	RN AVE SP LLC DBA L	WASHING	INGSTON ROAL GTON, DC 200	D, 9E 132	(9)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHULL DE	(X5) COMPLET DATE
R 460	Continued From page Party on 10/07/2021.	e 12	R 460			
		mmary dated 10/7/2021				
	responsibility was \$10 Optional State Supple received. "Once they	onthly room rate was \$1444.00 ariment. The resident's 157.00 until funds for the ment Program (OSSP) are are received, the difference of the of unpaid months will be bunt."				
I A	otal monthly rent was Agreement and the Re	ease Agreement showed the \$1417.00, while the Service ntal Fee Summary showed /as \$1444.00, which was a			9.	
A W	le ALK failed to ensur greement total monthi ith the signed Service	tigation, prior to admission e that the signed Lease y rent (\$1417.00), coincided Agreement fee summary see Summary, which both rent was \$1444.00.			7).	
Pa	On 05/13/2022, beg lephone Interview with arty indicated that the onthly rental fee.	Inning at 5:11 PM, a Resident #1's Responsible ALR recently increased the				
05	n 05/19/2022 at 12:04 and the state of the s	AM, the Responsible Party to the Investigators. On review of the the following:		027		
Ma	An email dated 03/03/: nagement Company r sident #1 needed a st	epresentative, asked if				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY
		ALR-8041	B. WING			C
AME OF P	PROVIDER OR SUPPLIER		DRESS, CITY, STAT	E ZID BODE		/03/2022
OUTHE	RN AVE SP LLC DBA		NGSTON ROAI			
	KN AVE SPILL DBA		GTON, DC 200			
(X4) ID REFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
R 460	Continued From pa	•	R 460	1771	n	
1	(\$1,323,00) or a on	e bedroom (\$1,417,00),				1
	5/19/2022 noted that bank records since Resident #1 was pa when the amount was February 2022. "I are	e Responsible Party dated at he checked Resident #1's past admission and determined that ying \$1417.00 until recently, as increased to \$1444.00 in a searching for communication till assumed it was a result of idemic."	-	e v		z
5 C S S C D	Operating Officer (Cinad only paid \$1,417 one-bedroom apartm February 2022. She stame period the residual (\$1,444.00 (\$1,417.00 charge). She further stoard charges were residual to the stame of the st	55 PM, interview with the Chief OO) revealed that Resident #1 7.00 for rental of the tent from 7/01/2021 until said however that during this dent should have been paying 0 rent plus \$27.00 board stated that the reason the not collected from the till February 2022 was unclear.				d d
in 20 th th re Au et Au rei Ré	urveyor's that Reside clude the \$27.00 bo 022. The email state are ALR's previous releast the Responsible Party of the email to the email thorization Fee formulal payment. The foesponsible Party on	ouse (ACH) Form The				
Th	e Resident Lease de	ated 6/3/2021 showed the				ú*
1			(F			

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY MPLETED
		ALR-0041	B. WING			C
VAME OF F	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	TE, ZIP CODE	<u> </u>	/03/2022
SOUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIV	NGSTON ROA	D, 8E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOUD BE	COMP
R 460	Continued From pa	ge 14	R 460		-	
	Responsible Party of \$1417.00 was due in months. A prorated 2021 was immediate monthly fee of \$141 the month. (2) The Rental Fee Showed the following Resident #1's total infor a one-bedroom a	ement, dated and signed by the on 06/03/2021 documented that monthly for a term of Six (6) payment of \$1,322.73 for June ely due, and thereafter the 7.00 on the first calendar day of Summary dated 6/03/2021 in onthly room rate was \$1417.00 partment. A prorated payment is for the first month (June				
7 5	thowed the following The Service Agreeme lank, The form only	ement Fee Summary form : ent Fee Summary form was left noted "n/a" (not applicable) y the ALR representative or				
V as S \$ R \$2 W	the Responsible Party When compared, the vailable, the Lease A ummary both showe 1417.00. No addition esident #1's rent was 27.00 board charge r	two signed documents greement and the Rental Fee d the total monthly rent was al fees were charged until s increased to include the monthly in February 2022,	a	e.		
Ag Re	e ALR falled to ensur preement total month	stigation, prior to admission re that the signed Lease ily rent (\$1417.00) and signed \$1417.00), coincided with the ement				

PRINTED: 07/19/2022

PREFIX (EACH DEFICIENCY MUST BE		DRESS, CITY, 8		06/0	3/2022
OUTHERN AVE SP LLC DBA LIV (X4) ID SUMMARY STATI	VINGSTON AT 4656 LIVI				. (
PREFIX (EACH DEFICIENCY MUST BE		TON DO 1	PAD, SE		
OK LSC IDEN	EMENT OF DEFICIENCIES E PRECEDED BY FULL REGULATORY IFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN DF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	PE I	(X5) COMPLE DATE
R 484 Sec. 603a6 Financial A (6) A provision which notice of any rate increa a change in the resident Based on interview and Living Residence (ALR) 45 days' notice was proving party prior to a rent increasidents in the investigation of the control of the contr	hk) to clearly define the total board charges due from the Party. greements provides at least 45 days' ase except if necessitated by it's medical condition, record review, the Assisted falled to ensure that at least vided to the Responsible ease for one of two ation (Resident #1). g at 5:11 PM, a telephone it's Responsible Party d Living Residence (ALR) onthly rental fee and that porting documentation, en requested a follow-up was now paying the e-bedroom apartment. M, the Responsible Party of the investigators. On view of the he following:	R 460	603a6 Financial Agreements R464 1. At the time of the lease signing there booking board charge. Which is a cimplemented at the time of lease signing. Corrected the issue moving forward 7-28-22 the Residential Lease agreement we updated to a 45-day notification of any rent increase will be provided to resident/surrogate Administrator will educate all members of the leadership team by 8-3-22 on Regulation 603 that 45-day notice must be given and docume proof to be kept in residents chart with date of notification. Administrator and or designee will monitor mo for compliance of 45-day notification occurs princrease in rental fees.	was an error charge that The facility is e.	in

Health	Regulation & Licensin	g Administration			FC	ORM APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		ATE SURVEY
	9		A. BUILDING:			COMPLETED
	·	ALR-0041	B. WING		1 ,	C
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIR CORE		06/03/2022
SOUTH	ERN AVE SPILLC DBA	4000 1400	NGSTON ROA			
	ENN AVE OF LLC DBA		STON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
R 464	Continued From pag	e 16	R 464			
C C C C C C C C C C C C C C C C C C C	past bank records sir that Resident #1 was recently, when the ar \$1444.00 in February communication as to was a result of Inflation was a result of Inflation of Inflation was a result of Inflation was	il February 2022 was unclear. The available records did not ponsible Party was notified of ease. She then stated that ment required at least a cleant #1's rent was increased oard charge, effective half stated that her LR's previous representative ponsible Party agreed to pay otive 02/01/2022, and signed a House (ACH) Form. The was a Monthly for ACH debits for monthly m was signed by the 118/2022 and the ACH o begin in February 2022. It was a fine the country of the pay				

				TOR	M APPRO
NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,			SURVEY MPLETED
	ALR-0041	B. WING_			С
ROVIDER OR SUPPLIER		DRESS OFF STA	TO THE CORE		03/2022
				(2)	
KIN AVE SP LLG DBA					×
(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL REGULATORY	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE IE APPROPRIATE	COMPLI DATE
Continued From pa	ge 17	R 464		·	
notified at least 45 (days prior to the rent increase.		5		
The Resident Lease following:	a dated 6/3/2021 showed the				
Responsible Party o \$1417.00 was due n months. A prorated i 2021 was immediate	on 06/03/2021 documented that nonthly for a term of Six (6) payment of \$1,322.73 for June liv due, and thereafter the			×	
2) The Rental Fee S showed the following	iummary dated 6/03/2021 :		*		
or a one-bedroom as	partment. A prorated payment		8		
3) The Service Agree howed the following:	ement Fee Summary form				
lank. The form only r nd was not signed by	noted "n/a" (not applicable) the ALR representative or				
e Responsible Party greement showed" ntal fee, you shall pa ervices (Board charg ervices, if applicable, advance by the first	on 6/03/2021. The Service Fees: In addition to your by a monthly fee for Core e) and Personal Care Your monthly fee is payable day of each calendar month.				
	ROVIDER OR SUPPLIER RN AVE SP LLC DBA SUMMARY'S (EACH DEFICIENCY MUS OR LSC ID Continued From pa notified at least 45 (The Resident Lease following: (1) The Lease Agree Responsible Party of \$1417.00 was due n months. A prorated pa 2021 was immediate monthly fee of \$1417 the month. 2) The Rental Fee S showed the following Resident #1's total m or a one-bedroom ap of \$1,275.29 was due 021) B) The Service Agree eank. The form only r nd was not signed by the Responsible Party me Responsible Party me Service Agreeme ank. The form only r nd was not signed by the Responsible Party me Service Agreeme ank. The form only r nd was not signed by the Responsible Party me Service Agreeme ank. The form only r nd was not signed by the Responsible Party me Service Agreeme ank. The form only r nd was not signed by the Responsible Party me Service Agreeme ank. The form only r nd was not signed by the Responsible Party me Service Agreeme ank. The form only r nd was not signed by the Responsible Party the Service Agreeme ank. The form only r nd was not signed by the Responsible Party the Service Agreeme	ALR-0041 ROVIDER OR SUPPLIER RN AVE SP LLC DBA LIVINGSTON AT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 notified at least 45 days prior to the rent increase. The Resident Lease dated 6/3/2021 showed the following: (1) The Lease Agreement, dated and signed by the Responsible Party on 06/03/2021 documented that \$1417.00 was due monthly for a term of Six (6) months. A prorated payment of \$1,322.73 for June 2021 was immediately due, and thereafter the monthly fee of \$1417.00 on the first calendar day of the month. 2) The Rental Fee Summary dated 6/03/2021 showed the following: Resident #1's total monthly room rate was \$1417.00 or a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June)	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE A. BUILDING: ALR-0041 ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 4656 LIVINGSTON AT 4656 LIVINGSTON ROA WASHINGTON, DC 201 SUMMARY STATEMENT OF DEFICIENCIES (EACH DERICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 notified at least 45 days prior to the rent increase. The Resident Lease dated 6/3/2021 showed the following: (1) The Lease Agreement, dated and signed by the Responsible Party on 05/03/2021 documented that \$1417.00 was due monthly for a term of Six (6) months. A prorated payment of \$1,322.73 for June 2021 was immediately due, and thereafter the monthly fee of \$1417.00 on the first calendar day of he month. 2) The Rental Fee Summary dated 6/03/2021 showed the following: Resident #1's total monthly room rate was \$1417.00 or a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 021) 3) The Service Agreement Fee Summary form was left ank. The form only noted "n/a" (not applicable) and was not signed by the ALR representative or e Responsible Party on 6/03/2021. The Service agreement was dated and signed by the Responsible Party on 6/03/2021. The Service agreement was dated and signed by the Responsible Party on 6/03/2021. The Service greement showed"Fees: In addition to your notal fee, you shall pay a monthly fee for Core invices (Board charge) and Personal Care invices, if applicable. Your monthly fee is payable advance by the first day of each calendar month.	ALR-0841 CATA-DEPTICENCIES OF CORRECTION ALR-0841 CATA-DEPTICATION NUMBER ALR-0841 STREET ADDRESS, CITY, STATE, ZP CODE 4656 LIVINGSTON ROAD, SE WASHINGTON, DC 28032 CACH DEPTICENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION) COntinued From page 17 notified at least 45 days prior to the rent increase. The Resident Lease dated 6/3/2021 showed the following: (1) The Lease Agreement, dated and signed by the Responsible Party on 06/03/2021 documented that \$1417.00 was due monthly for a term of Stx (6) months, A prorated payment of \$1,322.73 for June 2021 was immediately due, and thereafter the monthly fee of \$1417.00 on the first calendar day of he month. 2) The Rental Fee Summary deted 6/03/2021 showed the following: Resident #1's total monthly room rate was \$1417.00 or a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 0021) Resident #1's total monthly room rate was \$1417.00 or a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 0021) Resident #1's total monthly fee of \$200.00 or a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 0021) Resource Agreement Fee Summary form was left ank. The form only noted "n/a" (not applicable) and was not signed by the ALR representative or e Responsible Party. Re Service Agreement was dated and signed by the Responsible Party. Re Service Agreement was dated and signed by the Responsible Party. Re Service Agreement was dated and signed by the Responsible Party. Re Service Agreement was dated and signed by the Responsible Party on 8/03/2021. The Service greement showed. "Fees: In addition to your nited fee, you shall pay a monthly fee is payable advance by the first day of each calendar month.	The Resident Lease dated 6/3/2021 showed the following: (1) The Lease Agreement, dated and signed by the Responsible Party on of 51417.00 and the first celendar day of he month. 2) The Rental Fee Summary dated 6/03/2021 showed the following: (2) The Resident Fee Summary form was left ank. The form only noted "na" (not applicable) and was not signed by the ALR representative or e Responsible Party on 6/03/2021. The Service Responsible Party on 6/03/2021. T

		IDENTIFICATION NUMBER:	A. BUILDIN	G:	COMPLETED	
		ALR-0041	B. WING	·	C 06/03/202	
	PROVIDER OR SUPPLIER ERN AVE SP LLC DBA SUMMARY S	LIVINGSTON AT 4656 LIVII WASHING	NGSTON R	20032		
RÉFIX TAG	(EACH DEFICIENCY MUS	BY BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR	BE COM	
R 484	available, the Lease Summary both show \$1417.00. No additi	ge 18 te two signed documents Agreement and the Rental Fee wed the total monthly rent was onal fees were charged until was increased to include the	R 464			
	\$27.00 board charge which then brought \$1444.00. At the time of the investment of t	e monthly in February 2022, the total monthly rent to estigation, there was no esponsible Party was provided the prior to Resident #1's	R526	The responsible party (resident 'son) warequested to provide receipts for the dacothing. Upon receipt the facility will corresident/family. The responsible party was instructed to resident Handbook which states the facility handle delicate laundry and dry cleaning in addition, the resident/staff was provided training on "The Refusal log for housekeeping which signed by both parties"	maged edit the eview the ity will not	
P O (F	provided by the residence on interview at assisted Living Residence of the two residence of two residence of the two residence of the two residence of two residence of two residence of the two residence of two r	nd record reviews, the lence (ALR) failed to ensure les in accordance with the need dents in the investigation ling at 5:10 PM, interview with the less of its the Responsible Party, edbug infestation in the	-	Maintenance director gave impromptu traini the maintenance assistant on proper laundr washed resident #1at the end of May 2022 staff were educated at June 27 2022 and du 19-22 staff meeting regarding proper laundr procedure by leadership. Maintenance Director and or designee will monitor staff to ensure laundry training occuprior to assisting with laundry duties.	y thet All rly y	
of cloas or wit	the resident's clothe othing and the dry-close a result. n 05/17/2022 beginning the the Maintenance A	(228), the facility washed all stogether. The light-colored caned clothes were damaged and at 11:40 AM, interview assistant, revealed that he dark and light clothes the did not know to		# €		

AND PLAN	OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4	ALR-0041	B. WING	•	C 06/03/2022
	I CEACH DEFICIENCY MUST	IVINGSTON AT 4656 LIV	INGSTON RO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ACT	(X.5)
R 526	Continued From page	e 19	R 526	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	MATE DATE
F s p c c	On 05/17/2022 begins with the House Keepi she separated the light dark color clothes and bags, and gave the bassistant to take to a classed, she stated that wash the resident's clothes and the Service Agreem evealed the ALR will paundry services each clothing.	oximately 12:00 PM, review ent dated 06/03/2021, provide one load of personal		LIVINGSTON PLACE LAUNDRY PROCEDURES: 1. LAUNDRY SERVICES WILL PERFORMED BY THE NUR 2. RESIDENT LAUNDRY WILL ON A DESIGNATED SHIFT. 3. RESIDENT'S CLOTHING W LAUNDERD ONCE PER WE 4. EACH UNIT/FLOOR HAS TH WASHER AND DRYER 5. RESIDENT'S LAUNDRY IT DONE SEPARATELY FOR IT CONTROL PURPOSES 6. A LAUNDRY SCHEDULE IS ON EACH FLOOR 7. A LAUNDRY CHECKLIST W UTILIZED TO ENSURE THE LOSS OF CLOTHING.(SEE ATTACHEMENT)	SING STAFF L BE DONE AND DAY ILL BE LEK HEIR OWN LEMS ARE VIFECTION POSTED ILL BE
ac foll car Ba rev to c pro	cordance with this act lowing criteria to assu- re of residents in the A sed on observations, I riews, the Assisted Liv develop and implement oper housekeeping ser Resident Service Agr	evelop a staffing plan in and based upon the re the safety and proper LR:	1	701d1 Staffing Standard (Housekeeping) R583 Two (2) housekeepers have been hired and are in the pre-hire process and will be enboarded by end of Aut 8-30-22. Two (2) housekeepers are schedule on a daily. A schedule for weekly occupied apartment was created to ensure each apartment receives weekly cleaning a a record of date and who cleaned apartment will be keeply 8-3-22. Maintenance Director and Administrator will review housekeeping documentation monthly. Administrator will educate all member of leadership are housekeeping on regulation 701d1 on 8-3-22. Maintenance and or designee will monitor for adequated.	gust ad nd apt

PRINTED: 07/19/2022 FORM APPROVED

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(×3) c	COMPLETED
		ALR-0041	B, WING			C 06/03/2022
	PROVIDER OR SUPPLIER ERN AVE SP LLC DBA L	IVINGSTON AT 4656 LIVI	DRESS, CITY, STAT NGSTON ROAL STON, DC 200	D, SE		
(X4) IO PREPIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIÉNCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	'ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
i i i i i i i i i i i i i i i i i i i	Assisted Living Admir the ALR was currently to 150 residents, how 84 residents. The ALF housekeeping and lau in the Resident Service Housekeeping Depart Housekeeping Supervised of the ALF through through the ALF through through the ALF through through the ALF through through the ALF through th	:32 AM, interview with the nistrator (ALA) revealed that y licensed to provide services ever the current census was a indicated that light undry services were included the Agreements and that the ment consisted of the risor and two additional staff. If PM, Interview with the risor revealed the ALR was housekeeper from 8:30 AM to be risousekeeper from 8:30 AM to be risousekeeping staff each ys a week (a total of 24 reping Alde #1 worked Thursday, and Housekeeping ay, Friday, and Saturday. The Housekeeping at she was the only duty on Wednesdays. The sor said that usually the sent is 17 to 18 apartments. Finded to housekeeping ere not on duty, she stated tiffied Nursing Assistant available. The supervisor he housekeeping records and the not the Director of M, a Housekeeping Aide riment cleaning and 5/18/2022 at 9:32 AM, the or was observed cleaning	R 583			

MEWZ11

Health	Regulation & Licensin			12	FORM	/ APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE	SURVEY MPLETED
		ALR-0041	e. WING			C 03/2022
AME OF F	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE	J VOI	3312022
OUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIVII	NGSTON ROA	AD, SE		
		WASHING	TON, DC 20			
(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 APPROPI DEFICIENCY)	BE .	(X6) COMPLETE DATE
R 583	Continued From pag	e 21	R 583		-	
	interviews with CNAs making is required, ti	B PM and 2:56 PM respectively, a #1 and 2 revealed that if bed he bed would be made by the at Residents #1 and 3 can		14		3#8
	On 5/19/2022 beginn housekeeping logs pi November 2021 throu	ing at 3:02 PM, the rovided by the ALA for ugh May 2022 were reviewed.				38 *
- 1	Resident #1 was adm 6/3/2021. The record regarding housekeepi	provided the following				
	November 2021 - No and 11/29/2021	weekly service on 11/09/2021	ľ			
S	ervices were request	ontrol invoice dated that bed bug treatment ed on 12/27/2021 for ont (228). The inspection		is a		361
J	anuary 2022- Weekiy	service on 1/30/2022	ď			
F 2	ebruary 2022 - Weekl /21/2022 and 2/28/20	y service on 2/18/2022, 22			ļ	
3i ho th be Po or	114/22, thereafter no had the control of the contro	ated 3/14/2022 revealed that visor was informed of the lent #1's apartment (228). A ted 3/17/2022 showed that at 228, which was previously thad many live bed bugs on				5

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
		ALR-0041	B. WING		1.655%	C 03/2022
ME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
DUTHE	RN AVE SPLLC DBA		NGSTON ROAL STON, DC 200			
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R 583	Continued From pag	ge 22	R 583			
1	ceiling.		1 1			
1	April 2022 - Weekly	service on 4/12/2022,		15		
1	4/19/2022, and 4/26	2022.		·		
	housekeeping assigr moved from apartme Pest Control invoice ALA requested bed be	service on 5/5/2022; 5/11/2022 ment noted that resident nt 228 to apartment 308. A dated 5/09/2022, revealed the bug treatment in Resident #1's staff reported seeing bed	-			
8	b). Resident #3 was a 8/25/2021. Records s nousekeeping service	admitted to the facility on howed the following regarding es:				
2	rovided weekly hous	ng at 11:46 AM, review of the ekeeping logs from November ealed the following dates for				
2	November 2021 - 11 021 - No service was ervice was provided.	/2, 11/16, and 11/23, requested; on 11/30/2021				
a	December 2021 - Se nd 12/14/2021	rvice was provided on 12/8/21			1	
	January 2022 - 1/25/ ousekeeper attempt	2022 - No answer to		#/	į	
- F 2/	February 2022 - Serv 17/2022	ice was provided on				
live res	owed Resident #3's a e bed bugs, excreme sident was relocated	ol invoice dated 3/17/2022 apartment (328) had many nts, and casings. The to another apartment partment was treated and				5)

ALR-0041 ALR-0041 ALR-0041 ALR-0041 STREET ADDRESS, GITY, STATE, 2P CODE 4558 LIVINGSTON ROAD, SE WASHINGTON, DC 20032 SUMMARY STATEMENT OF BEFLIGIENCY TAG (EACH DETICIENCY MAIS SE PRECEDED BY FULL REGULATORY TAG CONTINUED From page 23 cleaned. - April 2022 - Service was provided on 4/28/2022 - May 2022 - No routine housekeeping service was documented, however on 5/12/2022, Resident #3 discovered bed bugs in her apartment (328) and reported them to the front desk staff. On 5/13/2022 at 1:02 PM, the surveyors observed what appeared to be several blood spots on the resident's matricess. The surveyors that she had bugs in her apartment. At 1:05 PM, the surveyors observed the spots to the Director of Nursing, who accompanied them to the resident's apartment. On 5/17/2022, the resident was relocated to enter apartment themporarily while her apartment temporarily while her apartment temporarily while her apartment temporarily while her partment was treated by Pest Control and cleaned. c). Resident #4 was admitted to the facility on 10/08/2021. Records revealed the following information regarding the rort desk staff that she woke up with bits marks on her neck. The maintenance inspection revealed bed bugs in the box spring. The nursing assessment revealed six bitm antisks on the resident. The bed bug protocol was implemented, and the resident #4's housekeeping services provided is documented below: - November 2021 - Service provided on 11/2,	ATE BURVEY COMPLETED
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- November 2021 - Service provided on 11/2,	
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MAND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DA	TE BURVEY COMPLETED
		ALR-0041	B. WING			C 6/0 3/20 22
IAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	FE, ZIP CODE):	O'CO'LOZZ
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R 583	Continued From page		R 583			1
	11/8, 11/16, 11/23, aı	nd 11/30/2021			i	1
1	- December 2021 - Service provided on 12/8/21 and 12/14/2021 - January 2022 - Service provided on 1/25/2022			•		
Ì	- February 2022 - No housekeeping service records					
	- March 2022 - No hou	usekeeping service records	1			
	- April 2022 - Service _I	orovided on 4/19/2022	1			
	No additional records tight housekeeping ser resident.	were provided to show that vices were offered to the				
t t f 1 b	about the weekly house were missing. The ALA he status. He later st housekeeping service in 12/14/2021 and in Janu	PM, the ALA was asked again ekeeping schedules that a said he would follow-up on ated that there were no records in December after pary 2022 because there had at the ALR in December fing.			200	
hind of the classic sections o	cervice Agreement revenonthly rental fee include ousekeeping. The ALF fersonal laundry and nens on a weekly basis ousekeeping services ousekeeping (vacuumi eaning). The Resident so stated that Weekly bryices shall be provide	R agreed to provide one load laundering of bed and bath or as needed. Included weekly lighting, dusting and bathroom Apartment Cleaning policy Light Housekeeping of Residents will be oday cleaning of their		<i>3</i> 6		

Continued From pa washing dishes, etc individualized Servi an operational guide should be stripped a ndicated in the resid	A LIVINGSTON AT WASHING STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY SENTIFYING INFORMATION) Upge 25 C.) unless specified in the Ice Plan (ISP). There was also elline which stated that the bed and remade as often as dents' ISP. Vestigation, there was no ce that the ALR developed and ing plan to ensure aundry services in accordance	A. BUILDIN	STATE, ZIP CODE OAD, SE	(X3) DATE SURVEY COMPLETED C 06/03/2022
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Continued From pa washing dishes, etc individualized Servi an operational guide should be stripped a ndicated in the resident at the time of the invidual focumented evidence included in the residence at the time of the inviduality	are preceded by full regulatory sentifying information) age 25 b) unless specified in the size Plan (ISP). There was also eline which stated that the bed and remade as often as dents' ISP. Avestigation, there was no ce that the ALR developed and ing plan to ensure aundry services in accordance.	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	E COMPLIANT
washing dishes, etc individualized Servi an operational guide should be stripped a ndicated in the resid at the time of the invidual focumented evident inplemented a staffi ousekeeping and la	c.) unless specified in the ice Plan (ISP). There was also eline which stated that the bed and remade as often as dents' ISP. vestigation, there was no ce that the ALR developed and ing plan to ensure aundry services in accordance.	R 583		
Individualized Servi an operational guide should be stripped a ndicated in the resid at the time of the Inviduality focumented evident inplemented a staffi ousekeeping and la	ice Plan (ISP). There was also eline which stated that the bed and remade as often as dents' ISP. vestigation, there was no ce that the ALR developed and ing plan to ensure	- 1	*	
		1		1
dult size bed with clutra linens. Addition ghtstand, desk, cha wall be made availated tastes. Beds in ust be at least 3 fee oose to provide the fur guired to provide.	sure that each resident has an lean comfortable mettress and small furnishings, such as sir, mirror, waste basket, etc., ole, subject to residents wishes double occupancy bedrooms at apart. Residents may belr own furnishings after being mishings that the facility is All furnishings must meet the	R1023	R1023 In June and July of 2022 an audit of all current residents rooms was conducted to ensure each resident had the appropriate furniture needed for regulation 1008e and educated on what furniture community can provide. By 8-14-22 a model room with furniture that community can provide will be set up to show prespective resident. Any places of furniture that a resident did not have during the audit conducted in June and July have been ordered and goal is items will be in place by 9-15-22.	
Assisted Living Re ch resident had an a nishings, such as a ror, waste basket, e hes and tastes, and opportunity to choo nishings after being the facility is requir	esidence (1) failed to ensure adult size bed, and additional nightstand, desk, chair, etc., subject to residents d (2) failed to offer resident's use to provide their own informed of the furnishings		Administrator will educate all member of the leadership team on regulation 1008c on items each apartment is required to offer by 8-03-22. A rent Ready checklist and move in check in list will be used moving forward for all new residents to ensure each apartment has furniture that is required and that any furnishes residents choose to bring are inspected by a member of the maintenance team to ensure in good repair and meet fire safety code.	d d
die contract of the contract o	ult size bed with citra linens. Addition that and, desk, charall be made available that astes. Beds in list be at least 3 fee pose to provide the de aware of the full ulred to provide. Assisted Living Reference and the substitution of the sed on observation Assisted Living Reference and the sed on the sed o	c) An ALR shall ensure that each resident has an ult size bed with clean comfortable mettress and tra linens. Additional furnishings, such as intistand, desk, chair, mirror, waste basket, etc., all be made available, subject to residents wishes distates. Beds in double occupancy bedrooms at be at least 3 feet apart. Residents may cose to provide their own furnishings after being did aware of the furnishings that the facility is uired to provide. All furnishings must meet the estafety Code and be mainteined in good repair. Seed on observation, interview and record review, Assisted Living Residence (1) failed to ensure the resident had an adult size bed, and additional sishings, such as a nightstand, desk, chair, for, waste basket, etc., subject to residents ness and tastes, and (2) failed to offer resident's opportunity to choose to provide their own ishings after being informed of the furnishings the facility is required to provide.	ult size bed with clean comfortable mattress and tra linens. Additional furnishings, such as this tand, desk, chair, mirror, waste basket, etc., all be made available, subject to residents wishes distates. Beds in double occupancy bedrooms at be at least 3 feet apart. Residents may bose to provide their own furnishings after being de aware of the furnishings that the facility is uired to provide. All furnishings must meet the estate Code and be maintained in good repair. Seed on observation, interview and record review, Assisted Living Residence (1) failed to ensure the resident had an adult size bed, and additional lishings, such as a nightstand, desk, chair, for, waste basket, etc., subject to resident's opportunity to choose to provide their own ishings after being informed of the furnishings the facility is required to provide.	by An ALR shall ensure that each resident has an ultistze bed with clean comfortable mattress and trailinens. Additional furnishings, such as phistand, desk, chair, mirror, waste basket, etc., all be made available, subject to residents wishes did tastes. Beds in double occupancy bedrooms at beat least 3 feet apart. Residents may pose to provide their own furnishings after being de aware of the furnishings that the facility is suired to provide. All furnishings must meet the estated on observation, interview and record review, Assisted Living Residence (1) failed to ensure heresident had an adult size bed, and additional ishings, such as a nightstand, desk, chair, for, waste basket, etc., subject to residents opportunity to choose to provide their own ishings after being informed of the furnishings the facility is required to provide. In June and July of 2022 an audit of all current residents froms was conducted to ensure each resident had the appropriate furniture needed for regidents froms was conducted to ensure residents and educated on what furniture needed for regidents to ensure unit 1008e and educated on what furniture needed for regidents to ensure unit 1008e and educated on what furniture needed for regidents to ensure unit 1008e and educated on what furniture needed for regidents to ensure unit 1008e and educated on what furniture needed for regidents to ensure unit 1008e and educated on what furniture needed for regidents and toose and educated on what furniture needed for regidents and educated on what furniture needed for regidents to ensure unit 1008e and educated on what furniture needed for regidents to ensure unit 1008e and educated on what furniture needed for regidents to ensure unit 1008e and educated on what furniture needed for regidents to ensure unit 1008e and educated in what furniture that ensure no manufacture in the series of furniture that and ensure needed for regidents to ensure and furniture that and ensure needents. Any pleces of furniture that an resident did not have during

STATEME	Kegulation & Licensing NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE	SURVEY (PLETED
		ALR-0041	B, WING_			C 03/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	1	JUILULE
SOUTHE	RN AVE 9P LLC DBA L	IVINGSTON AT 4656 LIVI	NGSTON RO	OAD, SE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(XS) COMPLETE DATE
2 a a a c c c c c c c c c c c c c c c c	Resident #5's apartment the only furniture in the had bags of clothes, to items on the floor. The were piled in a beaker observations revealed furnishing such as a chair, waste basket are with the resident at 3: loaned her a bed and facility was able to protein stated that she rewas given a portable to date: 12/10/2021] 2. At 11:50 AM, observations of the stated that she rewas given a portable to date: 12/10/2021] 2. At 11:50 AM, observations of the decident of the bedroon of the bedroon of the same of the same of the resident humiture and was not make a sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale to provide additional control of the sale that the	11:39 AM, observations of ent (421) showed a bed was a room. The living/dining room wo TV trays and additional a bedroom had clothes that and in her closet. Continued if the apartment did not have resser, nightstand, desk, and shower curtain. Interview 22 PM revealed the facility she was not aware that the vide her with furnishing. She equested a shower chair but coilet instead. [Admission ration of Resident #2's and the resident's dresser had be was a bag filled with a floor. 5 PM, interview with the side the Responsible Party and to provide her own lade aware that the facility with furnishing such as a did that she would like the oral furnishing for Resident (07/2021]	R1023	Resident #5 provided with trash can, mirror ar curtain. Resident #2 POA was made aware of items community offers in June 2022 and will obtain to once niece returns audit. Resident #6 community gave a new bed and disp	ad shower	
fui als Co no	ept on a cot. The living rnished with a high tak so high, and the closet ontinued observations It have an aduft size bo	ean linens. Interview with		of cot.		
	=35		1			

	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING	LE CONSTRUCTION		MPLETE
		ALR-0041	B. WNG			C 03/20:
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY MIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD RE	CON
R1023	and had to provide hi it is difficult to tie his a because it is too high that the resident was facility was able to pro as a bed, nightstand, linens. He then stated to provide additional fi a standard size chair.	ved in without any furniture sown. The resident stated that shoes when he sits in the chair. Continued interview revealed not made aware that the byide him with furnishing such desk, comfortable chair, and that he would like the facility urnishing especially a bed and [Admission date: 4/07/2022]	R1023	*	41	9
f a h h n n b s s h r r e s i s t a a	apartment (346) shows on the mattress. A large mount were observed the floor next to the be The living/dining room chair, one small end ta had a built-in dresser. It is a nightstand, desk, is a nightstand, desk, is at a nightstand, desk, is at a nightstand, desk, is at a nightstand, desk, is at a nightstand, desk, is at a nightstand in and in large about the resident of the moved in and in large about the that he shall be the moved in the the stated that he was weith its television on the wall excelled that the resident at the table to purch as a bed, nightstar nower curtain at the timated that he would like	nt was not made aware that rovide him with furnishing ad, desk, chair, and a see of move in. He then the facility to provide unt his television and make		Resident # 7 TV mounted on wall and furr form completed and item ordered.	niture request	

Regulation & Licensia					RM APPROV
NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA. IDENTIFICATION NUMBER:				TE SURVEY OMPLETED
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The state of the s	LITHIGO I CALAL		•		
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Continued From pag	ge 29	R1023			
Resident #11's apar resident's television he had no nightstand also on the floor. Into same time, revealed furniture and was no was able to provide it resident said that he his television on the mirror, chest of drawn	tment (243) showed the was positioned on the floor and d. Several boxes of items were enview with the resident at the he had to purchase his own t made aware that the facility him with furnishing. The would like the facility to mount wall, and that he also needed a pers, and a nightstand.		Resident #11 TV has been mounted requested has been ordered and will 8-30-22.	and furniture I be in place by	
Resident #12's apartrate table or desk. Several the trash can was support her radio. Obsteed the radio of the resident oor. Interview with the realed she had to provide her with furnis	ment (334) revealed there was eral items were on the floor a turned upside down to servation of the resident's k was positioned low, as clothes hung low onto the the resident at the same time, rovide her own furniture and that the facility was able to hing. She then stated that she		Resident #12 Rack in closet not able t Furniture missing has been ordered as place by 8-30-22.	o be raised. nd wilt be in	
nd would like addition ith a leaf and a desk. 27/2021] D. (Cross Reference to 05/13/2022, at 5:10 is son, who is the resident acquired beds in the desident acquired beds in the desident is a second in the resident in the resident in the resident is a second in the resident in the resi	nal furnishing, such as a table [Admission date: to R0272, II) PM, interview with Resident sponsible party, revealed he a new bed when the ugs. He stated that he apartment (228) and was		Resident #1 son provided new bed resident in now aware of furniture that communities.	dent wanted nunlty can	
	Continued From page 8. On 05/19/2022 at Resident #11's apar resident's television he had no nightstand also on the floor. Intersident said that he his television on the same time, revealed furniture and was able to provide it resident #12's apartresident said that he his television on the floor. Intersident said that he his television on the floor chest of drawn (Admission date: 8/18/2). On 05/16/2022 at 28/2 (Con 05/16/2022 at 28/2) (Con 05/	RN AVE SP LLC DBA LIVINGSTON AT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 8. On 05/19/2022 at 11:23 AM, observation of Resident #11's apartment (243) showed the resident's television was positioned on the floor and he had no nightstand. Several boxes of items were also on the floor. Interview with the resident at the same time, revealed he had to purchase his own furniture and was not made aware that the facility was able to provide him with furnishing. The resident said that he would like the facility to mount his television on the wall, and that he also needed a mirror, chest of drawers, and a nightstand. [Admission date: 8/18.2021] 3. On 05/16/2022 at 4:12 PM, observations of Resident #12's apartment (334) revealed there was no table or desk. Several items were on the floor and the trash can was turned upside down to support her radio. Observation of the resident's closet showed the rack was positioned low, herefore the resident's clothes hung low onto the oor. Interview with the resident at the same time, evealed she had to provide her own furniture and was not made aware that the facility was able to rovide her with furnishing. She then stated that she ould like the facility to raise the rack in the closet and would like additional furnishing, such as a table with a leaf and a desk. [Admission date: 27/2021] 10. (Cross Reference to R0272, II) 10. 105/13/2022, at 5:10 PM, interview with Resident 1's son, who is the responsible party, revealed he as asked to purchase a new bed when the sident acquired bedbugs. He stated that he rilshed the resident's apartment (228) and was t made aware that the facility was able to provide	ALR-0041 STREET ADDRESS, CITY, 8 4556 LIVINGSTON ROWASHINGTON, DC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 8. On 05/19/2022 at 11:23 AM, observation of Resident's television was positioned on the floor and he had no nightstand. Several boxes of items were also on the floor. Interview with the resident at the same time, revealed he had to purchase his own furniture and was not made aware that the facility to mount his television on the would like the facility to mount his television on the wall, and that he also needed a milror, chest of drawers, and a nightstand. [Admission date: 8/18.2021] 3. On 05/16/2022 at 4:12 PM, observations of Resident #12's apartment (334) revealed there was no table or desk. Several items were on the floor and the trash can was turned upside down to support her racio. Observation of the resident's closes showed the rack was positioned low, nerefore the resident's clothes hung low onto the cor. Interview with the resident at the same time, everaled she had to provide her own furniture and ras not made aware that the facility was able to rovide her with furnishing. She then stated that she ould like the facility to ralse the rack in the closet of would like additional furnishing, such as a table lith a leaf and a desk. [Admission date: 27/2021] 3. (Cross Reference to R0272, II) no 05/13/2022, at 5:10 PM, interview with Resident 's soon, who is the responsible party, revealed he as asked to purchase a new bed when the sident acquired bedougs. He stated that he milshed the resident's apartment (228) and was t made aware that the facility was able to provide her be provide as a partment to provide her be provided her sack that he milshed the resident's apartment (228) and was t made aware that the facility was able to provide her be provided here we had a ware that the facility was able to provide here with the facility was able to provide here with the facility was able to provide h	ALR-0941 ALR-0941 ALR-0941 STREET ADDRESS, CITY, STATE, ZIP CODE ASSULDING: BANAYES PLLC DBA LIVINGSTON AT SUMMARY STATEMENT OF DEFICIENCIES WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 29 R. On 05/19/2022 at 11:23 AM, observation of Resident #11's apartment (243) showed the resident #11's apartment (243) showed the resident's television was positioned on the floor and he had no nightstand. Several boxes of items were also on the floor. Interview with the resident at the same time, revealed he had to purchase his own furniture and was not made aware that the facility to mount his television on the wall, and that he also needed a milror, chest of drawers, and a nightstand. Adminsion date: 8/18.2021] On 06/16/2022 at 4:12 PM, observations of Resident #12's apartment (334) revealed there was no table or deak. Several items were on the floor and the frash can was turned upside down to upport her radio. Observation of the resident's estimate the facility to mount his television on the wast turned upside down to upport her radio. Observation of the resident's estimate the facility was able to rowide her with furnishing. She then stated that she ould like the facility to raise the rack in the closet and would like the facility to raise the rack in the closet and would like additional furnishing, such as a table that sef and a desk. [Admission date: 27/2021] On (Cross Reference to R0272, II) On (Cross Reference to R0272, III) On (Cross Re	ALR-0641 ALR-0641 STREET ADDRESS, CITY, STATE, 2IP CODE WASHINGTON ROAD, SE WASHINGTON ROAD REACH ROAD WASHINGTON ROAD REACH ROAD WASHINGTON ROAD REACH ROAD WASHINGTON ROAD REACH ROAD WASHINGTON ROAD WASHINGTON ROAD REACH ROAD WASHINGTON ROAD REACH ROAD WASHINGTON ROAD WASHINGTON ROAD REACH ROAD WASHINGTON ROAD REACH ROAD WASHINGTON ROAD REACH ROAD WASHINGTON R

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Resident #9's apartm was watching TV. The Items were on the floor at the same time, revown furniture and was facility was able to provide the same time, revown furniture and was facility was able to provide the relevision of additional furnishing, date: 11/05/2021] 6. At 2:25 PM, observe apartment (426) show only furnished with a cwas on a small folding the floor, and the close Observation of the bath observations revealed furnishing such as a night with the resident at the promised furniture, how provided. He then state the bathroom and for the daditional furnishing such desk. [Admission date 7. On 05/19/2022 at 1 Resident #10's one becrevealed there was not mirror. Interview with the revealed she and her him.	2:12 PM, observation of cent (428) showed the resident set TV and several boxes of or. Interview with the resident realed she had to provide her is not made aware that the ovide her with furnishing. The he would like the facility to on the wall and would like such as a desk. [Admission ations of Resident #8's red the living/dining room was chair and a stool. A television TV tray, a small lamp was on et had a built-in dresser. Throom showed the light was broom. Continued the apartment did not have aghtstand and desk. Interview a same time, revealed he was sever no furniture was sed that he would like light in the facility to provide ich as a nightstand and a continued that he would like light in the facility to provide ich as a nightstand and a continued the apartment (240) nightstand, dresser, or e resident at the same time.	R1023	Resident #8 Light in Bathroom was replaced, and ordered. Resident #10 Room has a built-in dresser in room furniture requested Mirror and nightstand will be in place by 8-30-22		

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA //DENTIFICATION NUMBER;	(X2) MULTII A. BUILDING	PLE CONSTRUCTION 3:	(X3) DATE	SURVEY MPLETED
		ALR-0041	a. WINO	_27 F	,	C 03/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, S	ITATE, ZIP CODE		VVIAVEZ
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	1	Washing	TON, DC	20032		
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R1023	Continued From pa	ge 30	R1023			
1	Resident #1's apart	ment (228) showed the		1		l
	apartment was bein	g organized for the resident to	- ×	ł		ľ
1	return after the abat	ement of the bedbug infestation.		1		
	During a follow-up in	terview on 05/18/2022 at 10:29		E		
- 1	AM, Resident #1's s	on revealed that the facility		Į.		
18	approximately two w	se a desk and a chair eeks after she moved in. He				
- 18	stated that facility did	not furnish the resident's		~	1	
1.	apariment and he wa	as not made aware that the	ĺ		1	9
	lacility was able to pr	ovide her with furnishing.			1	
1	At 11:10 AM, Reside	nt #1's son forwarded an email			1	
	dated 06/07/2021, fro	m a previous ALA Review of			1	
18	son> can you bring in	e ALA asked, " <resident #1's="" a="" can<="" chair="" mother="" so="" td="" your=""><td>Í</td><td></td><td>1</td><td></td></resident>	Í		1	
[€	eat at the table in her	room? I'm fold she prefere	1	3	1	
15	reakfast in her room eat."	and must sit on her bed to			Sc 8	
- 1		1			1	
11	nterview with the ALA	on 05/13/2022 at				
a	pproximately 12:00 F	PM, revealed that he was not seeded furniture. He stated				
) tr	nat the facility will pro	vide furniture such as a hert	1	*		
di	resser, nightstand, ta	ble, and chairs.	Į.		ĺ	
D	uring an interview on	05/17/2022 at 11:00 AM, the			f	
10	rector of Operation (DOO) revealed that the				
fa	cility gave the reside	nts the opportunity to	1		- 1	
an pu	irchase their own fun	niture to make it their own sslon date: 5/03/2021]				
- 1					.	
111	. On 05/18/2022 at 4	:31 PM, observation of	1		J	
an	artment was not fire	ent (521) showed the ished with a table or chair.		Resident #13 Lamp given, and Chair and Mirror ordered and will be in place no later 8-30-22		
Int	erview with the resid	ent at the same time	1	The state of the s		
rev	realed she had to pro	vide her own furniture and		M.		
wa	s not made aware th	at the facility was able to	1		1	
1						
		3				
	& Licensing Administration				- 1	

AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION	(X9) DATE	SURVEY MPLETED
		ALR-0041	B. WING		C 06/03/202	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		UUIZUZZ.
SOUTHE	ERN AVE SPLLC DBA	WASHING	IGSTON RO			
(X4) ID PREFIX TAG	CAUN DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFIGIENCY)	SHOULD BE	(X5) COMPLE DATE
i i i i i i i i i i i i i i i i i i i	provide her with furn would like additional chair, lamp, and a m 4/04/2022] 12. On 05/18/2022 at Resident #14's apart living/dining room was bags. A shelf table with the living/dining room at the same time, revious furnishing. He then stated the would know whe gets help. [Admissional of the value walk-through of the value same time revealed partments that were in the time of the investigations of the investigation of the value walk-through of the value walk-through of the value same time revealed partments that were in the time of the investigations and required for adult sized bed with attress and required for the investigations.	ishing. She then stated that she furnishing, such as a table, lirror. [Admission date: It 4:45 PM, observation of ment (524) showed the scluttered with boxes and as the only furniture observed om. Interview with the resident ealed he was told to "bring his me." and was not made aware ble to provide him with ated that he has not had any sking and needed help. He hat furniture is needed once on date: 12/30/2021] Iginning at 10:20 AM, a cant apartments showed ags. Interview with the ALA at did the facility did not have any move in ready with furniture.	R1023	Resident #14 belongings unpacked as July of 2022 8/18/2022 furniture questi required furnishings. been completed with the rethe resident has all required	onnaire and	