STATEMEN AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING	LE CONSTRUCTION	(X3) DATE SURV COMPLET	
			}		C	
		ALR-0041	B, WING		06/03/2	022
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE	*	
OUTHER	RN AVE SP LLC DBA L	IVINGS CON AT	NGSTON RO ITON, DC :	•		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	10.1,00	PROVIDER'S PLAN OF CORRECTION	<del>,                                    </del>	CX5
PREFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) DAT
R 000	Initial Comments	-	R 000			
	0000 Initial Commen			1		
	On 5/11/2022 and 5/ Health, Health Regul	12/2022, the Department of		1	1	
		nediate Care Facilities		1		
	(DOH/HRLA/ICFD), r	eceived email notifications				
1	rrorn two complainant showed that two of th	ts. The email notification e residents' Responsible		į.	6.	
- 4	Parties raised concer	ns regarding services provided			1	
	to their loved ones by Avenue Assisted Livi	Livingston Place at Southern on Residence (ALR).		Please start typing your responses	here:	
Į,	Resed on the nature (	of the emails, the State Survey	,		-	
		d an on-site investigations on				
		at 9:34 AM, at 4657 Livingston				
		n, DC to determine compliance ng Residence Regulatory Act				
	of 2000, "DC Code §	44-101.01" and attendant		<del></del>	-	
	egulations. The surve 05/19/2022.	eyors remained on site through				
1	The complainants alle	ged the following:			ĺ	
D	Allegations of Compla	ainant #1]			1	
	. Resident #1 acquire er apartment.	ed bedbugs at the facility in				
	. Resident #1's son w ed.	as required to buy a new		5		
W	. The resident's clothi hich damaged the lig ry-cleaned clothing.	ng were all washed together, ht-colored clothing and the				
	. Resident #1's son w ssistance for the dam			:25		
					ļ	
	& Licensing Administration	n PLIER REPRESENTATIVE'S SIGNA <b>T</b> URE		TITLE	(X8) DATE	_

TAG OR LISC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	and Plan	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY MPLETED
ASSECTATIONESS, CITY, STATE, ZP CODE  4888 LIVINGSTON ROAD, SE  WASHINGTON, DC 20032  (PACH DEFICIENCY WASTERDAMY OF DEFINISHINGS)  ROOD  CONTINUED From page 1  5. Resident #1's son was denied reimbursement for one month's rent.  8. The resident's bank account was charged twice for May 2022's rent. Son reported the left message for management, then contacted the Executive Director after one day of no communication.  7. The resident's son also reported that two staff had stated to him that, "The place is running itself."  [Allegations of Complainant #2]  1. The resident's fob is missing. She has lost it twice.  2. Personal items were missing (paper towels, food items).  3. The bed sheets have not been changed for at least 2 weeks.  4. No bath was given; she had a horrible odor.  5. No available transportation for appointments,  6. There was a 7% rent increase,  7. There was an one at the front desk.  8. There was a non-medical employee sitting by phone most of the time.  9. There were no activities to assist with mental capacity.  10. There was a non-medical employee sitting by			ALR-0041	B. WING	101		_
## AGES LIVINGSTON ROAD, SE WASHINGTON, DC 20032  ## WASHINGTON, DC 20032    CACH DEPTICIENCY MUST BE PRECEDED BY PILL REGULATORY   PREPRIX TAB	AME OF F	ROVIDER OR SUPPLIER	STREET ADD	RESS CITY STAT	TE 719 CODE		03/2022
MASHINGTON, DC 20032  SUMMARY STATEMENT OF DEPICIONOUS PRILE REQUILATORY PROPERTY (ACCOUNTS ASSETTING P	OUTHE	RN AVE SPILLC ORA					
R 000 Continued From page 1 S. Resident #1's son was denied reimbursement for one month's rent.  8. The resident's bank account was charged twice for May 2022's rent. Son reported the left message for management, then contacted the Executive Director efter one day of no communication.  7. The resident's on also reported that two staff had stated to him that, "The place is running itself." [Allegations of Complainant #2] 1. The resident's fob is missing. She has lost it twice. 2. Personal items were missing (paper towels, food items). 3. The bed sheets have not been changed for at least 2 weeks. 4. No bath was given; she had a horrible odor. 5. No available transportation for appointments. 6. There was a 7% rent incresse. 7. There was no one at the front desk. 8. There was an inability to reach nursing staff by phone most of the time. 9. There were no activities to assist with mental capacity.  10. There was a non-medical employee sitting by		·	WASHING				
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8. There was an inability to reach nursing staff by phone most of the time.  9. There were no activities to assist with mental capacity.  10. There was a non-medical employee sitting by	6.	There was a 7% ren	t increase,				
9. There were no activities to assist with mental capacity.  10. There was a non-medical employee sitting by	7.	There was no one a	t the front desk.				
10. There was a non-medical employee sitting by	8. ph	There was an Inabili one most of the time	ty to reach nursing staff by				
10. There was a non-medical employee sitting by the medication cart (2nd floor), which was in the	9. ca	There were no activi pacity.	ties to assist with mental				
	10 the	. There was a non-m e medication cart (2nd	edical employee sitting by d floor), which was in the				

	ent of deficiencies Nof Correction	(X1) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
	<del></del>	ALR-0041	B, WING		C 06/03/2022
AME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
_	ERN AVE SP LLC DBA L	WASHIN	VINGSTON RO VIGTON, DC	FILE STANDARD	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFIGIENCY)	DE CONDI
R 000	station is on the 2nd f	lse was around. The nurse's loor.	R 000		
- 1	determined that other adversely affected by complainants. Therefo of the 84 residents of	he investigation, it was residents in the ALR may be practices identified by the precion are ampling of 18 the facility was selected to liance with the applicable		Ē	
1 0 F	management staff, the staff, and a review of a investigation determine compliance with the As Regulatory Act of 2000	ngs were based on is with the complainants, residents and residential dministrative records. The id that the ALR failed to be in sisted Living Residence , "DC Code § 44-101.01". are addressed within this		- - - - -	
10 pr	vailable for the residen		R 142	10122.1 R142 Financial Agreements  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	ly but
As the re co the	e complete terms of all sident's agreement, we ommunicated to the Re	ce (ALR) failed to ensure		Administrator or designee will provide a copy of the resident's agreement including all financial provision prior to admission to resident /surrogale. 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 agreemen will be conducted to ensure correct signed and will provide a copy as needed to residents/surrogate by 9-15-22.	ns and or sent's d.
1. (	ndings included: On 5/13/2022 at 3:18 P ted 5/11/2022, reveale	M, review of a complaint d that Resident #2's		Administrator and or designee will review all new mo in agreements monthly to ensure resident/surrogate received a copy of financial agreement and that acknowledgement was singed.	ve

PRINTED: 07/19/2022

WU PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION '		E SURVEY MPLETED
		ALR-0041	B, WING	411	06	C /03/2022
AME OF I	PROVIDER OR SUPPLIER		DRESB, CITY, STAT		· · · · · · · · · · · · · · · · · · ·	
OUTHE	ERN AVE SP LLC DBA L		NGSTON ROAL STON, DC 200		1/6	
(X4) ID PREPIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIÉS BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X6) COMPLET DATE
R 142	Continued From page		R 142		· · · · · · · ·	
	Rental Fee Summary	, and Lease Agreement.				
	a. The Resident Leas following:	e dated 10/7/2021 showed the				
	Resident #2 was to be of \$1417.00. The Ren six month period, and	e charged a total monthly rent ital Agreement term was for a				
- 1	month-to-month follow	ving the first six months	1			
- 1	Agreement was signer	2022. The Resident's Lease				
ļí	Responsible Party on	10/07/2021.			24.	
- 18	b. The Service Agreen 10/07/2021 showed the amount:	nent Fee Summary dated e following "private pay"				
1 5	personal care charges)	\$1417.00 (Core and/or	į.			
10	Charges - \$27.00, for ti	he total of \$1,444,00. The	84			
C	hange these fees upo	e following note [ "We may in thirty days of written notice	1		1	
1 10	o you, however, if your	level of personal Care			1	
S	pply immediately." Th	lecreases, the new fees will e Service Agreement Fee y the Responsible Party on				
C.	The Rental Fee Summowed the following:	mary dated 10/7/2021				
Referen	esident #2's total mont r a one-bedroom apart	thly room rate was \$1444.00		9		
O	sponsibility was \$1057 ptional State Suppleme	7.00 until funds for the ent Program (OSSP) are a received, the difference of				
53	87.00 times the numb afted from your accour	er of unpaid months will be		ų.		
ln (	comparison, the Lease	Agreement showed the				

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION .		E BURVEY OMPLETED
		ALR-0041	B. WING		06	03/2022
AME OF P	ROVIDER OR SUPPLIER		DORESS, CITY, STAT			
OUTHE	RN AVE SP LLC DBA		INGSTON ROAL GTON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREPIX TAG	PROVIDER'S PLAN OF GO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
R 142	Continued From pa	ge 5	R 142		****	<del> </del>
	total monthly rent w Agreement fee sum Summary showed ti	vas \$1417.00. The Service mary and the Rental Fee the total monthly rent was as a difference of \$27.00.		8		
	statements were revito the ALR for rent. statement showed z January 2022, bank double Automated Codraft of \$2114.00 was however the ACH was 1/19/2022, \$1,057.00 January 2022 bank seard payment of \$40 February 2022, bank \$1,057.00 was attern	7 PM, Resident #2's bank viewed to determine payments The December 2021 bank ero was deducted for rent. The statement showed that a Elearing House (ACH) Network is attempted on 1/12/2022, as not paid by the bank. On 0 was paid by ACH. The statement also reflected a debit 7.43 on 1/25/2022. The statement showed an ACH of pited, but not paid. The March statements showed the ACH 00 respectively.				
te w s h se te	elephone on 5/19/20  //as still searching for  the removed from Re  owever she had not  ttempt to reach the Felephone to obtain a  as made by the Inve	with the Responsible Party by 22 at 12:45 PM, revealed she received the rent increase letter that esident #2's ALR mailbox, been able to locate it. Another Responsible Party by copy of the rent increase letter stigators on 6/02/2022. After e, a voicemail was left.		×		
in do Pa	cuments had been	t at the time of the erence on 6/03/2022, no provided by the Responsible ow any increase in Resident				8
At	the time of the inves	digathan adamés substants	1		ľ	ľ

	10 march 10	IDENTIFICATION NUMBER:	A. BUILDING: B. WING			OMPLETED  C /03/2022
	ROVIDER OR SUPPLIER	IVINGSTON AT 4656 LIVII	PRESS, CITY, STATINGSTON ROAL	), SE		- COLLAND
X4) ID REFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
d and b. 5/2 pet the state of t	Agreement total monwith the signed Servi and the signed Rents stated the total montiful. Resident #1's reserent for the apartment after admission.  On 05/13/2022, begin interview with Resident andicated that the ALF monthly rental fee and supporting documentations are paying the cone-bedroom apartme. On 05/19/2022 at 12:00 mailed documentations detailed. An email dated 03/03 anagement Company esident #1 needed a serie a one bedroom (\$1,4). An email from the Resident #1 was passently, when the amout 444.00 in February 20	ure that the signed Lease they rent (\$1417.00), coincided to Agreement fee summary in Fee Summary, which both ally rent was \$1444.00.  ponsible party alleged that the stat the ALR was increased the stat the ALR was increased the stat the would provide the stat the resident prect amount for her ont.  4 AM, the Responsible Party as to the investigators. On state of the following:  3/2021, from an Aria representative, asked if studio apartment (\$1,323.00) in 17.00).  seponsible Party dated the checked Resident #1's admission and determined anying \$1417.00 until unit was increased to be reason, but I assumed it	R 142			

ND PLAN	nt of depiciencies I of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALR-0041	(X2) MULTIPLE A, BUILDING: B, WING	CONSTRUCTION		TE SURVEY
MEGE	100) (DED 00 CHES		<del></del>		06	/03/2022
	ROVIDER OR SUPPLIER		DRESS, CITY, STAT			.,
DUTHE	RN AVE SP LLC DB/	LIVINGSTON AT 4656 LIVI	NGSTON ROAL	D, SE		
(X4) ID	SUMMARY	TATEMENT OF DECIDENAIS	TON, DC 200			
RÉFIX TAG	LEUCH REFIGIENCY MU	ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
R 142	Continued From pe	ige 7	R 142	- Andrews - Andr		-
- 1	only paid \$1,417.00 one-bedroom apart February 2022. She	1:55 PM, interview with the ons revealed Resident #1 had 0 for the rental of the ment from 7/01/2021 until e said however that during this				
	\$1,444.00 (\$1,417.0 charge). She further board charges were Responsible Party u	ident should have been paying 00 rent plus \$27.00 board stated that the reason the not collected from the intil February 2022 was unclear.		(a) (b)		
t range of the state of the sta	Operations emailed #1's rent was increase har conversation that her conversation epresentative confirming and to pay the \$1 (2/01/2022, and sign douse (ACH) Form. Yas a Monthly Authour ACH debits for more was signed by the #1 or more was signed by the property was signed by the proper	the investigators that Resident sed to include the \$27.00 board bruary 2022. The email stated in with the ALR's previous med that the Responsible Party 444.00 rent, effective led the Automated Clearing The attachment to the email rization Fee Authorization form onthly rental payment. The like Responsible Party on CH debits were scheduled to 122.		#3 #4		
(1) Re \$1 mc 20 mc	The Lease Agreemes ponsible Party on 417.00 was due moonths. A proreted pa 21 was immediately onthly fee of \$1417.00 month.	nent, dated and signed by the 06/03/2021 documented that nthily for a term of Six (6) yment of \$1,322.73 for June due, and thereafter the 00 on the first calendar day of mmary dated 6/03/2021		I A 1+1 1		

ALD DOM BY WANG	
ALR-0041  B: WING  AME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4856 LIVINGSTON ROAD, SE  WASHINGTON, DC 20032  [EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION]  R 142  Continued From page 8  showed the following:  Resident #1's total monthly room rate was \$1417.00 for a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 2021)  (3) The Service Agreement Fee Summary form	<b>APLETED</b>
ME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4886 LIVINGSTON ROAD, SE  WASHINGTON, DC 20032  KA) ID REFIX OR LSC IDENTIFYING INFORMATION)  R 142  Continued From page 8  showed the following:  Resident #1's total monthly room rate was \$1417.00 for a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 2021)  (3) The Service Agreement Fee Summary form	3
4886 LIVINGSTON ROAD, SE WASHINGTON, DC 20032  (49) ID SUMMARY STATEMENT OF DEFICIENCIES OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  R 142  Continued From page 8 showed the following:  Resident #1's total monthly room rate was \$1417.00 for a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 2021)  (3) The Service Agreement Fee Summary form	3/2022
WASHINGTON, DC 20032  K4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY DR LSC IDENTIFYING INFORMATION)  R 142  Continued From page 8 showed the following:  Resident #1's total monthly room rate was \$1417.00 for a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 2021)  (3) The Service Agreement Fee Summary form	
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Resident #1's total monthly room rate was \$1417.00 for a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 2021)  (3) The Service Agreement Fee Summary form	
for a one-bedroom apartment. A prorated payment of \$1,275.29 was due for the first month (June 2021)  (3) The Service Agreement Fee Summary form	
(3) The Service Agreement Fee Summary form showed the following:	
The Service Agreement Fee Summary form was left blank. The form only noted "n/a" (not applicable) and was not signed by the ALR representative or the Responsible Party.	
The Service Agreement which was dated and signed by the Responsible Party on 6/03/2021, showed"Fees: In addition to your rentel fee, you shall pay a monthly fee for Core Services (Board charge) and Personal Care Services, If applicable. Your monthly fee is payable in advance by the first day of each calendar month. We may change your monthly fee for Core Services and for Personal Care Services and any fees for additional services upon thirty days written notice to you."	
In comparing the two signed documents presented, the Lease Agreement and the Rental Fee Summary, both showed the total monthly rent was \$1417.00. No additional fees were charged until Resident #1's rent was increased to include the \$27.00 board charge monthly in February 2022, which then brought the total monthly rent to \$1444.00.	
At the time of the investigation, prior to admission the ALR failed to ensure that the signed Lease Agreement total monthly rent (\$1417.00) and signed Rental Fee Summary (\$1417.00),	
Tuiglon & Uranning Administration	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA AND PLAN OF CORRECTION IDENT/FIGATION NUMBER:		A, BUILDING	PLE CONSTRUCTION 3:	(X3) DATE SURVI COMPLETI	EY ED	
		ALR-0041	B. WNG_		C	
IAME OF PRO	VIDER OR SUPPLIER	STREET AOD	DRESS, CITY, S	TATE, ZIP CODE	06/03/20	122
OUTHERN	AVE SP LLC DBA L	IVINGSTON AT 4656 LIVII	NGSTON RO	OAD, SE		
(X4) ID PREFIX TAG	EACH DEFICIENCY MUST	TÉMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	DF COL	(X6) MPLE DATE
Si	ummary (left blank)	eigned Service Agreement Fee to clearly define the total g board charges due from the	R 142			
10 and add phy res add the Massing reviet faile assisted (Resident Finding From From From From From From From From	d all licensed practice vanced practice reg valued assistants, or sponsible for administration of medical action error or advanced practice and action error or advanced and action action and action acti	rall ensure that all employees cal nurses, registered nurses, letered nurses, physicians, or certified medication aides stering or assisting in the cation to a resident while on imediately report any rerse drug reactions to the red nurse and ALA upon the require the ALA or report the medication error in, to the resident's prescriber, pharmacist, and	R 374	10124.8 R374 Medication Administration 6-28-22 Director of Nursing of Livingstor 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 res surrogate. All nurses also re-educated o proper 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 re proper 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 prop reporting procedure and time frame to stat regulatory body, PCP and surrogates of al 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	or or

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AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	E SURVE
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	N AVE SP LLC DBA	LIVINGSTON AT WASHIN	GTON, DC 200	3, 32		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCY	ION SHOULD BE HE APPROPRIATE	coa
At do fee Du pre sain nur in t dur reput to a a phair suin schill suin sain to dur reput to a constant to a consta	inspervation in the re- pups of unidentified everal packets con- poservation of the no- pos	ge 10  22 PM, a walk-through esident's apartment showed 5 punched medications and taining other medications. Inedication packets left in the trevealed the medications pine Mesylate 1 mg in the me 30 mg in the morning, (3) ery day (4) and Olanzapine 10 in interview, Resident #3 said "I edoctor it does not make me said I don't have to take it."  21/13/2022 at 1:49 PM, with the DON) who accompanied the Resident #3 should not have on in her apartment. The DON inmediately follow-up with the mine why the medications were ment. The DON stated that with the nurses that were called resident refused the ed them out of her apartment eve them from her. The DON is the Licensed Practical Nurse collection when offered was not to the RN and the ALA. As a refusal had not been reported oner, prescriber, or  2M, review of Resident #3's earling Loss, and Essential	R 374			

ALR-8041  B. WING  STREET ADDRESS, CITY, 6TATE, ZIP CODE  4866 LIVINGSTON ROAD, SE  WASHINGTON, DC. 2032  SUMMARY STATEMENT OF DEFICIENCINGS PREFIX TAG  CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY ORLAS CIDENT FYNG INFORMATION, TAG  R. 374  Continued From page 11  Hypertension. The May 2022, physician orders included Olanzapine 10 mg, 1 tab bat bedime, Benzizropine 1 mg, 1 tab hat bedime, Benzizropine 1 mg, 1 tab hat cedime, Benzizropine 1 mg, 1 tab hat bedime, Benzizropine 1 mg, 1 tab hat pedicate that upon discovery of the medication error, the DDN wrote an incident report and courseled all nurses on duty.  At the time of the investigation, the ALR falled to onsure all nursing professionals responsible for administration to residents reported any medication refusals or errors to the available RN, the ALA, and the health care practitioner upon discovery.  R. 383  10125.4a Reporting Complaints To The Director administration to residents reported any medication refusals or errors to the available RN, the ALA, and the health care practitioner upon discovery.  R. 383  10125.4a Reporting Complaints To The Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within hventy-four (24) hours or the reak business day; and  Based on observations, interviews, and record reviews, the Assisted Living Rosidence (ALR) falled to report timely, bed bug infestations in the facility apartments to the Department of Health (DOH) for two of three residents (Residents #1 and 3).	ALR-9041  B. WING  C 06/03/20:  ALR-9041D  CAJ D  C		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
INME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JIP CODE  4856 LIVINGSTON ROAD, SE  WASHINGTON, DC. 20032  EACH DEFICIENCY MUST AS PRECUEDED BY PULL REGULATORY ORLAS IGENT WINDSTAN ROAD BY PULL REGULATORY ORLAS IGENT WINDSTAN ROAD BY PULL REGULATORY ORLAS IGENT WINDSTAN ROAD BY PULL REGULATORY TAG  CRACH DEFICIENCY MUST AS PRECUEDED BY PULL REGULATORY ORLAS IGENT WINDSTAN ROAD BY PULL REGULATORY TAG  CRACH DEFICIENCY MUST AS PRECUED BY PULL REGULATORY ORLAS IGENT WINDSTAN ROAD BY PULL REGULATORY TAG  CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY  R 374  Hypertension. The May 2022, physician orders included Clarapine 10 mg, 1 tab addity, Nifedpine ER 30 mg, 1 tab daily, Florastor 250 mg capsule, 1 capsule every day.  On 5/16/2022 at 3:05 PM, review of an incident report and counseled all nurses on duly.  At the time of the investigation, the ALR failed to onsure all nursing professionals responsible for administration to residents reported any medication refusals or errors to the available RN, the ALA, and the health care practitioner upon discovery.  10125.4a An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day; and Based on observations, interviews, and record reviews, the Assisted Living Rosidence (ALR) failed to report timely, bed bug infestations in the facility apartments to the Department of Health (DOH) for two of three residents (Residents #1 and 3).	STREET ADDRESS, CITY, STATE, ZIP CODE  4868 LIVINGSTON ROAD, BE WASHINGTON, DC 20032  SUMMANY STATEMENT OF DEFICIENCY STATE PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION HORIZO DE CACH CORREC			ALR-0041	B. WING		С
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MARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREMY TAYS  (RACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)  R 374  Continued From page 11  Hypertension. The May 2022, physician orders included Olanzapine 10 mg, 1 tab at beddime, Benztropine 1 mg, 1 tab wice delity, Nifedipine ER 30 mg, 1 tab delity, Fiorastor 250 mg capsule, 1 capsule every day.  On 5/16/2022 at 3:05 PM, review of an incident report dated 5/16/2022 revealed that upon discovery of the medication administration to residents reported any medication refusals or errors to the available RN, the ALA, and the health care practitioner upon discovery.  R 383  10125.4a Reporting Complaints To The Director R 333  Residents 1 and 3 were not reimbursed for any component of the same within twenty-four (24) hours or the next business day; and based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to report timely, bed bug infestations in the facility apartments to the Department of Health (DOH) for two of three residents #1 and 3).  Administrator and relations witten reported any written reported any apartment to the partment of Health (DOH) for two of three residents #1 and 3).  Administrator and relations written reported any autitation of the same within twenty-four (24) hours or the next business day; and search the facility apartments to the Department of Health (DOH) for work of three residents #1 and 3).  Administrator and relations written reports and the search of the partment of the autition of the same without the partment of the about the facility apartments to the Department of Health (DOH) for work of three residents (Residents #1 and 3).  Administrator and relations written reports DOH and the partment of the about th	PROPRIES (PACH DEPICIENCY MUST FOR PERCENDES OF YOUR REQUATORY PREPRY TAG PROPRIES (DENTIFYING INFORMATION)  R 374  Continued From page 11  Hypertension. The May 2022, physician orders included Officiarspine 10 mg, 1 tab at bedtime, Benztropine 1 mg, 1 tab twice delity, Nifedipine ER 30 mg, 1 tab daily, Florastor 250 mg capsule, 1 capsule every day.  On 5/16/2022 at 3.05 PM, review of sn Incident report dated 5/16/2022 revealed that upon discovery of the medication error, the DON wrote an Incident report and courseled all nurses on duty.  At the time of the investigation, the ALR falled to ensure all nursing professionals responsible for administration to residents reported any medication administration to residents reported any medication refusals or errors to the available RN, the ALA, and the health care practitioner upon discovery.  10125.4a An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day, and  Based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to report timely, bed bug infestations in the facility apartments to the Department of Health (DOH) for two of three residents (Residents #1 and 3).  Findings Included:  1. On 5/13/2022 at 5:11PM, interview with	OUTHE	RN AVE SP LLC DBA I	IVINGSTON AT 4656 LIV	VINGSTON R	OAD, SE	
Hypertension. The May 2022, physician orders included Ofanzapine 10 mg, 1 tab the bedime, Benztropine 1 mg, 1 tab twice daily, Nifedipine ER 30 mg, 1 tab daily, Florastor 250 mg capsule, 1 capsule every day.  On 5/16/2022 at 3:05 PM, review of an incident report dated 5/16/2022 revealed that upon discovery of the medication error, the DON wrote an incident report and counseled all nurses on duty.  At the time of the investigation, the ALR failed to ensure all nursing professionals responsible for administration to residents reported any medication administration to residents reported any medication refusals or errors to the available RN, the ALA, and the health care practitioner upon discovery.  10125.4a Reporting Complaints To The Director R383  Residents 1 and 3 were not rekrobursed for any exponence related to bed beg incident per resident policy of Bed Bug addenoum that both residents and leadership department heads on proper notification to the same within twenty-four (24) hours.  All staff ducted on 6-27-22 by Administrator of any incidents that involve resident care.  All members of leadership feam were educated by regional operational specialist and regional circetor of clinical contents eleging.  All members of leadership feam were educated by regional operational specialist and regional circetor of clinical contents eleging.  All members of leadership feam were educated by regional operational specialist and regional circetor of clinical circetor of clinical circetor of contents eleging.	Hypertension. The May 2022, physician orders included Olanzapine 10 mg, 1 tab at beddime, Benztropine 1 mg, 1 tab wice daily, Nifedipine ER 30 mg, 1 tab daily, Florastor 250 mg capsule, 1 capsule every day.  On 5/16/2022 at 3:05 PM, review of an incident report dated 5/16/2022 reveated that upon discovery of the medication error, the DON wrote an incident report and counseled all nurses on duty.  At the time of the investigation, the ALR falled to ensure all nursing professionals responsible for administration to residents reported any medication administration to residents reported any medication refusals or errors to the available RN, the ALA, and the health care practitioner upon discovery.  R 353  10125.4a An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day; and  Based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to report timely, bed bug infestations in the facility apartments to the Department of Health (DOH) for two of three residents (Residents #1 and 3).  Findings included:  1. On 5/13/2022 at 5:11PM, interview with	PREFIX	LEACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	DE COMPL ATE DATE
10125.4a An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day; and  Based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to report timely, bed bug infestations in the facility apartments to the Department of Health (DOH) for two of three residents (Residents #1 and 3).  Residents 1 and 3 were not rekribursed for any expense related to bed beg incident per resident policy of Bed Bug addenoum that both residents POA signed at time of contract signing.  All Staff educated on 6-27-22 by Administrator and leadership department heads on proper notification of Administrator of any incidents that involve resident care.  All members of leadership team were educated by regional operational specialist and regional director of clinical services the week of 6-27-22 on verbal report to DOH and submitting a written report in 24 hours.	10125.4a An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day; and  Based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to report timely, bed bug infestations in the facility aparlments to the Department of Health (DOH) for two of three residents (Residents #1 and 3).  Findings included:  1. On 5/13/2022 at 5:11PM, interview with	6 8 8 8	Hypertension. The M included Olanzapine Benztropine 1 mg, 1 and 30 mg, 1 tab daily, Flicapsule every day.  On 5/16/2022 at 3:05 report dated 5/16/202 discovery of the medicincident report and contact the time of the investment o	ay 2022, physician orders 10 mg, 1 tab at bedtime, tab twice daily, Nifedipine ER brastor 250 mg capsule, 1  PM, review of an Incident 2 revealed that upon cation error, the DON wrote an unseled all nurses on duty.  stigation, the ALR failed to ressionals responsible for fing with medication ents reported any medication a available RN, the ALA, and			
regulation 10125.4a on a weekly basis with leadership in month of August 2022.	1. On 5/13/2022 at 5:11PM, interview with  Ongoing Administrator or designee will monitor daily for proper reporting to all regulatory had be	110 urree m. ph no ho Barret to app. two	D125.4a An ALR shausual incident that susident. Notifications ade by contacting the sons promptly, and shatification to the same surs or the next businessed on observations, views, the Assisted Ligreport timely, bed bug artments to the Departo of three residents (R	all notify the Director of any ibstantially affects a of unusual incidents shall be Department of Health by all be followed up by written within twenty-four (24) as day; and interviews, and record ling Residence (ALR) failed infestations in the facility them of Health (DOH) for	R 383	Residents 1 and 3 were not relimbursed for an expense related to bed beg incident per reside policy of Bed Bug addendum that both reside POA signed at time of contract signing.  All Staff educated on 6-27-22 by Administrato and leadership department heads on proper notification of Administrator of any incidents the involve resident care.  All members of leadership team were educated by regional operational specialist and regional director of clinical services the week of 6-27-2 on verbal report to DOH and submitting a writt report in 24 hours.  Administrator and or designee will review regulation 10125 4a on a weekly basis with	ny lent nts r net

	5:	IDENTIFICATION NUMBER:	A. BUILDING:		(X9) DATE SURV	
		ALR-8041	B. WING			С
NAME OF D	DOMOCE OR CUROUS				06/	03/202
	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	, , , , ,		
SOUTHE	RN AVE SP LLC DBA		INGSTON ROAI GTON, DC 200			
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R 383	Continued From pa	ge 12	R 383	3 37		-
	revealed that bed b resident's apartment 2022, and again in I On 5/17/2022 at 3:1 (dated 5/17/22) from Party showed the re- from her one-bedroom apartment while the	who is the Responsible Party, ugs were discovered in the it in December 2021, March May 2022.  8 PM, a review of an email Resident #1's Responsible sident was moved three times am apartment to a studio bed bug infestations were being,		£		
a C b 1 ir T th	Control invoice dated bug treatment service 12/27/2021 for Resident repection revealed in the apartment was to be adjacent apartment the time of the investing	4:00 PM, review of a Pest of 12/30/2021, revealed that bed es were requested on fent #1's apartment. The many live and dead bed bugs, reated for bed bugs, as well as ents (226, 328, 326).  estigation, there was no infestation was reported to		53		
ho the be on tree the Re har Bo The pre	pusekeeping report of a maintenance super de bugs seen in Resest Control invoice de 3/17/2022, Apartmeted on 12/30/2021 de bed, baseboards, esident #3's Apartmete many live bed but apartments were e invoice further not	dated 3/14/2022 revealed that ervisor was informed of the ident #1's apartment (228). A lated 3/17/2022 showed that ent 228, which was previously, had many live bed bugs on and ceiling. Additionally ent (328) was observed to ugs, excrements, and casings, treated by the Pest Patrol. ed that staff declined of the rooms neighboring to 28.				

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AND PLAN	OF GORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION	(X3) DATE ŠÚRV COMPLET		
		ALR-0041	B, WING			C 06/03/202	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STAT	E. ZIP CODE	1 06/	03/202	
SOUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIV	INGSTON ROAD	), SE			
(X4) ID PREFIX TAG	(EVCH DELICIENCA WAS	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COM C/	
R 383	Continued From pag	je 13	R 383				
	evidence the bed but the DOH.  c). On 5/17/2022 at 4 Control invoice dated Assisted Living Admit bug treatment in Resafter staff reported seafter staff reported seafter.	restigation, there was no g infestation was reported to 4:32 PM, review of a Pest 15/09/2022, revealed the nistrator (ALA) requested bed ident #1's apartment (228) seing bed bugs. The Invoice 1/17/2022 treatment of					
i	apartment 228, on 4/ the apartment for bed 5/9/2022 apartments inspected and no bed On 06/02/2022, at 3:5 received by DOH on 0	12/2022 further treatment of bugs was declined. On 213, 226, 326, and 328 were bug activity was seen. 1 PM, an unusual incident 16/01/2022 at 1:25 PM		49	8		
n a	evealed that on 5/06/ led bug on Resident a esident was temporal partment for the perio	2022, staff observed a live #1's bed and on the floor. The rily relocated to a studio od of the bed bug abatement.	8				
e	It the time of the invest vidence the bed bug to mely to DOH.	stigation, there was no infestation was reported					
in	The facility failed to festation in Resident alow.	report timely bed bug #3 apartment, as evidenced					
ap at ha 5/*	vi, Resident #3 said s variment in an envelop the front desk "yester d bed bugs in her ap 16/2022 at 2:18 PM, i	nterview with the front desk					

NAME OF PROVIDER OR SUPPLIER  SOUTHERN AVE SP LLC DBA LIVINGSTON AT  SUMMARY STATEMENT OF DEFICIENCIES WASHINGTON, DC 20032  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG  OR LSC IDENTIFYING INFORMATION)  R 383  Continued From page 14  maintenance director.  Review of an incident report dated 5/16/22 (1:43 PM) documented bed bug sighting.  On 05/16/2022, at 3:55 PM Resident #3 was Interviewed in a different apartment. The resident stated that the facility moved her to a different apartment today (05/16/2022) while her apartment was being treated for bedbugs.  On 5/17/2022 at 11:52 PM, interview with the Maintenance Director revealed the Bed Bug Protocol was implemented and the resident was relocated from her apartment temporarily while her apartment was being treated.		IDENTIFICATION NUMBER:	A. BUILDING:		60	SURVEY MPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE  4856 LIVINGSTON ROAD, SE  WASHINGTON, DC 20032  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRIEFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  R 383  Continued From page 14 R 383  maintenance director.  Review of an incident report dated 5/16/22 (1:43 PM) documented bed bug sighting.  On 05/16/2022, at 3:55 PM Resident #3 was Interviewed in a different apartment. The resident stated that the facility moved her to a different apartment today (05/16/2022) while her apartment was being treated for bedbugs.  On 5/17/2022 at 11:52 PM, interview with the Maintenance Director revealed the Bed Bug Protocol was implemented and the resident was relocated from her apartment themporarily while her		ALR-0041	B. WING		_	
(X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  R 383  Continued From page 14  maintenance director.  Review of an incident report dated 5/16/22 (1:43 PM) documented bed bug sighting.  On 05/16/2022, at 3:55 PM Resident #3 was Interviewed in a different apartment today (05/16/2022) while her apartment was being treated for bedbugs.  On 5/17/2022 at 11:52 PM, interview with the Maintenance Director revealed the Bed Bug Protocol was implemented and the resident was relocated from her apartment temporarily while her relocated from her apartment temporarily while her relocated from her apartment temporarily while her	VAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY) MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  R 383  Continued From page 14 R 383  maintenance director.  Review of an incident report dated 5/16/22 (1:43 PM) documented bed bug sighting.  On 05/16/2022, at 3:55 PM Resident #3 was Interviewed in a different apartment. The resident stated that the facility moved her to a different apartment today (05/16/2022) while her apartment was being treated for bedbugs.  On 5/17/2022 at 11:52 PM, interview with the Maintenance Director revealed the Bed Bug Protocol was implemented and the resident was relocated from her apartment temporarily while her	SOUTHERN AVE SP LLC DBA	LIVINGSTONAL		-	-	
maintenance director.  Review of an incident report dated 5/16/22 (1:43 PM) documented bed bug sighting.  On 05/16/2022, at 3:55 PM Resident #3 was Interviewed in a different apartment. The resident stated that the facility moved her to a different apartment today (05/16/2022) while her apartment was being treated for bedbugs.  On 5/17/2022 at 11:52 PM, interview with the Maintenance Director revealed the Bed Bug Protocol was implemented and the resident was relocated from her apartment temporarily while her	PREFIX   (EACH DEFICIENCY MUS	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX (EACH CORRECTIVE ACTION SHOULD TAG  CROSS-REFERENCED TO THE APPROP		JLD BE	(X5) GOMPLETI DATE	
b). On 5/17/2022, at 4:13 PM, review of a Pest Control involce dated 3/17/2022 revealed that bed bug treatment services were requested on 3/15/2022 for Resident #3's apartment. The invoice revealed that the apartment was treated for heavy bed bug infestation. The staff declined preventative treatment for neighboring Apartment to 328.  At the time of the investigation, there was no evidence the bed bug infestation was reported to DOH.  On 5/17/2022 at 4:31 PM, interview with the Assisted Living Administrator (ALA) revealed he began working at the facility on 3/28/2022. The ALA said that he had made efforts to ensure incidents were submitted to DOH in accordance with the regulatory requirement.	maintenance director Review of an Incider PM) documented be On 05/16/2022, at 3 Interviewed in a diffestated that the facility apartment today (05) was being treated for On 5/17/2022 at 11:5 Maintenance Director Protocol was implement relocated from her apartment was being b). On 5/17/2022, at 4 Control invoice dated bug treatment service 3/15/2022 for Resider revealed that the apartment for neighbor treatment for neighbor At the time of the inverse evidence the bed bug DOH. On 5/17/2022 at 4:31 I Assisted Living Adminibegan working at the final that he had made were submitted to DOI:	at report dated 5/16/22 (1:43 d bug sighting.  55 PM Resident #3 was rent apartment. The resident of moved her to a different 16/2022) while her apartment bedbugs.  2 PM, interview with the revealed the Bed Bug ented and the resident was artment temporarily while her treated.  13 PM, review of a Pest 3/17/2022 revealed that bed is were requested on the staff declined preventative ing Apartment to 328.  Stigation, there was no infestation was reported to the strator (ALA) revealed the actility on 3/28/2022. The ALA efforts to ensure incidents in accordance with the	R 383			12

9TATEMEN AND PLAN	Regulation & Licens IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION		SURVEY IPLETED
	ROVIDER OR SUPPLIER		DORESS, CITY, STA			3/2022
(X4) (D PREFIX TAG	(EACH DEFICIENCY MU		IGTON, DC 20 ID PREFIX TAG		DUILD RE	(X5) COMPLET DATE
R 383	promptly and follow	age 15 w- up with written notification (24) hours or the next business	R 383			
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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE	SURVEY
		ALR-0041	B, WING	•		;
NAME OF D	ROVIDER OR SUPPLIER	diameter and the second		77000	06/0	3/202
		4004 5 11 (1		TATE, ZIP CODE		
SOUTHE	RN AVE SP LLC DBA		NGSTON RO STON, DC			
(X4) ID PREFIX TAG	(CACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOLE CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	COMI DA
R 000	Initial Comments		R 000			
±;	Health, Health Regu	12/2022, the Department of lations and Licensing mediate Care Facilities	*	į.		
	(DOH/HRLA/ICFD), I from two complainan showed that two of the Parties raised concer	received email notifications ts. The email notification ne residents' Responsible rns regarding services provided		Please start typing your respons	es here:	
	Avenue Assisted Livi					
1	Agency (SSA) initiate 5/13/2022, beginning Road, SE Washingtor with the Assisted Livir of 2000, "DC Code S	of the emails, the State Survey of an on-site investigations on at 9:34 AM, at 4657 Livingston on DC to determine compliance og Residence Regulatory Act 44-101.01" and attendant eyors remained on site through				
Т	The complainants aile	ged the following:		a a		
[P	Allegations of Comple	inant #1]	12			
1. h	. Resident #1 acquire er apartment.	d bedbugs at the facility in			1	
2. be	. Resident #1's son w ad,	as required to buy a new				
W	The resident's clothing the ligity-cleaned clothing.	ng were all washed together, nt-colored clothing and the		e	=	
4. as	Resident #1's son was sistance for the dama	as denied financial aged clothing.		a.		
5.	Resident #1's son wa	s denied reimbursement				
Regulation	& Licensing Administration					

	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE A: BUILDING:			TE SURVEY OMPLETED
		ALR-0041	B. WING			C
	PROVIDER OR SUPPLIER	STREET AL	DERESS, CITY, STAT		1 00	3/03/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GTON, DC 200 PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULDE	(XB) COMPLE DATE
88 P 9 C C 11 th	for one month's ren  6. The resident's bat for May 2022's rent. for management, th Director after one do  7. The resident's so had stated to him th [Allegations of Comp  1. The resident's fob twice.  2. Personal items w food items).  3. The bed sheets ha least 2 weeks.  4. No bath was given  5. No available transp  6. There was a 7% re  7. There was an Inabiliation most of the tim  8. There was a non-relation out (2)  1. There was a non-relation cart (2)  1. There was a non-relation cart (2)  1. There was a non-relation cart (2)	ink account was charged twice. Son reported he left message en contacted the Executive ay of no communication.  In also reported that two staff at, "The place is running itself," plainant #2]  It is missing. She has lost it were missing (paper towels, ave not been changed for at a portation for appointments. In the front desk, at the front desk, at the front desk.	R 000	DEFIDERICY		

STATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/BUPPLIER/GLIA (DENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
AME OF PROVIDER OR SUPPLIER OUTHERN AVE SP LLC DBA	STREET A 4656 LÍV			06/03/2022
PREFIX   (EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BU PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIESE OF THE APPR	DE COMPLE
other residents in the affected by practices. Therefore, a random residents of the facil ALR's compliance will guidelines.  The investigative find observations, interview management staff, the staff, and a review of investigation determined compliance with the Aregulatory Act of 200 The deficient practice report.  2772 Sec. 503.1 Dignity.  (1) A safe, clean, or homelike environment personal belongings to Based on observations reviews, the Assisted failed to ensure the en (bed bugs) for three of sample. (Residents #1 remove plns from call to make them accessite.)	I floor.  Ition, It was determined that e ALR may be adversely is identified by the complainants. It is sampling of 18 of the 84 lity was selected to verify the lith the applicable regulatory.  Illings were based on existence with the complainants, are residents and residential administrative records. The med that the ALR failed to be in Assisted Living Residence 10, "DC Code § 44-101.01". It is are addressed within this end that the ALR failed to use the greatest extent possible.  Infortable, stimulating, and it allowing the resident to use to the greatest extent possible.  It is the residence (ALR) I II. It is residents in the code in a partment bathrooms to be for 13 of the 18 observed its 317, 328, 346, 426, 434.	R 272	503.1 Dignity R272  Resident 1, 3, 4 returned to their original rooms once a ware treated for bedbugs by the end of May 2022. The change to rent during freatment of insects per bed bug addendum signed at contract signing.  Resident rooms were inspected /audited items documented and items will be pure meet the furnishing requirements  All stoff educated by leadership taam on 6-27-22 and 7-on what to do if see or a realdent reports insect in epartment/community specifically bad bugs.  Maintenance, Sales and or dealgnes will check each applefore now residents physically move in to ensure pulse operable and all items community provide in good work. A room ready checklist will be utilized and reviewed 24 is for now resident. A member of the maintenance team will inspect any furnithat residents bring into community to ensure speritment in factories to working order.  Pull cords will be checked monthly with and a member of leadership will do monthly apartment inspections to montany environmental issues.	missing hased to

AND PLAN	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(XII) DÂTE CO	SURVEY MPLETED
		ALR-0041	B. WING		C 06/03/202	
AME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	E, ZIP CODE		
	ERN AVE SPILLC DBA I		NGSTON ROAD		D.	
(X4) ID PREFIX TAG	I CEACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NYIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	J SHOULD BE	GOMPL DATE
f Other a On in stap	door to her apartmen and said, "You're just have bugs." She state bugs which were on the Further interview recaught two bedbugs to staff (Business office resident stated that no gave the bedbugs to the Con 05/13/2022 beginn of Resident #3's apart directly above Resident revealed what appears on the mattress. The Eaccompanied the surveice that the showed that Resident from 05/16/2022, to a diffindings.  On 05/17/2022 beginn in the front desk staff contained her two tissues etrieved from her mattress and gave the bedbugs on 05/17/2022, at 3:55 atterviewed in a different tated that the facility metals and the staff contained her two tissues etrieved from her mattress and gave the bedbugs on 05/17/2022, at 3:55 atterviewed in a different tated that the facility metals and some contained the facility and some contained the facilit	R383)  12 PM, Resident #3 opened the trafter the surveyor knocked the surveyor knocked the people I want to see. We sed that when she smashed the ner bed, blood came out. I want to searlier during the week, which and gave it to the front desk Assistant). When asked, the cone followed-up after she he front desk staff.  It was a staff that it is a partment (228), which is located in the several bloods spots of the several bloods spots of the several bloods spots of the e. Continued observations was informed of the e. Continued observations was temporarily relocated ferent apartment after the firmed that Resident #3 was temporarily relocated ferent apartment after the many at 3:33 PM, interview with firmed that Resident #3 with bedbugs which was ress. One bedbug was still aff stated that she reported to the Maintenance Director.  PM Resident #3 was the apartment oved her to a different coved her to a different	R 272	Mar Miller II		

men trivia	OF COMMEDITION	IT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		
	A. BUI		A. BUILDING;_		CO	SURVEY MPLETED
		ALR-0041	B. WING	- X	0.5	C 03/2022
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	- 00	USIZUZZ
OUTHE	RN AVE SP LLC DBA		NGSTON ROA			5
	MITATION ELOUDA	WASHING	TON, DC 200	032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	FATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREPIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD RE	(X5) COMPLE DATE
R 272	Continued From page	ge 4	R 272			
	During an interview	on 05/18/2022 at 1:58 PM, the				
1	Maintenance Direct	or stated that he was not aware ported that she had bedbugs and				
16	did not remember if	the front desk staff gave him	21			
	bedbugs that were n mattress.	etrieved from the resident's				
- 1	II. On 5/13/2022 at 5	:11PM, interview with Resident	1			
1	#1's son, who is the	Responsible Party, revealed				
	mat bed bugs were o	discovered in the resident's ber 2021, March 2022, and				
a h e b	again in May 2022, T	The resident was relocated from	Í			
	ner one-bedroom ap	artment to a studio apartment bed bug infestations were			1	
	peing treated.	oed bug intestations were	1	*		-
	At the time of the invented or destation continued ovidenced below:	estigation, intermittent bed bug to be a concern at the ALR, as				
a	). On 5/17/2022 at 4	:00 PM, review of Pest Control				
5/i	/09/2022, revealed ti	2021, 3/17/2022, and hat live and dead bugs were	į.			
0	bserved, and bed bu	g treatment services were	1	8	1	
in pe	ertormed in Resideni spection of apartme	t #1's apariment (228). The nt 228 on 12/27/2021 revealed	}			
m	any live and dead be	ed bugs. The apartment was			1	
tre	eated for bed bugs, a partments (226, 328,	as well as the adjacent				
- W *	2 2				ł	
3/	. Review of a house!	keeping report dated 2 at 4:13 PM revealed that				
the	e maintenance supe	rvisor was informed of the				
be	d bugs seen in Resi	dent #1's apartment (228), A			1	
l Pe	3/17/2022 anartme	ated 3/17/2022 showed that nt 228, which was previously				
( on	sted on 12/30/2021	had many live bed bugs on		Ÿ		
tre	atou on Izraulzuzi,	The street of th			1	
the	bed, baseboards, a	and ceiling. Additionally				
the Re	bed, baseboards, a	and ceiling. Additionally nt (328) was observed to				

AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DA	TE SURVEY OMPLETED
_		ALR-0041	B, WING		0.00	C 3/03/2022
NAME OF	PROVIDER OR SUPPLIER	91'REET AD	DRESS, CITY, STA	TE, ZIP CODE		HOUIZOZZ
SOUTHE	ERN AVE SP LLC DBA	LIVINGSTON AT 4856 LIV	INGSTON ROA GTON, DC 201	D, 8E		
(X4) ID PREFIX	( CAUTI DEFICIENCY MUS	TATEMENT OF DEFICIENCIES	l di	PROVIDENS FLAN OF C	DERECTION	
TAG	OR LSC ID	ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPL DAT
R 272	Continued From pa	ge 5	R 272			-
t t c c b	noted that staff decl the rooms neighbori c). On 5/17/2022 at Control invoice dated Assisted Living Adm bug treatment in Resafter staff reported stated that after the 3 apartment 228, on 4/the apartment for bed 5/9/2022 apartments inspected and no bed by the stated that after the 3 apartment for bed 5/9/2022 apartments inspected and no bed by the front desk staff the pront desk staff	sings. Both apartments were Control. The Invoice further ined preventative treatment of ing to apartments 228 and 328.  4:32 PM, review of a Pest of 5/09/2022, revealed the inistrator (ALA) requested bed in apartment 301, told in apartment 301, told in apartment 301, told in apartment 301, told in the woke up with bite marks bance inspection revealed bed in the resident. The bed amented, and the resident insferred to a temporary			The state of the s	
be st be fro ins pro	ssisted Living Adminitional Adminition working at the fate of the	PM, Interview with the strator (ALA) revealed he acility on 3/28/2022. He pal of the ALR to maintain a sent. Furnishing brought ses was to be properly it to the apartments to niking of bed bugs. All staff ouraged to promptly report				

ND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY
			XXXXXXXXXXXX		J.	C
AME OF F	2004DED OF CURE US	ALR-0041	B. WING	VIING06/0		
	PROVIDER OR SUPPLIER		DRESS, CITY, STA			
OUTHE	RN AVE SP LLC DBA	LIAMOSION VI	NGSTON ROA STON, DC 201	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
R 272	Continued From pag	je 6	R 272			
	On 5/18/2022 at 2:3 Service Agreement which included the f	7 PM, review of the Resident revealed a Bed Bug Addendum ollowing:				
	of the rented unit's e bed bugs. It is the go responsibilities of ea agreement. Resident Owner/Agent has ins aware of any bed bug that all furnishings ar be moved into the pro- Resident hereby agre possible infestation b	dendum is to protect the quality nvironment from the effects of pal to clearly set forth the ch of the parties to the rental tacknowledges the spected the unit and is not g infestation. Resident agrees ad personal properties that will emises will be free of bed bugs. The set of prevent and control by adhering to the below list of				
	responsibilities. Check for hitch-hikir	ng bed bugs.				
l ti	he Community, Even	t any problems immediately to a few bed bugs can rapidly ajor infestation that can nents.			=	960
-	Resident shall coope	erate with past control efforts.				
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		9		
- 11	t is acknowledged that liable for any loss or	at the Community shall not				

AND PLAI	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY MPLETED
		ALR-0041	B, WING	11/	C 03/2022	
	PROVIDER OR SUPPLIER  ERN AVE SP LLC DBA	LIVINGSTON AT 4656 LIVI	DRESS, CITY, STAT NGSTON ROAD STON, DC 200	D, SE		
(X4) ID PREFIX TAG	LEACH DEFIGIENCY MUS	TATEMENT OF DEFICIENCIES TO BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X6) COMPLET DATE
	resident because of Resident agrees to Insurance to cover I Although the bed but Intermittent bed bug concern at the ALR.  At the time of the invitation of	f an infestation of bed bugs. have personal property osses.  Ig addendum was in place, infestation continued to be a restigation, the ALR failed to commental measures in place to d bug infestation and to ensure amelike environment.  Immental inspection on 05/13/22, M each apartment bathroom e a call bell system mounted to tollet. Further observations of ments 308, 317, 328 and 346 is remained in the system which being able to transmit signals assistance.  In with the maintenance is system is inoperable if the pin the maintenance director then	R 272			
a O sl sy O th	partment 426, 434, 33 been at the partment 426, 434, 33 been at the partment 52 partment 52 partment 52 partment 52 partment 52 partment 52 partment 52 partment 52 partment 52 partment 52	PM, the surveyors showed				

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G:	(X3) DATE SURVE
		ALR-0041	B. WING_		C 06/03/20
	PROVIDER OR SUPPLIER ERN AVE SP LLC DBA	LIVINGSTON AT 4656 LIV	INGSTON R		08/03/20
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CON
R 272	ensure that all pins bells are functional. At the time of the in ensure that the call call bell system in e- ensure safety and a	are removed to ensure all call	R 272		
E CO	with his or her intere psychosocial well-be Based on interview a Assisted Living Residencie of activities or mental status for one investigation (Reside Findings Included:  On 5/13/2022 beginn included:  On 5/13/2022 beginn included:  On 5/13/2022 beginn included:  On 5/13/2022 beginn included:  Party, revealed that the residency revealed that the residency reproduced in the resident's preadmissionat activities can be placed activities can be placed incompanies. The Responsible Party iving Administrator (Associated included incompanies incompanies included incompanies incompa	and record reviews, the dence (ALR) falled to ensure a consistent with the interests and of two residents in the nt #2).  Ing at 4:10 PM, a telephone of the resident may need memory to her progressive dementia, sident needs lots of the record of the resident may need may just sible Party said that during the on assessment, she was told than of the revel. Further, said that the new Assisted ALA) said the Activities offer activities to the	R 280	Sec. 503.9 Dignity. R280  An audit of all current residents' charts will be ansure a life enrichment assessment has been completed and if not, one will be completed, an service plan updated accordingly by 8-30-22. Activity director or designee will monitor resides attendence/involvement in activities by maintain delity attendence records.  8-3-22 Regional Director of Quality Service Leadership tearn on life enrichment assessmen activities for residents that may have some cogingpairment and trained Life Enrichment Leader how to complete the Life Enrichment essessment to be addressed in residents service plan.  Priority Corp Director of Life Engagement will de training with activity director on engagement act with individuals with cognitive impairment by 8-3 Activity Director or designee will meet with each resident in the first 7 days of move in to complete enrichment assessment to understand each resisocial needs, and interest and those needs will be reflective in-service plan.  Administrator or designee will monitor daily to Life enrichment program is occurring.	t on nitive on nt and ivities 0-22 new e a life dent's ee

SUMMARY ST OR LSC IDE OR LSC IDE	ATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)  THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION  THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION  THE PRECEDED BY FULL REGULATORY  THE PRECED BY FULL REGULATORY  THE PRECED BY FULL REGULATORY  THE PRECED BY FULL	B: WING DRESS, CITY, STA INGSTON ROA STON, DC 201 PREFIX TAG R 280	D, SE	CORRECTION ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
SUMMARY ST SUMMARY ST OR LSC IDE OR LSC IDE	ATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)  THE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION  THE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION  THE PRECEDED BY FULL REGULATORY  THE PRECEDED BY	PREFIX TAG	D, SE D32 PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	CORRECTION ON SHOULD BE IE APPROPRIATE	(X5)
SUMMARY ST OR LSC IDE OR LSC IDE	WASHING ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY INTERING INFORMATION)  THE PRECEDED BY FULL REGULATORY INTERING INFORMATION  THE PRECEDED BY FULL REGULATORY INTERING INFORMATION  THE PRECEDED BY FULL REGULATORY  THE PRECEDED	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ON SHOULD BE TE APPROPRIATE	(XS) COMPLETI DATE
on LSC IDE on LSC IDE on Since March imes comes di ies provided for inator said that ing room at m iner to the group There had bee ing individualizant in her apartra ew with Certifier 7/2022 at 2:13 aged to particiles, however "di that at times the	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)  ge 9  a 2022, and that Resident #2 own for the recreational group or the residents. The Activities at if she observes the resident in ealtime, she asks the staff to or recreational activities after the on no conversation regarding ed recreational activities for the ment.  ad Nursing Assistant (CNA) #1 PM, revealed Resident #2 was pate in the recreational rifted off' during them. She or resident refused to attend	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	ON SHOULD BE TE APPROPRIATE	(XS) COMPLETI DATE
on LSC IDE on LSC IDE on Since March imes comes di ies provided for inator said that ing room at m iner to the group There had bee ing individualizant in her apartra ew with Certifier 7/2022 at 2:13 aged to particiles, however "di that at times the	r BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)  ge 9  a 2022, and that Resident #2  own for the recreational group  r the residents. The Activities  t if she observes the resident in ealtime, she asks the staff to orecreational activities after the n no conversation regarding ed recreational activities for the nent.  ad Nursing Assistant (CNA) #1  PM, revealed Resident #2 was pate in the recreational rifted off' during them. She e resident refused to attend	PREFIX TAG	CROSS-REFERENCED TO TH	ON SHOULD BE TE APPROPRIATE	COMPLETED DATE
on since Marchimes comes dies provided for inator said that aing room at more to the group. There had beeing individualization in her apartment with Certifie 7/2022 at 2:13 aged to particles, however "dithat at times the sand requested."	a 2022, and that Resident #2 own for the recreational group or the residents. The Activities t if she observes the resident in ealtime, she asks the staff to orecreational activities after the on no conversation regarding ed recreational activities for the ment.  ad Nursing Assistant (CNA) #1 PM, revealed Resident #2 was pate in the recreational rifted off' during them. She or resident refused to attend	R 280	v.		
imes comes dies provided for inator said that a times the group There had beeing Individualization in her apartation with Certification of the particles, however "dithat at times the sand requested."	own for the recreational group r the residents. The Activities t if she observes the resident in ealtime, she asks the staff to p recreational activities after the n no conversation regarding ed recreational activities for the nent.  ed Nursing Assistant (CNA) #1 PM, revealed Resident #2 was pate in the recreational rifted off' during them. She te resident refused to attend		2	#1 <sup>1</sup>	*:
There had beeing Individualized in her apartra with Certification with Certification and to participes, however "dithat at times the sand requested."	o recreational activities after the n no conversation regarding ed recreational activities for the nent.  In the discrepancy of the nent of the necessary o		×.		
7/2022 at 2:13 aged to partici es, however "di that at times the as and requeste	PM, revealed Resident #2 was pate in the recreational rifted off' during them. She is resident refused to attend				
	ou to go to not apartment.	1		l.	
d when she is metimes take i ated however, dent requested nes said she w	as cold.	ę.	\$ 3		
sident #2 reves	led she slowly responded to				
ervice Plan upo es Included Alz Plan stated tha es of preference revealed the re	tated 3/28/2022 revealed the heimer's disease. The Client the resident will participate the Interventions to achieve esident will be invited and			*	
/2 sic sis	ent requested is said she w 2022 at 4:42 f dent #2 revea , however, di asked. 2022 at 2:47 F vice Plan upo included Alz an stated that is of preferency	ont requested to go to her apartment and its said she was cold.  O22 at 4:42 PM, an attempted interview the specific of the sp	ent requested to go to her apartment and its said she was cold.  2022 at 4:42 PM, an attempted interview then the revealed she slowly responded to however, did not answer the specific asked.  2022 at 2:47 PM, review of Resident #2's vice Plan updated 3/28/2022 revealed the included Alzheimer's disease. The Client an stated that the resident will participate is of preference. Interventions to achieve exealed the resident will he invited and	ent requested to go to her apartment and its said she was cold.  2022 at 4:42 PM, an attempted interview then the second of the	ent requested to go to her apartment and is said she was cold.  2022 at 4:42 PM, an attempted interview the service of the service of the service of the service of the service Plan updated 3/28/2022 revealed the included Alzheimer's disease. The Client an stated that the resident will participate of preference. Interventions to achieve evealed the resident will be invited and the resident will

N	OF CORRECTION	(X1) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURV COMPLET
		ALR-0041	B. WING_		06/03/20
	(EACH DEFICIENCY MUST	IVINGSTON AT 4656 LIVI	NGSTON R STON, DC ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD)	ine co
	1805 - 1811 - 18	· ·	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE
4	Continued From pag	15	R 280		
	evidence the ALR as	estigation, there was no sessed the resident to ensure ision of activities consistent d mental status.			
E A A tit c c a a in	Assisted Living Reside hat the total monthly olncided with the rengreement fee for two ovestigation (Resider indings included:  On 5/13/2022 at 5:0: terview, Resident #2 dicated that since ad onthly rent had increcrease had not been sident should have resident #2 should not her monthly rental fee would follow-up. The would an email that invase Form) that was series at the store of the store	e rates; and and record reviews, the ence (ALR) failed to ensure rent in the lease agreement stal fee and the service of the two residents in the sis #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 secived the rental increase in	R460	There was no increase in the monthly \$1322 was the pro-rated amount to me actual rate going forward will be \$1417 attached supporting documents  An Audit of all current resident's financial agreements will be done to ensure accurated and service rates by 9-15-22.  Administrator will educate leadership team regulation 603a3b and proper way to compose the agreement and the fee and rate as well as educate need for signatures by correpresentative and resident and or surrogalesse agreement to ensure rate and fees a accurate signed properly and copies provide resident and or surrogate.	te fee  on the clete sction as nimunity the by

		ALR-9041	B. WING		06/	C 03/2022
	ROVIDER OR SUPPLIER  RN AVE SP LLC DBA	I IVINGSTON AT 4656 LIVI	RESS, CITY, STAT NGSTON ROAI ITON, DC 200	D, SE	=9 2	a .
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLI DATE
	Director of Operation have a rent increase She said that there is between the Resider Rontal Foe Summer signed by the Responsion of Operate to \$1,444.00  On 5/16/2022 at approvided a copy of Regreement Fee Sum and Lease Agreement Fee Sum and Lease Agreem	20 PM, interview with the ALR's no revealed Resident #2 did not a since admission on 10/7/2021. Was a difference of \$27.00 nt Rental Agreement and the y, which were both dated and onsible Party on 10/07/2021. Tations said that the \$27.00 was she brought the monthly room roximately 2:00 PM, the COO esident #2's Service mary, Rental Fee Summary, nt.  The dated 10/7/2021 showed the e charged a total monthly rent that Agreement term was for a if then will change to wing the first six months, 2022. The Resident's Lease and dated by the	R 460			
1	o. The Service Agree 0/07/2021 showed to mount:	ment Fee Summary dated ne following "private pay"				
for control of the second of t	ersonal care charges tharges - \$27.00, for orm also contained the hange these fees upon you, however, if you ervices increases or	the total of \$1,444.00. The e following note [ "We may on thirty days of written notice or level of personal Care decreases, the new fees will the Service Agreement Fee				N.

ND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY OMPLETED
		ALR-0041	B. WING		06	C /03/2022
	PROVIDER OR SUPPLIER		DRESS, CITY, STAT			
DUTHE	RN AVE SP LLC DBA		INGSTON ROAL STON, DC 200		9.	
X4) ID REFIX	SUMMARY S	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY	ID 1	PROVIDER'S PLAN OF C	OBDECTION	,
TAG	OR LSC ID	ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X6) COMPLET DATE
R 460	Continued From pa	ge 12	R 460		***************************************	-
9	Party on 10/07/2021	l.		Z.		
1	c. The Rental Fee S showed the following	ummary dated 10/7/2021 g:				
	Resident #2's total n	nonthly room rate was \$1444.00				
13	ior a one-pedroom a	partment. The resident's 057.00 until funds for the				
- 13	Optional State Suppl	ement Program (OSSP) are				
13	pab/.uu times the nu	are received, the difference of imber of unpaid months will be				
Ι,	araited from your acc	count."			1	
te	When compared, the otal monthly rent was	Lease Agreement showed the \$ \$1417.00, while the Service				
1	igreement and the R	ental Fee Summany showed	i i			
ď	ifference of \$27.00.	was \$1444.00, which was a	1		3	
A	t the time of the inve	stigation, prior to admission	1			
A	greement total monti	re that the signed Lease hly rent (\$1417.00), coincided			10	
l Wi	in the signed Service	e Agreement fee summary Fee Summary, which both	1			
sta	ated the total monthl	y rent was \$1444.00.	1		1	
11.	On 05/13/2022, be	ginning at 5:11 PM, a				
Pa	iny indicated that the	th Resident #1's Responsible ALR recently increased the	ł			
mo	onthly rental fee.	,			*	
On	05/19/2022 at 12:04	AM, the Responsible Party	1		1	
U5/	19/2022 at 9:00 AM.	s to the investigators. On review of the		8	e de	
doc	cumentations detaile	d the following:				
a. A	An email dated 03/03	/2021 from an Aria	1			
Res	sident #1 needed a s	representative, asked If tudio apartment			1	
		0 0	T			- 1

	PROVIDER OR SUPPLIER	ALR-9041	A. BUILDING:		- 1	
(X4) ID PREFIX			B. WING			C
(X4) ID FREFIX		STREET ADD	DRESS, CITY, STA	TE ZIR CONG	1 06	03/2022
(X4) ID FREFIX TAG	RN AVE SP LLC DBA L	IVINGSTON AT 4666 LIVII	NGSTON ROA	AO, SE		
	(EACH DEFICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	III n ne	COMP
R 460	Continued From page		R 460			-
	(\$1,323.00) or a one	bedroom (\$1,417.00),.				1
	5/19/2022 noted that bank records since at Resident #1 was payl when the amount was February 2022. "I am	Responsible Party dated he checked Resident #1's past dmission and determined that ing \$1417.00 until recently, a increased to \$1444.00 in searching for communication assumed it was a result of emic."		3	2	ž
F s	Operating Officer (CO chad only paid \$1,417.0 one-bedroom apartme February 2022. She same period the reside \$1,444.00 (\$1,417.00 others). She further stooded charges were not charge were not charges were not charge	nt from 7/01/2021 until aid however that during this ent should have been paying rent plus \$27.00 board ated that the reason the		5	*	ia .
in 20 th	urveyor's that Resider Iclude the \$27.00 boal 022. The email stated The ALR's previous repr	AM, the COO emailed the nt #1's rent was increased to rd charge, effective February that her conversation with resentative confirmed that				
Au Au rei Re	te Responsible Party a ent, effective 02/01/20/ utomated Clearing Ho tachment to the email uthorization Fee form ental payment. The form esponsible Party on 1/	agreed to pay the \$1444.00 22, and signed the use (ACH) Form. The was a Monthly for ACH debits for monthly				
Th	e Resident Lease dat	ed 6/3/2021 showed the				¥

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION		E SURVEY OMPLETED
7		ALR-0041	B. WING.		06	C /03/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, BTA	TE, ZIP CODE		
BOUTHE	RN AVE SP LLC DBA		NGSTON ROA STON, DC 20(			
(X4) ID PREFIX TAG	FACH DELICIENCY WINS.	ATEMENT OF DEFICIENCIES FOR PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT GROSS-REFERENCED TO DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
R 460	Continued From pag	ge 14	R 460	***		
	following:	¥				
	\$1417.00 was due m months. A prorated p 2021 was immediate	ment, dated and signed by the n 06/03/2021 documented that controlly for a term of Six (6) asyment of \$1,322.73 for June by due, and thereafter the 1.00 on the first calendar day of				
	(2) The Rental Fee S showed the following	ummary dated 6/03/2021		į		
	for a one-bedroom ap	onthly room rate was \$1417.00 artment. A prorated payment for the first month (June				
(	<ol><li>The Service Agree howed the following:</li></ol>	ment Fee Summary form				
a	lank. The form only n	nt Fee Summary form was left oted "n/a" (not applicable) the ALR representative or	1			
S S S R S W	vailable, the Lease Agummary both showed 1417.00. No additions esident #1's rent was	wo signed documents greement and the Rental Fee the total monthly rent was all fees were charged until increased to include the onthly in February 2022, total monthly rent to		ख रा		
Ag	ALR felled to ensure reement total monthle	igation, prior to admission to that the signed Lease y rent (\$1417.00) and signed 1417.00), coincided with the ment				

AND PLAI	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BÜİLDING	PLE CONSTRUCTION 3:	(X3) DAT	E SURVEY XMPLETED	
		ALR-0041	B. WING_		ne.	C /03/2022	
	PROVIDER OR SUPPLIER			TATE, ZIP CODE		03/2022	
OUTHE	ERN AVE SP LLC DBA L	Washing	INGSTON RO	OAD, SE 20032			
(X4) ID PREFIX TAG	I CHUI DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN DF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD DE	(X5) COMPLE DATE	
R 460	Fee Summary (left bit	ank) to clearly define the total	R 460		: 0		
F C Ciri	resident's Responsible Party.		R 464	1. At the time of the lease signing there was an er booking board charge. Which is a charge the implemented at the time of lease signing. The facility corrected the issue moving forward.  7-28-22 the Residential Lease agreement was 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 603a8 that 45-day notice must be given and documented proof to be kept in residents chart with date of notification.  Administrator and or designee will monitor monthly for compliance of 45-day notification occurs prior to increase in rental fees.			
Oner Office of American	n 05/19/2022 at 12:04 mailed documentations 5/19/2022 at 9:00 AM, 1 ocumentations detailed a email dated 03/03/202 anagement Company r	AM, the Responsible Party to the investigators. On review of the the following:  21 from an Aria epresentative, asked if idio apartment (\$1,323,00) 7,00).					

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
	9	ALR-0041	B. WING			C
AME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	E ZIR CORE	1 06/	03/2022
OUTHE	RN AVE SP LLC DBA		NGSTON ROAL			
			TON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
R 464	Continued From pag	je 16	R 464			
Fit 3 Oin to From the Aurender Fu	past bank records sithat Resident #1 war recently, when the a \$1444.00 in Februar communication as to was a result of inflation of the second	ALR's previous representative ponsible Party agreed to pay office 02/01/2022, and signed g House (ACH) Form. The I was a Monthly for ACH debits for monthly m was signed by the /18/2022 and the ACH to begin in February 2022.				

ND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY
		ALR-0041	B. WING			С
ME OF E	PROVIDER OR SUPPLIER				06	/03/2022
			DRESS, CITY, STAT I <b>NGSTON ROA</b> I		₹.	
OUTHE	RN AVE SP LLC DBA		GTON, DC 200			:*:
(X4) ID REFIX	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES OF BE PRECEDED BY FULL REGULATORY	PREFIX	PROVIDER'S PLAN OF C	ORRECTION	(X5)
TAG	OR LSC ID	ENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEPICIENCY	IE APPROPRIATE	COMPL DATE
R 484	Continued From pa	ge 17	R 464			-
- 1		days prior to the rent increase.				
- 1	V)	e dated 6/3/2021 showed the				l
- 1	following:	TARRET STORES TO THE	1 1			
	(1) The Lease Agree	ement, dated and signed by the				
- 1	\$1417.00 was due n	on 06/03/2021 documented that nonthly for a term of Six (6)				1
	months. A prorated   2021 was immediate	payment of \$1,322.73 for June ally due, and thereafter the			3	
1	monthly fee of \$141; the month.	7.00 on the first calendar day of	Į.			
	THE CHAINES					
	(2) The Rental Fee S showed the following	Summary deted 6/03/2021 :		36		
1	Resident #1's total m	onthly room rate was \$1417.00				
10	of \$1,275.29 was due 2021)	partment. A prorated payment e for the first month (June		€		
s	<ol><li>The Service Agree showed the following:</li></ol>	ement Fee Summary form				
Ţ	he Service Agreeme	ent Fee Summary form was left	1			5
a	nd was not signed by	noted "n/a" (not applicable) y the ALR representative or				
th	ne Responsible Party					
Ti	he Service Agreeme	nt was dated and signed by				
A	greement showed"	on 6/03/2021. The Service Fees: In addition to your	1		×	
S	ervices (Board charg	ay a monthly fee for Core e) and Personal Care	I			
Se	ervices, if applicable.	Your monthly fee is payable day of each calendar month.			1	
VV	e may change your r	nonthly fee for Care Services				
ad	iditional services upo	Services and any fees for in thirty days written notice to				
yo	u."		ľ			

IND FLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  G:	(X3) DATE:	SURVEY PLETED
	5.000 MEA	ALR-0041	B. WING_		06/0	3/2022
AME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, 6	STATE, ZIP CODE		DIAULE
OUTHE	RN AVE SP LLC DBA		NGSTON R			3
			TON, DC			- Xi - C
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY INTERVING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION BHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		(X5) COMPL DATE
R 464	Continued From pag	e 18	R 464			
	available, the Lease	two signed documents Agreement and the Rental Fee ed the total monthly rent was		* 3 8		
ļ	\$1417.00. No addition Resident #1's rent wa	nal fees were charged until s increased to include the monthly in February 2022,	DESC			*
	\$1444.00.	e total monthly rent to	R526	The responsible party (resident 'son) v requested to provide receipts for the c clothing. Upon receipt the facility will	amaged	
	evidence that the Resi	stigation, there was no ponsible Party was provided prior to Resident #1's		resident/family. The responsible party was instructed to resident Handbook which states the fahandle delicate laundry and dry cleaning addition, the resident/staff was proving the resident of the resident o	review the	
526	Sec. 607a5 Services T	o Be Provided		training on "The Refusal log for housekeeping whice signed by both parties		
A	rovided by the resider Based on interview and assisted Living Resider roper laundry services f one of the two reside	sekeeping service not at or surrogate. I record reviews, the noce (ALR) falled to ensure in accordance with the need onts in the investigation		Maintenance director gave impromptu tra the maintenance assistant on proper laun washed resident #1at the end of May 202 staff were educated at June 27 2022 and 19-22 staff meeting regarding proper laun procedure by leadership.	dry thet 2. All July dry	
	Residents #1). Indings Included:			Maintenance Director and or designee will monitor staff to ensure faundry training oc- prior to assisting with laundry duties.	curs	탈
re Re of clo	esident #1's son, who vealed that after a bec esident's apartment (2 the resident's clothes	ig at 5:10 PM, interview with is the Responsible Party, lbug infestation in the 28), the facility washed all together. The light-colored ined clothes were damaged		er (g)		
wit	n 05/17/2022 beginning h the Maintenance As shed Resident #1's da rether. He stated that h	g at 11:40 AM, Interview sistant, revealed that he ark and light clothes ne did not know to		10 To		8

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A, BUILDING:	E CONSTRUCTION	(XS) DAT	E SURVEY DMPLETED
		ALR-0041	B. WING	····.	ne	C /03/2022
	PROVIDER OR SUPPLIER	IVINGSTON AT 4656 LIV	DORESS, CITY, ST, INGSTON ROA BTON, DC 20	AD, SE	1 00	10312022
(X4) ID PREFIX TAG	LEACH DEPICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
i i i i i i i i i i i i i i i i i i i	On 05/17/2022 beginn with the House Keepin she separated the light dark color clothes and bags, and gave the bags, and gave the basked, she stated that wash the resident's clothes are served to the Service Agreement of the Service Agreement and y services each of the service to the time of the failed to demonstration of the service to prevent of clothing.	ning at 12:32 PM, interviewing Supervisor, revealed that it-colored clothes from the placed them in separate gs to the Maintenance commercial laundry. When she did not instruct on how to other.  oximately 12:00 PM, reviewent dated 06/03/2021, provide one load of personal	R 526	LIVINGSTON PL LAUNDRY PROCEDURES:  1. LAUNDRY SERVICES PERFORMED BY THI 2. RESIDENT LAUNDRY ON A DESIGNATED S 3. RESIDENT'S CLOTHIL LAUNDERD ONCE PI 4. EACH UNIT/FLOOR H WASHER AND DRYEN 5. RESIDENT'S LAUND DONE SEPARATELY I CONTROL PURPOSES 6. A LAUNDRY SCHEDU ON EACH FLOOR 7. A LAUNDRY CHECKL UTILIZED TO ENSURI LOSS OF CLOTHING.( ATTACHEMENT)	S WILL BE E NURSING ST WILL BE DON HIFT AND DA' NG WILL BE ER WEEK LAS THEIR OW R RY ITEMS AR FOR INFECTIO LE IS POSTED LIST WILL BE E THERE IS NO	VN E DN
Bac rev to pro	cordance with this act flowing criteria to assu- act of residents in the A ased on observations, in views, the Assisted Liv develop and Implement oper housekeeping ser to Resident Service Agr	evelop a staffing plan in and based upon the re the safety and proper LER:	K 583	701d1 Staffing Standard (Housekeeping) R5 Two (2) housekeepers have been hired and pre hire process and will be enboarded by er 8-30-22. Two (2) housekeepers are schedule on a dai A schedule for weekly occupied apartment w to ensure each apartment receives weekly of a record of date and who cleaned apartment by 8-3-22. Waintenance Director and Administrator will r housekeeping documentation monthly. Administrator will educate all member of leadi ousekeeping on regulation 701d1 on 8-3-22.	are in the nd of August lly.  se created eaning and will be kept eview	

AND PLAN	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE	SURVE MPLETE
		. ALR-0041	B. WING			C
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE		03/202
SOUTHE	ERN AVE SP LLC DB/		INGSTON ROAI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COM D/
	Findings included: On 05/13/2022, at Assisted Living Adrithe ALR was current to 150 residents, he 84 residents. The A housekeeping and in the Resident Sen Housekeeping Department of 150 PM, and two of worked part-time, 3 chours/week). Housekeeping Superstaffed with a full-time 5:00 PM, and two of worked part-time, 3 chours/week). Housekeeping Supersunday, Monday, and Alde #2 worked Tuesfurther discussion we Supervisor revealed housekeeping staff of Housekeeping Supernousekeeping Supernousekeep	age 20  10:32 AM, interview with the ministrator (ALA) revealed that ally licensed to provide services owever the current census was all all indicated that light laundry services were included vice Agreements and that the eartheant consisted of the eartheant consisted of the eartheant was additional staff.  18 PM, interview with the eartheant was not housekeeping staff each days a week (a total of 24 ekeeping Aide #1 worked and Thursday, and Housekeeping staff each days, Friday, and Saturday. With the Housekeeping that she was the only and uty on Wednesdays. The exist said that usually the ment is 17 to 18 apartments, ponded to housekeeping were not on duty, she stated sertified Nursing Assistant is available. The supervisor the housekeeping records and internal to the Director of PM, a Housekeeping Aide partment cleaning and in 5/18/2022 at 9:32 AM, the	R 583			

	OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		E SURVEY
			A. BOILDING.	— 1941 — 1141.		С
700-18		ALR-0041	B. WING		06/03/2022	
	ROVIDER OR SUPPLIER  RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIVI	DRESS, CITY, STAT INGSTON ROAL STON, DC 200	D, SE		
(X4) ID REFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
R 583	Continued From pa	ge 21	R 583	57	- INC.	
	interviews with CNA making is required,	13 PM and 2:56 PM respectively, As #1 and 2 revealed that if bed the bed would be made by the nat Residents #1 and 3 can is.				
1	housekeeping logs   November 2021 thro	ning at 3:02 PM, the provided by the ALA for ough May 2022 were reviewed.			a	a.
	6/3/2021. The record regarding housekeep	_				
	November 2021 - No and 11/29/2021	weekly service on 11/09/2021				
	12/13/2021. A Pest ( 12/30/2021, revealed services were reques	o weekly service after Control invoice deted I that bed bug treatment sted on 12/27/2021 for nent (228). The inspection and dead bed bugs		, s s		
.	January 2022- Week	ly service on 1/30/2022				
F 2	February 2022 - Wee 2/21/2022 and 2/28/2	okly service on 2/18/2022, 2022				
3 sh th b	N/14/22, thereafter no evailable for the other lousekeeping report the maintenance suppled by bugs seen in Res Pest Control invoice of	service on 3/7/2022 and bousekeeping records were receks in March. The dated 3/14/2022 revealed that ervisor was informed of the sident #1's apartment (228). A dated 3/17/2022 showed that ent 228, which was previously			·	.80
tr		I, had many live bed bugs on				

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING;	CONSTRUCTION		TE BURVEY OMPLETED		
	55	ALR-0041	B. WING		1	C		
ME OF F	PROVIDER OR SUPPLIER	STREET AD	STREET ADDRESS, CITY, STATE, ZIP CODE					
DUTHE	RN AVE SPLLC DBA		INGSTON ROA					
		WASHING	GTON, DC 200					
(X4) ID PREFIX TAG	(BACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE		
R 583	Continued From pag	ie 22	R 583		- THUR			
1	ceiling.	500						
İ	April 2022 - Weekly	service on 4/12/2022,		*		1		
	4/19/2022, and 4/26/	2022.	4	v		1		
h n P A a <sub>i</sub>	May 2022 - Weekly s	ervice on 5/5/2022; 5/11/2022	] ]			1		
	housekeeping assign	ment noted that resident				1		
	Pest Control Invoice	nt 228 to apartment 308. A dated 5/09/2022, revealed the	J.			1		
	ALA requested bed b	ug treatment in Resident #1's						
	aparıment (226) arter bugs.	staff reported seeing bed				l .		
	h) Dooldont #2							
- 18	8/25/2021. Records s	idmitted to the facility on howed the following regarding				1		
11	nousekeeping service	s:						
10	On 5/18/2022 beginni	ng at 11:46 AM, review of the	1			1		
1 5	provided weekly hous	ekeeping logs from November	İ					
F	Resident #3:	ealed the following dates for				,		
-	November 2021 - 11	/2, 11/16, and 11/23			j			
2	021 - No service was ervice was provided.	requested; on 11/30/2021			14			
a	December 2021 - Sei nd 12/14/2021	vice was provided on 12/8/21						
- , he	January 2022 - 1/25/2 ousekeeper attempt	2022 - No answer to		(0)				
- I 2/	February 2022 - Servi 17/2022	ce was provided on						
liv	owed Resident #3's a e bed bugs, excreme	ol invoice dated 3/17/2022 epartment (328) had many nts, and casings. The				ŝ		
ter	sident was relocated in porarily while her ap	to another apartment partment was treated and						

ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULT(PLE	CONSTRUCTION	(X3) DATE	SURVEY MPLETED
		ALR-0041	B, Wing			C 03/2022
AME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	1 00/	03/2022
OUTHER	N AVE SP LLC DBA		NGSTON ROAL STON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULO BE	(X5) COMPLE DATE
	Continued From pag	ge 23	R 583			
-	- April 2022 - Service was provided on 4/26/2022					
d d d d d e s 1 b D ree w w ar	locumented, however liscovered bed bugs aported them to the to the total them to the trough aported them to the urveyors that she had been about the surveyors them refered to a from the surveyors them the surveyors them the trough as relocated to anothe her apartment and cleaned.  Resident #4 was a second to the trough the troug	tine housekeeping service was er un 5/12/2022, Resident #3 in her apartment (328) and front desk staff. On 5/13/2022 lent announced to the ad bugs in her apartment. At ors observed what appeared to its on the resident's mattress eported the spots to the who accompanied them to the On 5/17/2022, the resident ther apartment temporarily was treated by Pest Control admitted to the facility on revealed the following the resident:			i N	
Or He orn ap wo ma bo: bite	n 5/18/2022 at 11:16 ealth (DOH) receive 15/18/2022 at 10:30 eartment 301, told the like up with bite mar aintenance inspection x spring. The nursing e marks on the resident	B AM, the Department of d an incident which stated that AM, Resident #4 who lives in the front desk staff that she ks on her neck. The pure revealed bed bugs in the ag assessment revealed six dent. The bed bug protocol of the resident was prepared to				
Re	view of Resident #4	's housekeeping services	1		İ	

ND PLAN	NT OF DEFICIENCIES I OF CORRECTION	OF DEFICIENCIES CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE	SURVEY (PLETED
		ALR-0041	B. WING			C 06/03/20	
ME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	TE, ZIP CODE			- WILL
DUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIVIN	GSTON ROAL	O, SE			
(4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	TON, DC 200				
RĚFIX TAG	THE THE PROPERTY MUS	THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD I	20	(X5) COMPLE DATE
R 563	Continued From pa	ge 24	R 583				,
- 1	11/8, 11/16, 11/23,	and 11/30/2021					
	- December 2021 - 12/14/2021	Service provided on 12/8/21 and		8			
	- January 2022 - Se	rvice provided on 1/25/2022	ļ				
-	- February 2022 - No	housekeeping service records	1			- 1	
	- March 2022 - No h	busekeeping service records				1	
	- April 2022 - Service	provided on 4/19/2022	1			- 1	
	No additional records ight housekeeping s esident.	s were provided to show that ervices were offered to the					ŧ
ti h	pout the weekly hou vere missing. The AL the status. He later so the status weekle and later so the status weekly in the same and the same the status weekly hour same and the same an	PM, the ALA was asked again sekeeping schedules that A said he would follow-up on stated that there were no records in December after huary 2022 because there had ak at the ALR in December affing.		The state of the s	(*)		
mind ho of lin ho cle als ser res	ervice Agreement re- onthly rental fee incli- pusekeeping. The AL personal laundry an ens on a weekly bas ousekeeping services usekeeping (vacuum aaning). The Resider to stated that Weekly vices shall be provices	R agreed to provide one load d laundering of bed and bath is or as needed. Sincluded weekly light ning, dusting and bathroom at Apartment Cleaning policy Light Housekeeping led. Residents will be to-day cleaning of their		æ.			

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ALR-0041	B, WING_		C	
ME OF F	PROVIDER OR BUPPLIER	STREET AL	DORESS, CITY, S	TATE, ZIP CODE	06/03/2022	
OUTHE	RN AVE SPILLC DBAI		INGSTON RO			
_		WASHIN	GTON, DC	20032		
(X4) ID 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 APPROPE DEFICIENCY)	BE COMBI	
R 583	Continued From pag	e 25	R 583			
	Individualized Servic an operational guidel should be stripped ar indicated in the resid- At the time of the Invidocumented evidence implemented a staffin	estigation, there was no e that the ALR developed and g plan to ensure	3	5) E:		
i e	adult size bed with cle extra linens. Addition nightstand, desk, chain shall be made available and tastes. Beds in d nust be at least 3 feet shoose to provide their	ure that each resident has an an comfortable mettress and lar furnishings, such as r, mirror, waste basket, etc., e, subject to residents wishes ouble occupancy bedrooms apart. Residents may	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 cen provide.  By 8-14-22 a model room with furniture that community can provide will be set up to show prospective resident.	h nr	
r	nade aware of the furrequired to provide. A	hishings that the facility is ill furnishings must meet the maintained in good repair.		Any pleces of furniture that a resident did not he during the audit conducted in June and July hav been ordered and goal is items will be in place to 9-15-22.  Administrator will educate all member of the	ا م	
fu fu w	ne Assisted Living Res ach resident had an a urnishings, such as a r uirror, waste basket, et ishes and tastes, and e opportunity to choos	Interview and record review, sidence (1) failed to ensure dult size bed, and additional sightstand, desk, chair, c., subject to residents (2) failed to offer resident's se to provide their own informed of the furnishings		dedership beam on regulation 1008c on items er apartment is required to offer by 8-03-22  A rent Ready checklist and move in check in list be used moving forward for all new residents to ensure each apartment has furniture that is required that any furnishes residents choose to bring inspected by a member of the maintenance team ensure in good repair and meet fire safely code.	will ired	
fu	at the facility is require	ad to provide.			1	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE	SURVEY PLETED
		ALR-0041	B, WING		C	
NAME OF F	PROVIDER OR SUPPLIER		- tenant	<del></del>	06/	3/202
			DRESS, CITY, ST NGSTON RO	TATE, ZIP CODE		
SOUTHE	RN AVE SP LLC DEA	HITINGS TON AT	TÖN, DC 2	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMF DA
R1023	Continued From pa		R1023			
	Resident #5's apart the only furniture in had bags of clothes items on the floor. Twere piled in a beak observations reveale furnishing such as a chair, waste basket with the resident at 3 loaned her a bed and facility was able to pithen stated that she	t 11:39 AM, observations of ment (421) showed a bed was the room. The living/dining room two TV trays and additional he bedroom had clothes that et and in her closet. Continued of the apartment did not have dresser, nightstand, desk, and shower curtain. Interview 5:22 PM revealed the facility if she was not aware that the rovide her with furnishing. She requested a shower chair but toilet instead. [Admission		Resident #5 provided with trash can, mirror curtain.	and shower	
E	apartment (317) shov	rvation of Resident #2's yed the resident's dresser had ere was a bag filled with om floor.		Resident #2 POA was made aware of items community offers in June 2022 and will obtain once niece returns audit.	n furniture	
fu fu w di fa #2	esident's niece, who evealed the resident urniture and was not eas able to provide he resser. She then stat icility to provide addit 2. [Admission date: 1	45 PM, interview with the is the Responsible Party had to provide her own made aware that the facility ar with furnishing such as a ed that she would like the itonal furnishing for Resident 0/07/2021]				
Residence of the state of the s	esident #6's apartme ept on a cot. The livir mished with a high ta so high, and the close ontinued observations t have an adult size I	nt (336) revealed the resident ang/dining room was only able and two chairs that were set had a built-in dresser, a revealed the apartment did bed, nightstand, desk, clean linens. Interview with		Resident #6 community gave a new bed and di of cot.	sposed	

	OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	CO	SURVEY MPLETED
		ALR-0041	B. WING			C 03/2022
NAME OF F	PROVIDER OR SUPPLIER			FATE, ZIP CODE		
SOUTHE	RN AVE SP LLC DBA	WASHING	IGSTON RO TON, DC 2			
(X4) ID PREFIX TAG	I (EVOU DELICIEMEL MOS	TATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	RECTION HOULD BE PPROPRIATE	COMPL DATE
fi a h nn b s h nret th sal act	and had to provide I it is difficult to tie his because it is too hig that the resident war facility was able to p as a bed, nightstand linens. He then state to provide additional a standard size chair  4. At 12:09 PM, obse apartment (348) show on the mattress. A la mount were observed the floor next to the b The living/dining room chair, one small end if had a built-in dressen evealed the apartme as a nightstand, desk with the resident at the acility provided him w acility pro	oved in without any furniture alsown. The resident stated that shoes when he sits in the chair h. Continued interview revealed is not made aware that the rovide him with furnishing such deak, comfortable chair, and dithat he would like the facility furnishing especially a bed and [Admission date: 4/07/2022] evations of Resident #7's wed a bed without any linens rescreen television and a wall of placed on the mattress. On the was furnished with a recliner able and a stool. The closet and continued observations of did not have furnishing such and waste basket. Interview the same time, revealed that the rith a bed "three or four" days informed them that he did not tent said he sleeps in the riend gifted him, because his intens on it. The resident elso ting for maintenance to mount all. Continued inferview ent was not made aware that provide him with furnishing and, desk, chair, and a me of move in. He then the the facility to provide hourt his television and make interview or the stelevision and make interview the the facility to provide	R1023	Resident # 7 TV mounted on well and furn completed and item ordered.	milure request	

NO PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 3:		E SURVEY IMPLETED
		ALR-0041	E, WING		06	C /03/2022
AME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
OUTHE	RN AVE SP LLC DBA		NGSTON RO STON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REPERENCED TO THE APP DEFICIENCY)	OULDE	(X8) COMPLE DATE
R1023	Continued From pag	e 29	R1023			
	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]			Resident#11 TV has been mounted and requested has been ordered and will be 8-30-22.	l furniture In place by	T#
f r a s s c c ttt ffl re w	Resident #12's apartment table or desk. Sevent the trash can was support her radio. Obseloset showed the racible for the resident's coor. Interview with the table of the provide her with furnish rould like the facility to	s clothes hung low onto the ne resident at the same time, ovide her own furniture and nat the facility was able to ning. She then stated that she raise the rack in the closet al furnishing, such as a table		Resident #12 Rack in closet not able to be Furniture missing has been ordered and w place by 8-30-22.	raised. It be in	
WE res	's son, who is the res as asked to purchase sident acquired bedbu inished the resident's	PM, Interview with Resident		Resident #1 son provided new bed resident and is now aware of furniture that community provide.	wanted y can	
On	05/16/2022 at 4:36 F	PM, observation of				

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ÁLR-0041	B. WING			C
	ROVIDER OR SUPPLIER	LIVINGSTON AT 4656 LIVII	NGSTON RC		1 00/	03/2022
(X4) ID PREFIX TAG	SUMMARY STA	WASHING ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF OROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD DE	(X5) COMPLE DATE
R1023	5. On 05/13/2022 at 2:12 PM, observation of Resident #9's apartment (428) showed the resident was watching TV. The TV and several boxes of Items were on the floor. Interview with the resident at the same time, revealed she had to provide her own furniture and was not made aware that the		R1023	Resident #9 TV has been mounted on table.	wall and decline	
t t t t t t t t t t t t t t t t t t t	facility was able to provide the process of the process of the process of the process of the process of the process of the process of the process of the pattern of the pat	povide 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 ed the living/dining room was chair and a stool. A television TV tray, a small lamp was on et had a built-in dresser, heroom showed the light was broom. Continued the apartment did not have ghtstand and desk. Interview a same time, revealed he was ever no furniture was ed that he would like light in he facility to provide ch as a nightstand and a		Resident #8 Light in Bathroom was repl ordered.	aced, and table	
re m re ap fun a c wa	esident #10's one bed vealed there was no r irror. Interview with the vealed she and her he partment. She said tha mishing, but still need dresser for storage. The as not informed that the	t she had purchased some ed a nightstand, mirror, and ne resident stated that she		Resident #10 Room has a built-in dresser furniture requested Mirror and nightstand place by 8-30-22	in room will be in	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION		SURVEY
			A. BUILDING: _		"	MPLETED
	The said and the s	ALR-0041	B. WING			C
AME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE ZID CODE	1 06/	03/2022
MITHE	RN AVE SP LLC DBA		INGSTON ROA			
70 m	WAYE SHILL DRA		TON, DC 20			
(X4) ID PREFIX TAG	(BACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES BT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE	) PE	(X5) COMPLETI DATE
R1023	Continued From pa	ge 30	R1023			
	apartment was bein	ment (228) showed the g organized for the resident to ement of the bedbug infestation.	-			
	AM, Resident #1's s asked him to purcha	nterview on 05/18/2022 at 10:29 on revealed that the facility use a desk and a chair		*		7.82
8	approximately two water that the thick that the transfer in th	veeks after she moved in. He d not furnish the resident's as not made aware that the rovide her with furnishing.		it.		4
d th se	at 11:10 AM, Reside ated 06/07/2021, from the email revealed the on> can you bring in at at the table in her	nt #1's son forwarded an email om a previous ALA. Review of the ALA asked, " <resident #1's="" a="" and="" bed="" broom?="" can="" chair="" her="" i'm="" mother="" must="" on="" prefers="" she="" sit="" so="" td="" the="" to<="" told="" your=""><td></td><td>5.</td><td></td><td></td></resident>		5.		
In ax av	terview with the ALA proximately 12:00 Proximately PM, revealed that he was not needed furniture. He stated ovide furniture such as a head	(65)	.a.			
fac	ector of Operation ( ility gave the reside rchase their own fur	n 05/17/2022 at 11:00 AM, the DOO) revealed that the ints the opportunity to niture to make it their own ission date: 6/03/2021]				
apa Inte	sident #13's apartm artment was not furn	4:31 PM, observation of ent (521) showed the hished with a table or chair, ent at the same time,	Report	sident #13 Lamp given, and Chair and Mirror fered and will be in place no later 8-30-22		

	Regulation & Licensing FIT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DA	RM APPRO
		ALR-0041	B. WING_		1	С
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE	- 06	/03/2022
SOUTHE	RN AVE SP LLC DBA L	IVINGSTON AT 4656 LIVIN	VGSTON R	OAD, SE		
(X4) ID PREFIX	SUMMARY STA	WASHING TEMENT OF DEFICIENCIES	TON, DC			Pi .
TAG	OR LSC IDE	TEMENT OF BETOLENCIES BET PRECEDED BY FULL REGULATORY ATTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		(X3) COMPLE DATE
R1023	Continued From page	<b>3</b> 1	R1029			
1	provide her with fumi- would like additional i chair, lamp, and a mir 4/04/2022]	shing. She then stated that she furnishing, such as a table, fror. [Admission date:		is .		
i i	resident #14's aparting living/dining room was bags. A shelf table was in the living/dining room at the same time, reveal	4:45 PM, observation of tent (524) showed the cluttered with boxes and is the only furniture observed π. Interview with the resident aled he was told to "bring his te," and was not made aware		Resident #14 belongings unpacked a July of 2022	s raquested in	
fi a so h	urnishing. He then stat ssistence with unpack aid he would know wh e gets help. [Admissio	e to provide him with ted that he has not had any ing and needed help. He at furniture is needed once in date: 12/30/2021]				
the	e same time revealed	nning at 10:20 AM, a ant apartments showed is. Interview with the ALA at the facility did not have any ove in ready with furniture.				
an ma eac	aduit sized bed with a ittress and required ful th resident of furnishin	Tottred open regide 1				
top	provide.	o mario oquilo		920		
				×		
oulation & I	Licensing Administration					1