NAD ETM OF COLUED DOM	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE	SURVEY MPLETED
		ALR-0041	B; WING			C 12/2022
ME OF I	PROVIDER OR SUPPLIER	STREET ADD	RESS CITY S	TATE, ZIP CODE	1 077	IZIZUZZ
OUTUE	ON AVE OR LLO DRA	4050 1 0 00	IGSTON RO			
	RN AVE SP LLC DBA		TON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES FOR PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLE DATE
R 000 Initial Comments		R 000				
1 1 1 1 1 1 1	Regulation (DC Hea Facilities Division recregarding concerns for residents currently like Assisted Living Residents Civing Residents Civing Residents Civing Residents Assisted Living Residents Assisted Living Residents Civing Residents Civing Residents Civing Residents and the Assisted Civing Ci	the allegations, the State a) initiated an on-site 9/2022 through 07/12/2022 to e with the Assisted Living assisted Living Law "DC Code R is licensed for a total red and fifty-three (153) t census 93 residents and tho were away from the facility. Assisted Living Administrator from that four new residents admitted in the month of July current resident records and sidents] were reviewed. The following: The ALR did antil 04/14/2022." The ALR did attacted on Rosuvastatin I that was ordered March		Please start typing your responses	here:	

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

WINSTINA WILLIAMS

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	1	SURVEY MPLETED
		ALR-0041	B. WING.		UI III	12/2022
	ROVIDER OR SUPPLIER	IVINGSTON AT 4656 LIVIN	DRESS, CITY, STANGSTON ROADITON, DC 20	D, SE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Linezolid on 04/11/20 Conclusion: Substant 3. "Resident #4 receinstead of the three ting day after one month? Conclusion: Substant 4. "Resident #5 did not medication of Levoth 05/03/2022 through 005/13/2022." Conclusion: Substant 5. "Nurses not knowing administering when a family. Conclusion: Not substantic idid not receive her menot given) and when the said that they (the nurfloor for the evening month of three days after her conclusion: Substantic idid not receive her menot given) and when the said that they (the nurfloor for the evening month of the evening month of the edays after her conclusion: Substantic idid not receive her menot given) and when the said that they (the nurfloor for the evening month of the edays after her conclusion: Substantic idid not receive her menoth idid not receive her me	tiated ved Iron tablets five times daily mes a day and then twice a as ordered." tiated or receive her prescribed proxime [hypothyroidism] from 5/10/2022, 05/12/2022 and iated ig what medications they are sked by the patient or patient dantiated ly reported that the resident edications on a Monday (date they notified the nurse, she se) would be on a different redication pass." ated t get her medications for one return from the hospital."	R 000	1. Due to the time of medication and traunable to correct. However, resident medication orders been reviewed and corrected as needed. 2. Medication adminimated and adminimated are conducted in a timel manner. Licensed and were in-serviced on Rights of Medication Administration. Medication observe performed with the licensed staff to emproper medication administration. 3. Medication Adminimated and the Morre meeting. The result audit will be documented in PCC. Staff will be serviced as well as disciplined if there evidence of repeated infractions. Reports Audit will be review the Quality Assurant Performance Impro (QAPI) Committee	have ded. istration red to are y nurses in the "8 on rations e issure istration be ning its of the nented e in- is ed in ince	

STATEMEN	Regulation & Licensing of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
		IDENTIFICATION NOTICES	A. BUILDING:			OMPLETED
-		ALR-0041	B. WING		07	C /12/2022
AME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STAT	TE, ZIP CODE		
OUTHE	RN AVE SP LLC DBA	LIVINGSTONAT	INGSTON ROA GTON, DC 200	•		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	GTON, DC 200	PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUS OR LSC ID	BT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	HE APPROPRIATE	COMPLET DATE
R 000	Continued From pa	ge 2	R 000			
	Conclusion: Substa	ıntlated				
	9. "Resident #9 mis	sed several days/weeks of her	1 1			
	Diabetic medication	ns since refills were sent to the e Physician, who stated the				
1		ger under their care."				
	Conclusion: Partiall	y substantiated				
		ad orders for Seroquel				Ì
		cine) be administered on nurses never administered the	*			
	Conclusion: Not sub	ostantiated				
	11. "Resident #1 ha medications as one	d trouble receiving some of his nurse is covering two floors."				
	Conclusion: Substar	ntiated	1 1			
	12. "Nurses were no accordance with the	nt administering medications in physician's orders."				
	Conclusion: Substar	ntiated				
	13. "There were dela their medications."	ays in the residents receiving		9		
	Conclusion: Substan	itiated				
	14. "Residents were determining their hea	being admitted without alth status [tuberculosis (TB)]."				
	Conclusion: Substan	tiated				
1	15. "There was a del	ay in a resident receiving the				

STATEMEN	Regulation & Licensin of DEFICIENCIES of CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE	
WAR LINK	OI DONNECTION	IDENTIFICATION NUMBER:	A, BUILDING:	3 - 1 - 2 1 - 1 	, co	MPLETED
	210	ALR-0041	B. WING			C 12/2022
NAME OF P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		IGIZUZZ
SOUTHE	RN AVE SP LLC DBA	LIVINGSTONAT	INGSTON ROA	•		
(VA) ID	SIIMMADV ST	WASHIN ATEMENT OF DEFICIENCIES	GTON, DC 20	2000		-
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	REPRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETE DATE
R 000	Continued From pag	ge 3	R 000		*****	
li l	proper care because the nurses did not know the signs and symptoms of a stroke.'					
	Conclusion: Substan	itiated				
		ad an order for Azithromycin 22 and never received the				
	Conclusion: Not Sub	stantiated				
	Resident #13's burn the Nurse Practitione resulting in a delay in	es were informed about wound and did not report it to or Registered Nurse, athe proper treatment of the did not receive prescribed			i e	
	Conclusion: Partially	Substantiated				
	swab on Resident #1	staff performed a COVID PCR 0, placed the swab in the Lab o call Lab Corp for pick-up.				
- 1	Conclusion: Substant	iated				
o o o o o o o	care staff, manageme member and review o ecords. The investiga alled to be in complia Regulations and the A	ws with the complainant, direct ent staff, residents, family f administrative and clinical ation determined that the ALR nce Assisted Living assisted Living Law "DC Code icient practices are addressed				
R 292 S	Sec. 504.1 Accommod	dation of Needs.	R 292			

ND PLAN OF C	DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0041	B. WING		C 07/12/2022
OUTHERN (X4) ID	SUMMARY S	LIVINGSTON AT 4656 LIVIN	RESS, CITY, STANGSTON ROATON, DC 20	AD, SE	
PREFIX (E		ENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE DATE
(1) an inc the an Ba As that ac wo set the 8, Fir the A. Re Appres twi	d treatment with dividual needs are in health and phid the health or sused on interview sisted Living Adiate each resident incordance with the found care services, and (IV) of the facility failed adications were as physician's order to 100. The facility failed adications were as physician's order to 100. The facility failed adications were as physician's order to 100. The facility failed adication were as physician's order to 100. The facility failed adication were as physician's order to 100. The facility failed adication were as physician's order to 100. The facility failed adication administration administratio	quate and appropriate services reasonable accommodation of a preferences consistent with ysical and mental capabilities afety of other residents. Is, and record reviews, the ministrator (ALA) failed to ensure received: (I) prescribed drugs in ephysician's orders, (II) timely es, (III) appropriate emergency other treatment services, for 12 of mpled (Residents #1, 3, 5, 6, 7, and 15). Ito ensure that each resident's idministered in accordance with ers, as evidenced below: Iginning at 12:00 PM, review of ician Order Sheet (POS) dated that Resident #1 was anticoagulant medication] 5 mg in PM, a review of Resident #1's stration Record (MAR) revealed administered to the resident on 11/2022 during the morning tration and during the evening tration on 04/01/2022,	R 292	1. Residents medic were reviewed to no further infraction occurred and contended. A new statement of the proper part of the pro	cal record to ensure ctions had rrected as scale was dent d as /trained rocedure and Individual needed. It will sults will forning
Be pro 04/ ma sta 04/	gress notes date 11/2022 reveale de to pharmacy. ted, "Awaiting ph	M, review of Residents #1's and 04/01/2022, 04/10/2022 and did the nurse documented "call" The 04/04/2022 nursing note larmacy delivery." On e wrote Eliquis was "on order yet		meeting. The res audit will be revi PCC. Staff will be serviced as well a disciplined if the evidence of repe infractions. Repo Audit in the Qual Assurance Perfo	ults of the lewed /in le lin-less re is less ated less of the lity

STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION			E CONSTRUCTION		SURVEY IPLETED C
NAME OF PROVIDER OR SUF		TREET ADDRESS, CITY, ST	ATE, ZIP CODE		2/2022
SOUTHERN AVE SP L	G DBA LIVINGSTON AT	656 LIVINGSTON RO VASHINGTON, DC 2	- ·		
PREFIX (EACH DEFICIE	MMARY STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL REGUL OR LSC IDENTIFYING INFORMATION)	ATORY PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Resident #1 Resident #1 Resident #1 Resident #1 administered 04/17/2022 a medication a not administ 04/17/2022 a evening med Beginning at progress not nurse docum order." Nursi 04/17/2022 r pharmacy de 04/18/2022 s yet to be deli C. On 06/29// Resident #1's Resident #	/2022 beginning at 12:00 PM, revise POS dated April 2022 revealer was prescribed Pregabalin [nervise MAR showed that Pregabalin vist MAR showed that Pregabalin vist to the resident on 04/16/2022, and 04/18/2022 during the morning deministration. The Pregabalin altered on 04/15/2022, 04/16/2022, and 04/18/2022 during the middalication administrations. 2:00 PM, review of Resident #1' es dated 04/15/2022 revealed the ented that the medication was "ong notes dated 04/16/2022 and ead "Needs new script, awaiting livery." A nursing note dated howed the Pregabalin "not availation and the pregabalin "not availation".	d that we pain 19 PM, was not 19 PM,	Ne Jul Dir be of I		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY MPLETED
		ALR-0041	B, WING		C 07/12/2022	
	ROVIDER OR SUPPLIER	LIVINGSTON AT 4656 LIVIN	RESS, CITY, STAT IGSTON ROAI TON, DC 200), SE		
(X4) ID PREFIX TAG	(ÉACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TA DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
R 292	50,000 units once a Resident #1's MAR not administered on	ge 6 week. At 12:09 PM, a review of revealed that Vitamin D3 was 05/22/2022 as scheduled medication administration.	R 292	14	44	25 (54)
	progress note dated documented "Medic E. On 06/29/2022 be Resident #1's POS (Resident #1 was pre [respiratory inhaler] PM, a review of Res Bevespi Aerosphere 06/20/2022 and 06/2 medication administ Beginning at 2:00 Pl progress note dated documented the med progress note dated delivery." F. On 06/29/2022 be Resident #14's POS Resident #14's POS Resident #14 was prenhancing medication PM, a review of Resident #14 was p	eginning at 12:00 PM, review of dated June 2022 showed escribed Bevespi Aerosphere 9-4.8 mcg twice a day. At 12:09 ident #1's MAR showed was not administered on 22/2022 during the morning rations. M, review of Resident #1's 06/20/2022, showed the nurse dication was "on order." A 06/22/2022 stated "on eginning at 2:45 PM, review of dated May 2022 showed rescribed Memantine [memory on] 5 mg twice a day. At 3:05 ident #14's MAR showed that administered on 05/13/2022 ing the evening medication M, review of Resident #14's 105/13/2022, showed the nurse cript stated the med is in pt." A progress note dated This med was shipped in				

	Regulation & Licensing					
STATEME: AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY MPLETED
		ALR-0041	B. WING		07.	C /12/2022
	PROVIDER OR SUPPLIER ERN AVE SP LLC DBA L	IVINGSTON AT 4656 LIV	DRESS, CITY, STATINGSTON ROAL), SE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	'ION SHOULD BE 'HE APPROPRIATE	(X5) COMPLETE DATE
	pharmacy. Call made G. On 06/29/2022 be Resident #14's POS Resident #14 was pre [anti-hypercholestero At 3:05 PM, a review showed that Pravasta 05/16/2022 during the administrations. Beginning at 3:30 PM progress note dated 0 documented "call made H. A review of Reside showed no evidence if was checked at 6:00 I Novolog insulin covers There were no progre explanation why the re checked on that day. I. Resident #5 did not regimen of Ciprofloxaci HCL 500 mg twice dai resident did not receiv Ciprofloxacin of the 20 the physician. On 06/30/2022 beginn acknowledged the find She stated that she ha maintaining accurate d unable to provide a rec Earlier, at 11:29 AM, the surveyors that there we	ginning at 2:45 PM, review of dated May 2022 showed that escribed Pravastatin lemia medication] 10 mg daily. of Resident #14's MAR atin was not administered on a morning medication I, review of Resident #14's 05/16/2022 showed the nurse de to pharmacy." Int #5's April 2022 MAR that her blood glucose level PM on 04/16/2022, with no age administered, accordingly, as notes to provide any esidents blood sugar was not receive the full 10-day cin (Antibiotic medication) by, beginning 04/07/2022. The e the last three doses of 1-dose prescription ordered by ling at 2:29 PM, the DON lings in the resident's Mars. In the dose on locumentation. She was cord of the said trainings, he DON had informed as no documentation show that staff received	R 292			

		ALR-0041	A. BUILDING:		0	C 7/12/2022
	ROVIDER OR SUPPLIER	ARER I IVII	DRESS, CITY, STATI	· _		
SOUTHE	RN AVE SP LLC DBA I	JVINGSTON AT	TON, DC 200	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	reported that the res medications on a Mc These medications in for diabetes mellitus, stomach ulcer, Primi hypertension, Atorva cholesterol, Donepez and Metoprolol 100 r Resident #6's MARs not receive morning to 04/02/2022, 04/04/20 medications from 04/and 05/10/2022. The available to explain wadministered. K. [Cross-reference F Resident #8's progresident was to begin Bactrim antibiotic twicdocumented the adm 04/28/2022 and 04/28 that Resident #6 receives medications from 104/28/2022 and 04/28 that Resident #6 receives medications from 104/28/2022 and 04/28 that Resident #6 receives medications from 104/28/2022 and 04/28 that Resident #6 receives medications from 104/28/2022 and 04/28 that Resident #6 receives medications from 104/28/2022 and 04/28 that Resident #6 receives medications from 104/28 that Resident #6 receives from 1	alleged that Resident #6's family dent did not receive anday (date not provided). Included: [Metformin 1000 mg Pantoprazole 40 mg tab for done, 50 mg tab for high statin 20 mg, review of showed that the resident did medications on 04/01/2022, 122, 05/10/2022 and evening 01/2022 through 04/04/2022 re were no progress notes why these medications were not a 10-day treatment with the daily. The facility nurses inistration of Bactrim on 10/2022. There was no evidence ived the Bactrim on the (16 doses of antibiotics	R 292			
201)	#3's hospital discharg showed diagnoses th cellulitis and bilateral hospital, the resident (antibiotic medication Linezolid (antibiotic) 6 mouth, which were to living residence (ALR)	37 PM, review of Resident e summary dated 04/8/2022 at included left lower extremity leg edema. While in the was prescribed Levofloxacin of 750 mg by mouth daily and 00 mg every 12 hours by be continued at the assisted ountil 04/13/2022. Continued s April 2022 MAR however,				

TATEMEN ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
						С
		ALR-0041	B. WING	The second secon	07/	12/2022
AME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
OUTHE	RN AVE SP LLC DBA	LIVINGS (ON A)	INGSTON ROA GTON, DC 20	•		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETI DATE
R 292	Continued From pa	ge 9	R 292		***	
	medications (last fo	es of the two antibiotic our doses of the ten-day cycle) after the initial doses that were hospital.				
	#3's record showed	t 11:57 AM, a review of Resident a physician order dated astatin 20 mg tab, one tab every				
	dated 3/17/2022, to Continued review of	oldemia. There was an order discontinue the medication. both the MAR and the nurse				
	showed no docume received the Rosuva	1 3/02/2022 to 3/17/2022 Inted evidence that the resident estatin 20 mg tab medication as ician, which was to have been 22.				
	physician's order da 50 mg dally for 5 da elevated blood glucc hemoglobin A1c of 1 showed no evidence	dent #10's record showed a ted May 23, 2022, for Januvia ys beginning 05/26/2022 for ose level of 500 mg/dl and 12.2. Further review of the MAR of that Resident #10 was edication for five days as				
o c	discharged from the diagnosis of Urinary resident returned to t	R373] Resident #7 was hospital 05/19/2022 with a Tract Infection (UTI). The the facility with a prescription otic)100 mg capsule, 1 cap		я "		
t F c ti	wice a day x 5 days progress notes, the rep 05/19/2022 and 0 he progress notes sidecumentation that the new for th	by mouth daily. According to esident received the antibiotic 5/20/2022. Continued review of howed no additional he resident received the d three days (05/21/2022,				
- 1)5/22/2022 and 05/2)n 06/29/2022 at 4:2	7 PM, interview with the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY OMPLETED
		ALR-0041	B. WING		07	C /12/2022
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STAT			
SOUTHE	RN AVE SP LLC DBA 1		NGSTON ROAL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	not always timely which facility's pharmacy properties and during an intervious administering medical medications administering medications administering medications administering medications administering medication and the documentation on July 2022 MARs, the DOI right, the documentation offer any reasons were not documenter she would re-educate medication administering and administering in accordance of the time of the investment of a resident drugs in accordance of the treatment of a resident as evidenced below: [Cross-reference to Resident #13 sus and was not receiving interview with the ALF 06/29/2022 starting at an 05/25/2022, Resid spilled coffee on her less than and determined sustained a second-diorder for the nurses to control of the nurses to contr	con) revealed that orders are en not made through the ortal. Ining at 12:24 PM, the DON ew that the nursing staff ations were to document the tered on the MARs. When the DON the missing in 2022, May 2022, and April in responded by saying, "you're tion isn't there." The DON did as to why the medications of on the MAR. She stated that the nursing staff on ation documentation. Destigation, the facility failed to say right to receive all prescribed with physician's orders. Densure timely assessment and that sustained a burn injury, the standard assessment and at that sustained a burn injury, the standard assessment and the that sustained a burn injury, at 10:14 AM, she indicated that the end that the she was sessed the resident's	R 292			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY OMPLETED	
		ALR-0041	B, WING		0.7	C 07/12/2022	
ME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	100	11212022	
OUTHE	RN AVE SP LLC DBA I	LIVINGSION AI	INGSTON ROA	•			
X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	GTON, DC 20 ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(XS) COMPLI DATE	
R 292	Continued From pag	je 11	R 292	ede. H Name a la proposició de la composició de la compos		-	
	antimicrobial drug) to	vice a day.				31	
- 1	On 06/29/2022, at 4:	00 PM, the DON during					
		ged that Resident #13 reported ses who failed to take					
		he DON stated that both	1				
		1	1 1				
	ensure Resident #13	estigation, the ALR failed to received timely assessment					
	and treatment followi						
40		ensure residents received as evidenced below:				1	
		ginning at 12:54 PM, the Nurse I during an interview that she				-	
1	was informed on 06/2	26/2022 that Resident #8 was acy room for a stroke at 7:00					
	PM on the night before	re (06/25/2022). The NP	ľ				
		not know how long the ig signs and symptoms of					
	stroke prior to the cal	for 911/Emergency Medical ording to the hospital discharge					
	summary, the patient	was outside the window for					
1	issue plasminogen a	ctivator [tPA].					
- li	On 06/29/2022 at 3:00 .PN #1 stated that Re	0 PM, during an interview, esident #8 informed her on					
0	06/25/2022 that he fel	It like he was having a stroke.					
8	he stated were within	resident's vital signs which n normal limits. Resident #8					
		members in North Carolina arm them that he thinks he is					
H	aving a stroke. The f	amily in North Carolina then ember who eventually came					
te	the facility later that	day. The local family member					
	equested that the ALI lurred speech and lei	R nurse call 911 due to ft side					
1	•		7.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0041	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY MPLETED C 12/2022
	ROVIDER OR SUPPLIER	LIVINGSTON AT 4656 LIVIN	RESS, CITY, STATI IGSTON ROAL TON, DC 200	D, SE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES FOR 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	(X6) COMPLET DATE
R 292	document the time t	ge 12 acknowledged that she did not hat EMS arrived, nor did she hat EMS took the resident to the	R 292			
	called her three time 3:57 PM the nurse in was " A little confunurse was not able to the NP. At 6:44 PM informed her of the uthe resident was tryinot using her hands, the NP to inform her concerned that the resident was having which the LPN response NP further stated the performed a neurolo	NP, on 06/18/2022, LPN #6 is regarding Resident #15. At informed the NP that the resident ised and did not feel good." the sed and did not feel good." the LPN #6 called the NP and urine dipstick results and that ing to eat a sandwich but was at 8:01 PM the LPN #6 called that the paramedics was esident may be having a stroke, the asked the LPN if the weakness on her left side, to onded, "I think it got worse." The at she asked the LPN if she gical assessment, to which LPN had not performed an				
	ensure the resident's assessment and trea stroke.	restigation, the ALR failed is right to receive timely atment when showing signs of				
	ancillary services as glucose monitoring, a evidenced below:	ensure that residents received ordered (weights, vital signs, and supplemental oxygen), as				
	complying with week to comply with daily t	Ť				
	On 06/30/2022 at 1:3	37 PM, review of Resident				

Health Regulation & Licensing Administration STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY IMPLETED
		ALR-0041	B. WING		07/	C /12/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
OUTHE	RN AVE SPILLC DBAIL	IVINGSTUNAT	NGSTON ROA STON, DC 20	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	QULD BE	(X5) COMPLET DATE
	#3's hospital discharge revealed diagnoses to extremity cellulitis and Congestive Heart Fall Mellitus, Obesity, Call Pulmonary Edema. For dated 01/15/2022 reveas an order to start due to congestive heroughts would be done a new wheelchair scallity nurses docume weight nurses docume weight nurses docume weight here resident be working scale. Interview with the direct of 6/30/2022 at 2:38 PM be done every Wednes She stated that no we taken for residents in wheelchair scale had said that a new regular received at the ALR at the time of the investment of the investment of the investment weight monitor accordance with each	ge summary dated 04/08/2022 hat included left lower dilute (CHF), Type 2 Diabetes rdiomegaly, and Acute seview of a physician's order realed that on 1/17/2022 there weekly weights every Monday, art failure (CHF). Review of a larger note revealed resident le every Wednesday and that le had just been ordered. 4/18/2022 to 06/29/2022, ented that they could not cause there was no available could not cause there was no available of the had been previously wheelchairs, and that a just been ordered. The DON or weight scale had been not required assembly. Resident #11 was also to be ever there was no evidence a weighed in accordance with stigation, the ALR failed to leng as prescribed and in resident's needs.	R 292			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
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		ALR-0041	B. WING		07/	12/2022
	ROVIDER OR SUPPLIER	AREG LIVI	DRESS, CITY, STAT NGSTON ROAL			
OUTHE	RN AVE SP LLC DBA	LIVINGSTONAT	STON, DC 200	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES "BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	IION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
R 292	Continued From pag	ge 14	R 292			
	several days/weeks sent to the wrong do	because refill requests were octor.				
	Resident #9's Service	nning at 1:17 PM, review of te Plan [dated 06/23/2022]				
	Hypertension, Diabe Disease. At 1:22 PM showed Resident #9 medications for diabong, Ribelsus 14 mg, review of the orders	had diagnoses that included tes Mellitus and Alzheimer's I, review of the resident's orders was prescribed several etes including Metformin 850 and Jardiance 10 mg. Further showed that the resident's be checked twice a day.				
	May 2022 MARs sho	_				
	1. The resident did no 04/16/2022, 05/28/20	ot receive Metformin on 022, and 05/29/2022.				
		ot receive Rybelsus on 05/05/2022, or on 05/10/2022				
		ot receive Jardiance on 05/11/2022, or on 05/30/2022.				
- 1	from 05/01/2022 thro	d glucose was not checked ugh 05/18/2022, and only 19/2022 and 05/30/2022.				
	said during an intervio document all medicat MARs. When the sun missing documentation	ning at 12:24 PM, the DON ew that nursing staff should ions administered on the veyor showed the DON the on on the April 2022 and May I responded by saying "you're				

STATEMEN	Health Regulation & Licensing Admi STATEMENT OF DEFICIENCIES (X1) PE AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SURVEY
ARU PLAN	O, CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:	COMPLETED
		ALR-0041	B. WING_		C 07/12/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	
SOUTHE	RN AVE SP LLC DBA I	IVINGS I UN A I	INGSTON RE	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	NTEMENT 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 COMPLETE
R 292	Continued From pag	e 15	R 292		
	falled to document a and checking the blo would re-educate the documentation.	y reason as to why nurses dministering the medications od glucose, adding that she nursing staff on proper estigation, without verifiable			
	documentation, there	was no evidence that ent orders were followed.			f
	C. The complainant a complying with Resid supplemental oxygen				
	Resident #7's medica diagnoses included: a failure, unspecified with hypercapnia, chronic disease, unspecified, sleep apnea. Review and May 2022 MARs administered the supplements.	ning at 9:07 AM, review of I record showed the resident's acute and chronic respiratory nether with hypoxia or obstructive pulmonary cerebrovascular disease, and of Resident #7's April 2022 showed Resident #7 was not olemental oxygen continuously on 04/23/2022, 04/24/2022, 22, and 05/22/2022.			
	ensure Resident #7's	stigation, ALR nurses failed to right to receive supplemental in accordance with the			
R 421	Sec. 602a Resident A	greements	R 421		
r r r	esident prior to admis esident or surrogate, i epresentative of the A	nust be provided to the sion and signed by the f necessary, and a LR. The nonfinancial t shall include the following:		421 8-31-22 Resident 18 and 19 res agreement signed by communit representative.	

	Requiation & Licensing			The state of the s	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5	ALR-0041	B, WNG		C 07/12/2022
NAME OF P	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE	
SOUTHE	RN AVE SP LLC DBA I	IVINGS I ON A I	NGSTON ROA	- •	
(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 COMPLETE
R 421	Living Residents (AL Agreements were sig	and record review the Assisted R) fail to ensure Resident gned by a representative of the ftwo newly admitted residents	R 421	Resident Agreements (421) 1. Resident Admission	
- 4	Administrator (ALA) I three new residents won that day. Two resiwere admitted. On 07 Resident Agreements document had a sign community. On 07/01/2022 at app Director of Marketing Agreements, she ack signatures. At the time of the investigation of the investig	o AM, the Assisted Living informed the survey team that were expected to be admitted dents (Residents #18 and 19) 7/01/2022, review of the two is showed that neither ature of a representative of the was shown the Resident nowledged the missing estigation, the ALR failed to Ident Agreement was signed if the community.		records were reviewed ensure that the document had been signed. Recovere corrected as not a complete to ensure documents comply. 3. An audit of newly admitted residents we performed to ensure compliance. The resuthe audit will be presented in the QAF Committee Meeting (See "Clinical Move-IN Check")	ments cords seded. all vill be sits of
	prior to admission. Based on Interview ar Living Residence (ALI resident had a pre-adi Plan (ISP) completed, residents (Residents a	e developed for each resident nd record review, the Assisted R) failed to ensure that each mission Individual Service for one of two newly admitted	R 471	44	

STATEME	REQUIATION & LICENSING NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	***	ALR-0041	B. WING		07/12/2022
	PROVIDER OR SUPPLIER	IVINGSTON AT 4656 LIVIN	RESS, CITY, STA IGSTON ROA TON, DC 20	AD, SE	
(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 COMPLETE
	(DON) said that an IS Resident #19, who we (06/30/2022). At 6:30 medical record show pre-admission ISP we document was made investigation ended. At the time of the investigation ended. At the time of the investigation ended. At the time of the investigation ended. Sec. 604d Individualistic (d) The ISP shall be admission and at least The ISP shall be update a significant change in The resident and, if no be invited to participate review shall be conducted that the Asteronauth includes the practitioner, the residencessary, and the Asteronauth includes the practitioner, the residencessary, and the Asteronauth includes the practitioner, the residencessary, and the Asteronauth includes the practition, for one of 11 sample. (Resident #13 Findings included:	SP had been developed for as admitted the previous day DPM, review of Residents #19's ed no evidence that a as completed. No ISP available for review before the estigation, the ALR failed to as developed for each resident every 6 months thereafter. See the ested more frequently if there is a the resident's condition. Seessary, the surrogate shall the in each reassessment. The cted by an interdisciplinary end, the resident's surrogate, If LR. Independent of the end of	R 471	Pre-Admission Individualized Service Plans (471) 1. The process for administrati were reviewed with Nursing Administrati Resident ISP have be reviewed/corrected a Updated. 2. Pre-admission checkle will be developed /implemented to ensure all preadmission data complies. 3. A review of resident documents admitted the facility will be reviewed to ensure compliance. The result the report will be submitted to the QAP committee	issions on. en and ist ure to

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY		
			A. BUILDING:			MPLETED	
		ALR-0041	B. WING			C 07/12/2022	
AME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	07.00	THILDER	
OUTHE	RN AVE SP LLC DBA (NGSTON ROA				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	GTON, DC 20			,	
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R 483	Continued From pag	e 18	R 483	Individualized Service Plan	ns (483)		
	AM, she indicated the informed her that she days prior and had so assessed the resident the resident had sust her left upper thigh. The nurses to cleanse the pat dry, and apply Silled to show evident updated to reflect the prescribed wound treated to resident for signs and symptom Review of the ALR's personal symptom of ISP's to reflect characteristics.	ts ISP dated 06/23/2022, be that the ISP had been resident's wound, and atment to include monitoring		 Resident # 13 burn healed. Resident reviewed to for any need for undue to a change in residents' condition corrected Resident ISPs were reviewed for timely and content and the for updating. A call was created to ensure resident reviewed and the coverlooked. Profess will also be reviewed for needs updates. Implement of a 24-hour report Attachment) ISP report will be 	ecords assess pdates the en and eliness ne need endar sure tes are togress		
				submitted to the C			
583 S	Sec. 701d1 Staffing Sta	andards.	R 583	ensure compliance			
B th	ccordance with this ac ollowing criteria to assi are of residents in the ased on observation, he Assisted Living Res dequate staff and deve	ure the safety and proper					

E805

	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED
		ALR-0041	B, WING	C 07/12/2022	
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT		07/12/202
JUTHE	ERN AVE SP LLC DBA	LIVINGS I UN A I	3TON, DC 200	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COM
	sample. Findings included: A. The ALR failed to as evidenced below: On 06/29/2022 at 9:: Assistant Living Admithe facility's current i residents. There were the facility who were in the hospital. The Apartments in the fac on the second, third, On 6/29/2022 at 11:4 Director of Nursing (I 16 aides, and staff van current of Nursing assistant and (LPN's) scheduled. Spattern was two Lice and seven certified in during the day and evity on CNAs during the and evening shifts, or floors. The overnight nurse and two CNAs. On 06/29/2022 at 3:5. revealed the ALR was nurses. She said the Apartment of the ALR relied on complement the facilities.	have adequate nursing staff, 53 AM, interview with the acting ninistrator (ALA) revealed that n-house census was 93 re also seven residents not in either on a leave of absence or ALA stated that there were 153 cility, all of which were located fourth and fifth floors. 60 AM, interview with the DON), revealed that there were acancies for both certified a licensed practical nurses the stated that normal staffing need Practical Nurses (LPN's) ursing assistants (CNAs) vening shifts, and one LPN and overnight shift. During the day ne nurse would cover two shift was covered by one 63 PM, interview with the DON is aggressively seeking to hire ALA was experiencing uiting nurses. The DON stated is staffing agencies to by staffing. 63 AM, the Acting ALA revealed and to admit four new	R 583	1. The facility is press staffing to meet th of 100 residents 3 Nurses, 7 CNAs for Shift and 3 License Evening Shift 5 CN the Evening 2 Licer Nurse for the Night and 4 CNAs. The fa has also hired an additional RN as ar and will utilize Supplemental staff agency. The Supple Agency staff will re in-service/training starting to work on Mandatory topics: Abuse, Neg Exploitation Resident Ri HIPAA Emergency Preparedne Dementia Infection Co Electronic HealthCare Records	ie needs Licensed Ithe Day d for the As for ised It Shift cility In ADON, Ing Immental ceive Lupon Lithe Lect and Ling Ing Ing Ing Ing Ing Ing Ing Ing Ing I

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:		PN	(X3) DATE	SURVEY MPLETED
		ALR-0041	B. WING				С
ME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STAT	E ZID CODE		07/	12/2022
	RN AVE SP LLC DBA		NGSTON ROAL				
JOTTICI	THE AVE OF LLC DBA	WASHING	TON, DC 200	32			
X4) ID REFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	(EAC	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD B -REFERENCED TO THE APPROPRI DEFICIENCY)	E ATE	(X5) COMPLET DATE
R 583	Continued From pa	ge 20	R 583	1 2.	The staffing schedule	le	
	06/30/2022.			_	reviewed daily to ens		
1		2007 12 (2010)			staffing is adequate a		
	At 9:33 AM, the DO	N informed the survey team that fuled to work the day shift on		will be adjusted as the			
1	07/01/2022 called o	ut. The DON and Assistant DON			population increases.		
1.	therefore were requi	ired to provide coverage for the			Leadership Team will		
	floors in addition to	their administrative/supervisory		Ī	in- serviced on Regula	tion	
	acting ALA presente	noted that at 11:30 AM, the ed a form which showed there		1	#583	1	
1	were only five CNAs	on duty to care for 95 residents	i i	3.			
	on the day shift as o	pposed to the stated seven			assess the resident Let	vel	
	CNAs.	1			of Care monthly to	1	
	At 5:08 PM, the DO	N said that she remained on	1		determine staffing nee		
- 10	duty after working th	e day shift to cover the evening	1		as it relates to residen	t [
li	SNIT. The DON revea LPN available, and s	aled that there was no facility the was not successful in			needs. Staffing will be	- 1	
- 18	obtaining an agency	nurse to help cover the shift.	1		adjusted accordingly.	1	
					Resident LOC reports v	vill	
1	At approximately 6:0	0 PM, the DON was observed ening medications from two			be submitted to the	- 1	
0	carts stationed on the	e first-floor hallway, in front of			monthly QAPI Commit	tee	
t	he dining room. The	DON said that the medication		Ł		Ų	
C	carts were transferre	d from their regular stations on				- 1	
0	ractice: however. it	She said this was not a usual would maximize the time spent					
a	idministering medica	tions, and help the residents					
re	eceive their prescrib	ed medications as soon as					
l p	idency agreed to ser	iter revealed that the staffing and an LPN to work from 8:00					
P	M that evening who	would remain on duty until the					
n	ext day.						
11	should be noted the	it at 8:30 PM, the DON was					
st	till administering eve	ning medications on the first					
fic	oor and indicated tha	at she still had 50 more					
l re	esidents to medicate						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY OMPLETED
		ALR-0041	B. WING		07	/12/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
SOUTHE	RN AVE SP LLC DBA I	IVINGSTONAT	INGSTON ROAD GTON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
i i i i i i i i i i i i i i i i i i i	Continued From pag	e 21	R 583			
	Beginning at 6:30 PM LPN schedules show pattern:	II, the review of the June 2022 red the following staffing				
	days; and (2) Evenin LPN's on 19 evening schedule for the June requested at 10:13 A	20 days and 3 LPNs on 10 g Shift:1 LPN on 8 evenings, 2 s, 3 LPN's on 3 evening. The e 2022 overnight shift was M but was not provided.	i A			
	B. The ALR failed to a the facility's stated stable below:	show that they consistently met affing pattern, as evidenced				
	requested to provide : June, and July 2022.	13 AM, the Acting ALA, was the staffing pattern for May, The Acting ALA stated that be information in.				
	At 7:18 PM, review of schedules showed the	the June 2022 CNA e following staffing pattern:				
(7 days; 7 CNAs on 6 days; 3 NAs on 5 days; 6 CNAs on 10				
3		on 6 days; 2 CNAs on 4 days; CNAs on 3 days; 5 CNAs on staff scheduled on				
n	ights; 3 CNAs 10 nigi	on 5 nights; 2 CNAs on 9 nts; 4 CNAs on 5 nights. reduled on 06/11/2022.				
A	t 7:25 PM, review of t	he May 2022 CNA				

Health	Regulation & Licensing	Administration	ive i		1 0111	APPROVED
STATEME AND PLAN	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY IPLETED
	A CHARLES TO SECURIT A STATE OF	ALR-0041	B. WING			12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE. ZIP CODE		
SOUTH	ERN AVE SP LLC DBA	IVINGSTON AT 4656 LIVI	NGSTON ROA	AD, SE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY WITFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DŲLD BE	(X5) COMPLETE DATE
R 583	overnight schedules pattern: 1 CNA on 6 nights; 2 12 nights; 4 CNAs or scheduled on 05/14/2 On 07/01/2022 at 11: from the acting ALA sates worked diacting ALA sates system" to obtain the staff hours worked, it staff coverage. C. The schedule for the available for review. D. On 07/05/2022 at 1 and procedures reveapolicy to address the	showed the following staffing CNAs on 7 nights; 3 CNAs on 4 nights. There was no staff 2022 and 05/20/2022. 30 AM, the surveyor requested a per-shift accounting of actual uring the previous month. The was unable to "get into the information. Without the actual is survey team could not verify the July 2022 was not made 3:37 AM, review of the policy alled the facility did not have a ALR's staffing requirements at the resident census.	R 583	Medical, Psychosocial Ass 1. Nursing Administrate reviewed the administration protocol regarding infectious Disease Resident records reviewed prior to admission to ensure necessary docume is complete inclusing ISP, TB /Chest X-ra A checklist will be implemented to e	ration nission g the	
	establish a written sta the health and safety	stigation, the ALR failed to ffing plan necessary to meet needs of the residents of the		record compliance 2. Nursing Administrated and Admissions with the compliance of th	ation	
	(4) Confirmation that communicable TB and and reportable commu	d record review, the Assisted	R 710	review/audit pre- admission procedu documents to ense compliance, and et the resident is free infection prior to admission 3. Results of the audi reported during the monthly QAPI Com Meeting.	ures/ ure nsure e of t will be e	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION		E SURVEY
-, -re-r t-71111 W	. Jointonon	IDENTIFICATION NUMBER:	A. BUILDING:		C	OMPLETED
		ALR-0041	B. WING		07	C /12/2022
IAME OF PR	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STATI	E, ZIP CODE		712/2022
OUTHER	RN AVE SP LLC DBA	ACCC LIM	INGSTON ROAD	•		
- T	WAVE OF LEG DOA	WASHIN	GTON, DC 200	32		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS'	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
R 710	Continued From pag	ge 23	R 710		*********	-
	rule out communical one of 17 residents	performed prior to admission to ble disease (tuberculosis), for in the core sample (Resident newly admitted residents				
	Findings included:					
i s	admitted to the ALR QuantiFERON-TB (T negative chest X-ray aid the resident nes uberculosis (TB) clir	alleged that Resident's #12 was with a positive TB Test) from March 2022, but a from 2018. The complainant eded to be evaluated at a nic, due to having apparently years before his admission to	1			
tt ir s d h ta pi T	ne Nurse Practitione nformed her that who even years earlier, f ays in an emergenc owever, said he did aking the antiblotics hysician told him he B test. The NP said	2 AM, during an interview with at (NP), she said Resident #12 en the TB was diagnosed he was given antibiotics for 10 yroom (ER). The resident not receive follow-up after and his last primary care would always have a positive she placed a referral in the an assessment to rule out				
re wi ho wa fin the su	dmission medical as wealed a "positive Q ith a negative chest owever, failed to incl as performed. The for adings and on my known e patient is not exhibe	PM, review of Resident #12's sessment (dated 03/29/2022) tuantiFERON (TB test) test X-ray." The assessment ude the date that the X-ray orm noted "Based on my owledge of this patient, I find biting signs or symptoms nicable disease that could be asual contact."				

STATEMEN	Regulation & Licensia IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIDI E	CONSTRUCTION	Tues = 1	(V2) DATE BUDVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY OMPLETED	
		ALR-0041	B. WING		07	C //12/2022	
NAME OF P	ROVIDER ÓR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	311-32-11-32		
SOUTHE	RN AVE SP LLC DBA		NGSTON ROA				
		WASHING	STON, DC 200	032			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
R 710	Continued From pa	ge 24	R 710		-1175		
	record showed a m dated 3/24/2022. At report was an X-ray showed "normal che						
	#12's Pre-Admission 04/29/2022), which nurse (RN) showed "positive QuantiFER X-ray" identified in the assessment. Addition	23 PM, review of Resident in Clinical Evaluation (dated was completed by the registered no mention of the resident's tON test with a negative chest he admission medical anally, prior to admission, the en reassessed to verify that the le latent TB.			E M		
	PM, revealed that he from the community interviewed on 06/30 when the nurse prac resident's previous 'I	rought to her and the Assisted			12 		
to the total control of the to	note dated 05/18/202 ALA were notified what 2 did not have a foodmission to determine the resident was the control of the ALA on 05/21/2 the results were repows then given a refersessment. At the time	28 PM, review of a medical 22 revealed the DON and the nen it was learned that Resident allow-up chest X-ray before ne his current tuberculin status. In referred for a stat chest X-ray proculosis. Mobile imaging came 22 to perform then X-ray and arted negative. The resident perral for an infectious disease me of the investigation, the all assessment had not been					

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		SURVEY MPLETED	
		ALR-0041	a. WING			C 07/12/2022	
	PROVIDER OR SUPPLIER	LIVINGSTON AT 4656 LIV	ORESS, CITY, STATINGSTON ROAL), 9 E		12/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
	On 07/01/2022 at 4: policy showed that to document that each disease. At the time falled to confirm that tuberculosis in a coradmission. 2. On 07/01/2022 at Intermediate Care Fa Admission/Annual Manewly admitted reside evidence that the residecumented. When interviewed, the omission of the information, as she was resident at the time.	38 PM, review of the agency he physician will need to resident is free from infectious of the investigation, the ALA to Resident #12 was free from municable form at the time of 6:00 PM, review of the acilities Division ledical Certification form for a lent (Resident #18) showed no sident's TB status was the DON acknowledged the mation and gave no additional was providing direct care to a lestigation, there was no R ensured residents were free	R 710				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	CON	SURVEY MPLETED C
		ALR-0041	B, WING		07/	12/2022
IAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	FATE, ZIP CODE		
OUTHER	RN AVE SP LLC DBA L	JVINGSTON AT WASHING	NGSTON RO STON, DC 2	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
R 000	Initial Comments		R 000			
0000 Initial Comments On 06/26/2022, the District of Columi Regulation and Licensing administrat Health's) Intermediate Care Facilities received an anonymous complaint reconcerns for the health and safety of residing at Livingston Place Assisted Residences (ALR). Due to the nature of the allegations, the Survey Agency (SSA) initiated an oninvestigation on 06/29/2022 through (determine compliance with the Assist regulations and the Assisted Living Life 44-101.01". The ALR is licensed for capacity of one hundred and fifty-three residents. The census as of 06/30/20 residents, and seven (7) residents whe from the facility.	District of Columbia Health Insing administration (DC e Care Facilities Division ous complaint regarding lith and safety of the residents in Place Assisted Living the allegations, the State in Place Assisted Living the allegations, the State in Place Assisted Living Initiated an on-site 19/2022 through 07/12/2022 to ewith the Assisted Living Isasisted Living Law "DC Code IR is licensed for a total red and fifty-three (153) as of 06/30/2022 was 93 (7) residents who were away I Assisted Living Administrator		Please start typing your res	ponses here:		
	were expected to be a July 2022. A total of 1	eam that four new residents admitted during the month of 9 residents were sampled for current resident records and				
	lwo newly admitted re					
-	The complainant alleg	ged the following:				
t	Trulicity (Diabetic med	nued to receive her old dose of dication) after it was increased on 03/23/2022. The ALR did until 04/14/2022."				
	Conclusion: Substanti	ated.				
2	2. "Resident #3 never	started on Rosuvastatin				
i		1	1		22	

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

If continuation sheet 1 of 44

	Regulation & Licensing					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Lancita Control Control Control	LE CONSTRUCTION	(X3) DATE :	SURVEY IPLETED
		ALR-0041	B. WING	-60	07/1	2/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	FATE, ZIP CODE	1	
SOUTHE	RN AVE SP LLC DBA L	IVINGSTONAT	NGSTON RO STON, DC 2	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT 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 APPROVIDENCY)	D BE	(X5) COMPLETE DATE
R 000	Continued From pag	e 1	R 000	T-A-IMH		
	[hypercholesterolemi 2022 and never rece Linezolid on 04/11/20	a] that was ordered March ived her Levaquin and 122 as ordered."				
1	Conclusion: Substan	tiated				
- 1	supplement] tablets f	ved ferrous sulphate [Iron ive times daily instead of the I then twice a day after one				
	Conclusion: Substant	iated				
1	medication of Levothy	ot receive her prescribed rroxine [hypothyroidism] from 5/10/2022, 05/12/2022 and				o .
- 1	Conclusion: Substant	ated				
1		ow what medications they patients when asked by the ly."				
	Conclusion: Not subst	antiated				
l c	did not receive her me when they notified the	ly reported that the resident dications on a Monday and nurse, she said that they (the different floor for evening				7)
C	Conclusion: Substantia	ated				
7 to	7. "Resident #7 did no o three days after her	t get her medications for one return from the hospital."			ŀ	
c	Conclusion: Substantia	ated			4	
		1				

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
					С	
		ALR-0041	B. WING		07/12/2022	
	PROVIDER OR SUPPLIER	4000 1 11	DORESS, CITY, STA			
DUTHE	RN AVE SP LLC DBA	FIAIMODI ON WI	INGSTON ROA GTON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
R 000	Continued From pa	ge 2	R 000		- Usuna nye	
	8. "Nurses were not signs, weights, B/P ordered."	assessing the resident's vital and glucose monitoring as				
	Conclusion: Substan	ntiated				
	Diabetic medications former Primary Care	sed several days/weeks of her s since refills were sent to the Physician, who stated the ger under their care."				
1	Conclusion: Partially	substantiated				
- 1	10. "Resident #10 ha administered on Sati administered the me	ad orders for Seroquel to be urdays, but the nurses never dication."				
1	Conclusion: Not subs	stantiated				
	11. "Resident #1 had medications as one r	trouble receiving some of his nurse is covering two floors."				
- 1	Conclusion: Substan	tiated				
i	12. "Nurses were not accordance with phys	administering medications in sician's orders."				
- 0	Conclusion: Substant	biated				
t	13. "There were delay heir medications."	ys in the residents receiving				
	Conclusion: Substant	iated				
1	4. "Residents were t determining their heal	peing admitted without tth status [tuberculosis (TB)]."				
lo	Conclusion: Substanti	hotod	l)			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A, BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY
			B. WING			3
		ALR-0041	B. WING		07/1	2/2022
	ROVIDER OR SUPPLIER	ASSS LIV	DORESS, CITY, STAT INGSTON ROAL	•		
OUTHE	RN AVE SP LLC DBA	WASHIN	GTON, DC 200	032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
R 000	Continued From pa	ge 3	R 000			
	15. "There was a de proper care because signs and symptoms	elay in a resident receiving the e the nurses did not know the s of a stroke."				
	Conclusion: Substar	ntiated				
	16. "Resident #11 h [antibiotic] (Z-Pack) received the medica	ad an order for Azithromycin on 5/11/2022 and never ation."				
	Conclusion: Not Sub	ostantiated				
	Resident #13's burn the Nurse Practition resulting in a delay in	ses were informed about wound and did not report it to er or Registered Nurse, on the proper treatment of the 3 did not receive prescribed				
	Conclusion: Partially	Substantlated				
1	swab on Resident #1	staff performed a COVID PCR IO, placed the swab in the Lab to call Lab Corp for pick-up.				
	Conclusion: Substan	tiated				
n rife	eare staff, management nember and review of ecords. The investig- ailed to be in compliant Regulations and the A	ews with the complainant, direct ent staff, residents, family of administrative and clinical ation determined that the ALR ance Assisted Living Assisted Living Law "DC Code ficient practices are addressed				

STATEMEN' AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0041	B. WING		C 07/12/2022
OUTHE	ROVIDER OR SUPPLIER	LIVINGSTON AT 4856 LIVII WASHING	PRESS, CITY, STANGSTON ROASTON, DC 200	D, SE	
	Continued From page 10108.2 Based on interviews Assisted Living Resisted Intermediate Car Admission/Annual M completed with all ar newly admitted resid (Residents #18 and Findings included: a. On 07/01/2022 at #18's medical certific resident's tuberculos resident's tuberculos resident's medical certific resident had or was if (PAP) test. b. On 07/01/2022 at #19's medical certific evidence that the physical certific evide	and record reviews, the dence (ALR) falled to ensure to Facilities Division ledical Certification form was reas addressed, for two of two lents in the investigation 19). 10:30 AM, review of Resident reation form, dated 06/03/2022, scian did not address the is status, did not list the is, and did not indicate if the in need of a Papanicolaou 11:12 AM, review of Resident reation form, failed to show resident documented the date, try or indicate if the resident had	R 074 R 074	Admissions (074) 1. Resident 18 & 19 missed on the me certification have addressed with M had colposcopy or 7/22/2022, PAP to awaiting MD resp TB test or CXR to free of communic disease be comple 9-1-2022. 2. 9-1-2022 Clinical for checklist tool will utilized to ensure compliance. The I Director/designee educate the Marketer/Admissi Nursing Leadershi need for all section Admission/Annual certificate is comp	edical been ID. #18 completed est conse for confirm able eted as of Move-IN be Executive will on and p on the ins of the
1	Director of Nursing a stated that the ALR w the physicians to corr At the time of the inve	ning at 4:30 PM, the ALR's cknowledged the findings and vould explore strategies to get aplete all sections of the form. estigation, the ALR failed to as of the form were completed ach resident.		entirety by 9-15-20 3. The Executive Director/designee ensure is complete Clinical checklist an Medical Certificate audited, and the re will be reported in monthly QAPI mee	will ed. ed will be esults the
R 108	10110.2a Required P	olicies And Procedures	R 108	*	Ĩ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING: A. BUILDING: C ALR-0041 (X2) MULTIPLE CONSTRUCTION A. BUILDING: C 07/12/202
1 - 0006
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE
4656 LIVINGSTON ROAD SE
SOUTHERN AVE SPILLC DBA LIVINGSTON AT WASHINGTON, DC 20032
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG OR LSC IDENTIFYING INFORMATION) TAG OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPANY) TAG OR LSC IDENTIFYING INFORMATION) TAG OR LSC IDENTIFYING INFORMATION) OR LSC IDENTIFYING INFORMATION)
R 108 Continued From page 5 10110.2a (a)Medication management, administration of medication, medication administration errors, and medication storage; Based on observations, interview and record reviews, the Assisted Living Residence (ALR) falled to have required policles and procedures that clearly defined the medication administration process, how staff should document the administration of medications in each resident's record, and how to address medication errors, including missed medications, for five of 17 residents in the core sample (Residents #4, 5, 6, 7, and 9). Findings included: 1. In-service /Training was conducted on 8/18 and 8/24 with the Licensed Nursing staff regarding Medication Administration. 2. (a)A review was conducted with the Nursing Administration 8/29/2022 on the Company's policies on Medication Administration, Receiving Medication Verification, Medicatio

Health F	Regulation & Licensin	g Administration			FOR	M APPROVE	D
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY	1
			A. BOILDING.				1
		ALR-0041	B, WING		07	C /12/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			37
SOUTHE	RN AVE SP LLC DBA		INGSTON ROA				
		WASHING	GTON, DC 20	032		141	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETE DATE	
R 108	Continued From pag	je 6	R 108			+	1-
	be taken one tablet I anemia. The MAR sl	on supplement) 325 mg was to by mouth three times a day for nowed that the medication was 04/05/2022, 05/10/2022, 04/2022.					
	- Resident #7 was no supplemental oxyger ordered on 04/23/20/ 05/21/2022, and 05/2	o continuously every shift as 22, 04/24/2022, 04/28/2002.					
	daily. The May 2022	na)100-25 mcg, inhale one puff MAR showed that the idministered on 05/05/2022, 1/2022.					
İ	 Fluticasone (Rhinitis spray in each nostril of the medication was n 04/05/2022, 04/11/20 	s) 50 mcg spray, inhale one daily. The MARs showed that ot administered on 22, and 05/10/2022.					
18	- Metformin (Diabetes twice a day. The MAF was not administered	Mellitus)1000 mg, one tablet showed that the medication on 04/05/2022.					
	Resident #7's April 2	2022 and May 2022 MARs					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	also showed no evide the following medicati and 05/10/2022: Etrav mmunodeficiency vin mg (hypothyroidism), gastroesophageal ref	nce that the resident received ons as ordered on 04/05/2022 virine 200 mg, (human us (HIV), Levothyroxine 137 Omeprazole Capsule 20 mg flux disease) (GERD), Prezista vir 100 mg, and SMZ/TMP DS					
n	On 07/01/2022 beginn of Nursing (DON) said ourses were to docum dministered on the M						
Basulatia	0.01100001						

Health F	Requiation & Licensing	Administration				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
	1-51/05/01/01	ALR-0041	B, WING	1000 julius 1000 j	100	C 12/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		चा
SOUTHE	RN AVE SP LLC DBA L	AGER I IVI	NGSTON ROA			
	THE OF LEG DEAT	WASHING	STON, DC 20	032		XI
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
R 108	Continued From pag	e 7	R 108	Yaran Madad		
			, , ,			Į.
		the DON the missing esident #7's MARs, the DON				
	responded by saying		1			
		here." The DON did not offer	f l			
		ny nurses failed to document				
		the medications, adding that				
	she would re-educate medication administra					
1	modication administr	ation documentation.				
f	2. The complainant a	lleged that the facility was not				
		ent #7's order for continuous				
1	supplemental oxygen	1.	1			
		ning at 9:07 AM, review of				
		acute and chronic respiratory			- 0	
1	failure, unspecified wi	hether with hypoxia or				
i	hypercapnia, chronic	obstructive pulmonary				
		cerebrovascular disease, and				
		of Resident #7's April 2022 showed Resident #7 was not	· ·		1	
	administered the sunr	plemental oxygen continuously				
f	every shift as ordered	on 04/23/2022, 04/24/2022,	1		i	
	04/28/2002, 05/21/20	22, and 05/22/2022.				
i	****					
	At the time of the inve	stigation, ALR nurses failed to right to receive supplemental			1	
		in accordance with the	1		ŀ	
	physician's orders.	and additional to with the			:2	
1	,	1			- 1	
1	3. The complainant all	eged that Resident #9 missed				
		II) medications for several refill requests were sent to the	1		J	
	wrong doctor.	enii requesis were sent to the			1	
	•					
	On 06/30/2022 beginn	ing at 1:17 PM, review of				
		Plan (dated 06/23/2022)	1			
I S	howed the resident na Avpertension Dishete	ad diagnoses that included s Mellitus and Alzheimer's				
Į'	"The stollage it brancie	S MONING BING AIZHEITHEI S				
		ļ			j	
1		T.	10			1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE (A. BUILDING:			SURVEY MPLETED
		ALR-0041	B, WING		07	C 12/2022
ME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	E. ZIP CODE	1 90	ILIEULL
al ITUE:	RN AVE SP LLC DBA	ACE O I NUI	NGSTON ROAL			
JUINE	RN AVE SPEEC DBA	WASHING	TON, DC 200	32	0-11-101 F00-100	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	FATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X6) COMPLE DATE
R 108	Continued From pa	ge 8	R 108			
	showed Resident # medications for dial mg, Rybelsus 14 m review of the orders	M, review of the resident's orders 9 was prescribed several petes including Metformin 850 g, and Jardiance 10 mg. Further showed that the resident's to be checked twice a day.				
	At 1:33 PM, review May 2022 MARs sh	of Resident #9's April 2022 and owed the following:				
i		not receive Metformin on 022, and 05/29/2022.				
		not receive Rybelsus on 05/05/2022, or on 05/10/2022				
		not receive Jardiance on 05/11/2022, or on 05/30/2022.				
	from 05/01/2022 thro	od glucose was not checked ough 05/18/2022, and only /19/2022 and 05/30/2022.				
	said during an interv document all medica	nning at 12:24 PM, the DON iew that nursing staff should atlons administered on the				
	MARs. When the sui missing documentati 2022 MARs, the DOi right, the documenta	rveyor showed the DON the ion on the April 2022 and May N responded by saying "you're tion isn't there." The DON did				
	document administer	as to why nurses failed to ring the medications and lucose, adding that she would ng staff on proper				
1	At the time of the inv	estigation, without verifiable				

Health I	Regulation & Licensin				FORM	/I APPROVE		
STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY MPLETED		
		ALR-0041	B. WING			C 12/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4656 LIVINGSTON ROAD, SE WASHINGTON, DC 20032								
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS.	ATEMENT OF DEFICIENCIES T 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)	8E	(X5) COMPLETE DATE		
F	Resident #9 receive and the resident's to 4. The complainant administered five talk instead of three table and then two tablets. Resident #4's Individual o6/23/2022, provided including iron deficie " <resident #4=""> required medication. Initiated did not further elabor On 06/30/2022 begin #4's Medication Admo Outlate. One order remilligrams (mg), 1 talk for 30 days. Iron deficorder read: ""Ferrous by mouth twice a day date). The 04/2022 Medicate in times for 30 days. Iron deficorder read: ""Ferrous by mouth twice a day date). The 04/2022 Medicate in times for 30 days. Iron deficorder read: ""Ferrous date). The 04/2022 Medicate in times for 30 days. Iron deficient for 3</resident>	e was no evidence that d all medications as ordered eatment orders were followed. alleged that Resident #4 was plets of Ferrous Sulfate daily est daily for the first 30 days a day thereafter. Itual Service Plan (ISP), dated a long list of diagnoses, never anemia. The ISP also said ires daily supervision of 01/09/2022." [Note: The plan rate re: "daily supervision." Ining at 11:44 AM, Resident inistration Record (MAR) for concurrent orders for Ferrous ad: "Ferrous Sulfate Tab 325 plet by mouth three times a day ciency anemia." The other Sulfate Tab 325 mg, 1 tablet (without indicating a start IAR showed the designated for the two orders were at 8:00 pp. And 8:00 AM and 8:00 pp. And 8:00 AM and 8:00 pp. And 8:00 AM and 8:00 pp. And Resident portions to the MAR, the first ad on 04/23/2022 at 8:00 pp. Administering both the TID and ablets each day through the period pp. And Resident period pp. And Resident period portions of Ferrous Sulfate inlight at the first period portions of Ferrous Sulfate inlight period	R 108					

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY
	and the same of th	ALR-0041	B. WING		0.0	C //12/2022
ME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	1 01	TEIZUZZ
OUTHE	RN AVE SP LLC DBA		NGSTON ROA			
		WASHING	STON, DC 200	032		
X4) ID REFIX TAG	LEWOU DEFICIENCY WIDS	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
R 108	Continued From pag	ge 10	R 108		*****	-
	nurses documented	ng on 05/21/2022, however, administering one Ferrous twice a day (the TID order had				
	nurses. For example (LPN #6) wrote on 04 Sulfate Tab 325 mg.	progress notes reflected entation made by medication , a Licensed Practical Nurse 4/24/2022 at 9:10 PM "Ferrous 1 tablet by mouth three times a				
	Sulfate Tab 325 mg, Duplicate order." A pr on 05/07/2022 at 7:01 Tab 325 mg, 1 tablet 30 days. Duplicate or	clicate order." Two days later), LPN #6 wrote "Ferrous 1 tablet by mouth twice a day. Togress note made by LPN #7 1 PM said: "Ferrous Sulfate by mouth three times a day for der." On the next day, M, LPN #6 wrote: "Ferrous				
o s	Sulfate Tab 325 mg, 1 Order has been chang 05/12/2022 at 9:51 PM and on 05/16/2022 at Ferrous Sulfate Tab 3 wice a day. Order has laily." The first progre	I tablet by mouth twice a day. ged to three times daily." On M, 05/13/2022 at 10:00 PM, 9:30 PM, LPN #6 again wrote: 325 mg, 1 tablet by mouth s been changed to three times ss note indicating contact with or a supervisory Registered				
1 3 pi in de	orse was entered by 0:51 AM when LPN # 25 mg, 1 tablet by mo harmacy." That was n itial 30-day period wh	LPN #7 on 05/21/2022 at 17 wrote "Ferrous Sulfate Tab outh twice a day. Call made to lear the conclusion of the lear the MAR showed nurses histration of both orders				
ar	Nursing (DON) revie	ng at 2:29 PM, the Director wed Resident #4's 04/2022 If the physician's order n 06/29/2022				
sh	eets (POS) printed or	n 06/29/2022				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING;	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0041	D. WING		07/12/2022
	PROVIDER OR SUPPLIER FRN AVE SP LLC DBA L	IVINGSTON AT 4656 LIVII	DRESS, CITY, STAT NGSTON ROAI STON, DC 200	D, SE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
	(current). The DON s many Ferrous Sulfate Resident #4 each day asked if nurses could MAR, the DON stated make changes to an know the physician's electronic system. She need to be educated remained unclear who maintaining the reside acknowledged that the that Resident #4 receivablets a day. On 07/1/2022 at 2:14 Resident #4's physiciathe period 04/1/2022 for were printed from the ALR. The 04/2022 PC supplement orders runsame start date of 04/did not, however, have original order(s) writte Without having the orisurvey team could not physician wrote uncleaves a transcription errowere sent by the physician wrote uncleaves a transcription errowere sent by t	aid she was unable to say how a tablets were administered to by prior to 05/21/2022. When I make changes to a resident's distant nurses were permitted to MAR. They must, however, "NPI number" to enter the se further stated that "nurses about NPI numbers." It to was responsible for ents' MARs. She is documentation suggested ived five Ferrous Sulfate. PM, the facility sent by email and's order sheets (POS) for through 05/31/2022. The POS internal system used by the DS showed the two Iron noning concurrently, with the 21/2022 on each. The facility is available for review the in by the prescribing physician. I determine whether the art orders initially or if there for made after the initial orders ician. Ing at 2:25 PM, LPN #6 was one. When asked if she avaing two concurrent orders are order saying to administer a day and the other order ereplied she did not surveyor mentioned that she notes on 4/24/2022,	R 108		

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY
		ALR-0041	B. WING			С
ME OF F	POWDED OR SURBLUEO					12/2022
	ROVIDER OR SUPPLIER	4404 1 84	DRESS, CITY, STAT			
OUTHE	RN AVE SP LLC DBA		NGSTON ROAD STON, DC 200			
X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(XS) COMPLET DATE
R 108	Continued From pag	ge 12	R 108			
	explained that she waccess the progress recall how many tab administered to Res conversation revealed the time, the doctor for new medications electronically. LPN # would not telephone seek clarification of a call the doctor to cor On 07/06/2022 at 2:5 by telephone. Reside progress notes show the resident's Ferrous prescribed. However recalled Resident #4 for Ferrous Sulfate, cathere times a day and administer it twice a control of the computer at the monomorphism of the computer at the monomorphism of the control of the cont	ed that approximately 90% of or nurse practitioner sent orders directly to the pharmacy 6 also stated that facility staff the prescribing physician to an order; "the pharmacist would				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	were identified. This Ferrous Sulfate order said to administer on for twelve weeks, an administer one 50,00 According to Resider resident was administer one 50,00 According to Resider resident was administered at 05/05/2022. The 05/2 was administered at 05/05/2022, 05/12/20 05/26/2022). The MA 05/21/2022, LPN #7 corresponding progresaid: "Vitamin D 2 50 capsule by mouth one pharmacy." The nursiwhether she reached information was obtain MARs showed that significant of Vitamin D2 wood/09/2022, 06/16/20 also received a onceadministered on 06/21 capsule. Take one captimes 12 weeks then of month. The evidence initial order was mistate concurrent orders (bottle MARs and the ALI corrective action.	rs for Vitamin D 2 supplements was similar to the concurrent rs discussed above. One order to 50,000-unit capsule weekly deceived the other order said to 00 unit capsule each month. In the 44's 04/2022 MAR, the stered a 50,000-unit capsule on 2022 MAR showed the resident 50,000-unit capsule weekly (on 2022, 05/19/2022, and R also showed that on wrote a progress note. The less note (entered at 8:51 PM),000-unit capsule take one ce a month. Call made to be did not, however, indicate the pharmacist or if new less administered 50,000 eekly (on 06/02/2022, and 06/23/2022) and she monthly 50,000-unit capsule	R 108			

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MID TIDLE	CONSTRUCTION		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	OONG I KUCIJUN	(X3) DATE	SURVEY MPLETED
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DUTHE	RN AVE SP LLC DBA		INGSTON ROAL			
	THE OF LEG DOZ		GTON, DC 200			
X4) ID TREFIX	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING (INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE ACTIVE ACTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLE DATE
R 108	Continued From pag	e 14	R 108			
	not administered Lev through 05/10/2022, 05/13/2022, as order	othyroxine on 05/03/2022 then again on 05/12/2022 and ed.				
	at 11:36 AM, Reside Administration Recorder: "Levothyroxine by mouth every morn designated administration MAR showed no evide the Levothyroxine on through 05/10/2022, confirm showed Resident #5 Levothyroxine on 13 and Resident #5's 04/2021 nurses administered to 30 mornings in 04/2022 Resident #5's nurse pany progress notes the street of the street to the street t	ng the allegation. The MAR did not receive the of the first 19 days in 05/2022. It showed no evidence that the Levothyroxine on 17 out of 22. Togress notes did not include at explained why the resident wothyroxine 137 micrograms				5.50
r E a e O	to did not receive insuresident missed entire and allegations were administered at 2:00 Fentire medication admitsered at 2:00 Fentire medication admitsered at 2:00 Fentire medication (See esident's record (See d. (Cross-reference to	R373.9) Resident #5 did not regimen of Ciprofloxacin				

STATEMEN	Regulation & Licensing NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A, BUILD(NG: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0041	B. WING	and the same of th	C 07/12/2022
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, STA	TE, ZIP CODE	
SOUTHE	RN AVE SP LLC DBA	IAMODIONAL	INGSTON ROA GTON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
	beginning 04/07/202. Cipro on the last two 9. [Cross-reference F April 2022 showed the medications on the mod/02/2022, 04/04/20 04/01/2022 through 0 documented by nurse not receive Metformin 10. [Cross-reference #6's progress notes shegin a 10-day treatmetwice daily. Nurses do 04/28/2022 and 04/28 that Resident #6 receive mainling eight days reflected on the resident that the should be noted that numerous other incondocumentation entries R373) Review of the facility's manual failed to show and procedures that we regarding: (1) creating monthly MAR, (2) facility MAR, (3) facility MAR, (4) facility MAR, (5) facility MAR, (6) facility MAR, (7) facility MAR, (8) facility MAR, (9) facility MAR, (10) fac	2. She was not administered days of the 10-day cycle. R373] Resident #6 MARs for fat the resident did not receive fornings of 04/01/2022, 022 or the evening of 04/04/2022, with no explanation as. In addition, Resident #6 did not at 8 AM, on 05/06/2022. R373] A review of Resident thowed that the resident was to ment with Bactrim antibiotic focumented administration on 05/2022. There was no evidence ived the Bactrim on the (16 doses). Bactrim was not ent's MARs. It the investigation identified applete and/or contradictory in resident records. (See evidence of written policies and procedures evidence of written policies and maintaining a resident's			
		licies And Procedures	R 109		

PRINTED: 08/23/2022 FORM APPROVED

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY OMPLETED
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(X4) ID PREFIX TAG	L (EWOU DELICIENCY WIDS)	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY INTERVING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	III D BC	(X5) COMPLE DATE
f Se Cop P F a de	resident's ISP, included resident's (or surrogatin part or whole and agreement (SRA) to discrepancies between to independence and safety and wellbeing. Based on interview and Living Residence (AL policy/procedure regatevision of a resident's (ISP), for one of 17 resident #13) and or residents (Resident #13) and or residents (Resident #15). The ALR failed to indeveloping an ISP price evidenced: Resident #18 was admodeled and the Director of Nutrated that she would prove the Director of Nutrated that she would prove the investigation of 17/01/2022, review rocedures manual should be residency in individualized assistated prior to move eveloped prior to move every move the province of the investigation of t	ling policies on addressing a ste's) disagreement with an ISP using a shared responsibility resolve remaining on the individual resident's right the ALR's concerns for the of the resident and others. Individual resident's right the ALR's concerns for the of the resident and others. Individual to have a right to development and a Individualized Service Plan sidents in the core sample the of two newly admitted (18). Inplement its policy on or to admissions, as a sittled to the facility on 2022 at 9:50 AM, the popy of Resident #18's ISP resing (DON). The DON provided for review before the control of the ALR's policy and swed the following: Individualization of Services assessment and move-in, ance/service plan will be point."		Policy and Procedure (R109 1. A review Residents were conducted and resident out complish were corrected by 8/31/2022. A preadmission checklist implemented to ensigned pre-admission composition of the Leadership Tear be educated on the Company's Policy and Procedures with emplemented to ensigned procedures with emplemented on the Individualized Service Plan (ISP) (electronic and Hard by 9/15/2022. The Leadership team will Inservice line staff or same. 3. The staff will be audit for compliance and the results of the audit we presented in the QAP Committee Meeting.	o) ISP ISP di those ance will be sure oliance. m will di phasis copy) the ted he fill be	

T OF DECIDION	Administration			7
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			(X3) DATE SURVEY COMPLETED
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Continued From page	e 17	R 109	* 1000000000000000000000000000000000000	
admission.				
0.75-41079		. 1		1
following a change in				
below:		1		
[Cross-reference to R	8 483] On 06/29/2022 at 10:14	.). 1		
05/25/2022, Resident	#13 informed her that she	1		: 1
spilled coffee on her l Upon assessment, th	eg and had sustained a burn. e NP determined that the			į
resident sustained a s	second degree burn to her left			
wound to be cleansed	with Normal Saline, pat dry,			
	topical antimicrobial drug)			1
Review of Resident #	13's ISP showed that it had			
peen reviewed on 06/2	23/2022. There was no			
eflect the residents w	ound, and wound care			
on 07/01/2022, review	of the ALR's policy and			
rocedures failed to sheddresses updating IS	now evidence of a policy that	l j		į.
esident's condition.	, o and, a onengo a, a			1
on 07/01/2022, the Dir	rector of Nursing (DON) was	61		
				ľ
een updated to reflec	t the resident's change in			
t the time of the inves	itigation, the ALR falled to			1
nsure each ISP was r				1
e resident's condition	evised to reflect changes in			
	ROVIDER OR SUPPLIER RN AVE SP LLC DBA L SUMMARY STA (EACH DEFICIENCY MISSION Continued From page admission. 2. The ALR falled to a following a change in below: [Cross-reference to RAM, the ALR's Nurse 05/25/2022, Resident spilled coffee on her! Upon assessment, the resident sustained a supper thigh. An order wound to be cleansed and apply Silvadene (lawice a day. Review of Resident # been reviewed on 06/2016/ence to show that reflect the residents we interventions to include symptoms of infection. On 07/01/2022, review or order sidents and apply silvadene (lawice and symptoms of infection) On 07/01/2022, review or order sidents and apply silvadene (lawice and symptoms of infection) On 07/01/2022, review order sidents and apply silvadene (lawice and symptoms of infection) On 07/01/2022, the Dill sked about Resident and cknowledged that Relean updated to reflect ondition.	ALR-0041 ROVIDER OR SUPPLIER RN AVE SP LLC DBA LIVINGSTON AT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) Continued From page 17 admission. 2. The ALR falled to revise a resident's ISP following a change in health condition, as evidenced below: [Cross-reference to R 483] On 06/29/2022 at 10:14 AM, the ALR's Nurse Practitioner (NP) noted that or 05/25/2022, Resident #13 informed her that she spilled coffee on her leg and had sustained a burn. Upon assessment, the NP determined that the resident sustained a second degree burn to her left upper thigh. An order was given by the NP for the wound to be cleansed with Normal Saline, pat dry, and apply Silvadene (topical antimicrobial drug) lwice a day. Review of Resident #13's ISP showed that it had been reviewed on 06/23/2022. There was no evidence to show that the ISP had been updated to reflect the residents wound, and wound care interventions to include monitoring for signs and symptoms of infection. On 07/01/2022, review of the ALR's policy and procedures failed to show evidence of a policy that addresses updating ISPs after a change in a esident's condition. On 07/01/2022, the Director of Nursing (DON) was sked about Resident #13's ISP update. The DON cknowledged that Resident #13's ISP had not een updated to reflect the resident's change in	ALR-0041 ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST 4656 LIVINGSTON RO. WASHINGTON, DC 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 admission. 2. The ALR falled to revise a resident's ISP following a change in health condition, as evidenced below: [Cross-reference to R 483] On 08/29/2022 at 10:14 AM, the ALR's Nurse Practitioner (NP) noted that on 05/25/2022, Resident #13 informed her that she spilled coffee on her leg and had sustained a burn. Upon assessment, the NP determined that the resident sustained a second degree burn to her left upper thigh. An order was given by the NP for the wound to be cleansed with Normal Saline, pat dry, and apply Silvadene (topical antimicrobial drug) twice a day. Review of Resident #13's ISP showed that it had been reviewed on 06/23/2022. There was no evidence to show that the ISP had been updated to reflect the residents wound, and wound care interventions to include monitoring for signs and symptoms of infection. On 07/01/2022, review of the ALR's policy and procedures failed to show evidence of a policy that addresses updating ISPs after a change in a esident's condition. On 07/01/2022, the Director of Nursing (DON) was sked about Resident #13's ISP update. The DON cknowledged that Resident #13's ISP had not een updated to reflect the residents change in ondition. It the time of the investigation, the ALR falled to	ALR-0041 ROWIDER OR SUPPLIER RAVE SP LLC DBA LIVINGSTON AT ROWIDER OR SUMMARY STATEMENT OF DEPICIENCES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REQULATORY OR 1.50 IDENTIFYING INFORMATION) COntinued From page 17 admission. R 109 R 1

IND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY MPLETED
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AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		1414044
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R 125	Continued From pag	ne 18	R 125			
R 125	10110.2r Required F	Policies And Procedures	R 125			
	emergency medical a health emergency.	ining when an ambulance or services are contacted during a		Medical Emergency (R12	25)	
	Living Residence (Al policies and procedu request emergency mesidents in the core Findings included. Policy I-140"Emeradequate response to Residents will receive and will have an emedwelling unit. Staff will cardiopulmonary resumanagement of problemergency medical stactivated." When the	and record review, the Assisted LR) failed to implement its res on determining when to nedical services, for two of 17 sample (Residents #8 and 15). gency Care" to assure president emergencies. The appropriate emergency care regency call system in their libe trained in first aid and escitation (CPR) for early ems. When in doubt, the ervices system will be estaff at the Community judgement, an emergency will call 911."		 Licensed Nurses serviced/trained 8/18 and 8/24. T included: Medica Emergency Proces Protocol and the summon 911. Additional training provided to staff Company Policy/Procedure Emergency Care & 9/25/2022. Addit training will be pron "Guidelines on 	on the opics all edure and need to on the for oy lonal covided	
ti n h c A P w	apparent that a reside the staff member will on the staff member will on the staff nurs are parrives Notify the contact the family or reaction of the staff nurs are the family or restrictioner (NP) said was informed on 06/26	inning at 12:54 PM, the Nurse during an interview that she 3/2022 that Resident #8 was y room for a stroke at 7:00		Notify the Physici 9/30/2022. 3. Emergency /Trans be reviewed for compliance in documentation ar appropriate proce The results of the will be submitted QAPI committee.	ifers will id dure. review	

ALR-0041 SYREET ADDRESS, CITY, STATE, ZIP CODE 4656 LIVINGSTON ROAD, 8E WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICENCIES WASHINGTON, DC 20032 (EACH DEFICIENCY MAY BE PRECEDED YPOLL REGULATORY TAG ON LSC IDENTIFYING INFORMATION) R 125 Continued From page 19 (CE/CC). She further stated she did not know how long the resident was exhibiting signs and symptoms of stroke prior to the call for 911/Emergency Medical Services (EMS). According to the hospital discharge summany, the patient was outside the window for tissue plasminogen activator [IPA]. On 08/26/2022 at 3:00 PM, during an interview, LPM #1 assessed the resident's vital signs which she stated were within normal limits. Resident #8 then called a local family members in North Carolina (early morning) to inform them that he thinks he is having a stroke. The family in North Carolina (early morning) to inform them that he thinks he is having a stroke. The family in North Carolina then called a local family member who eventually came to the facility later that day. The local family member requested that the ALR runge call [91] of use to slurred speech and left side weskness. LPN #1 acknowledged that she alk did not cummant the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she acknowled by the she are did not the provide more information to the NP. N 64.4 PM, LPN 86 called the NP and informed the orded she she are did she NP to inform her that the paramedics were c	STATEMEN	Requiation & Licensing IT of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A, BUILDING:	CONSTRUCTION		E SURVEY DMPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE 4856 LIVINGSTON ROAD, SE WASHINGTON, DC 2032 PROPER (FACH DEPRICIENCY SUMMARY STATEMENT OF DEFICIENCES) (REGISTRANCE OF THE APPROPRIATE DEFICIENCES) (REGISTRANCES OF THE APPROPRIATE DEFICIENCES (RE	1		ALR-0041	B. WING		07	
OW) ID SUBMANY STATEMENT OF CERIOENCIES OF PALL REGULATORY PREFIX (FACH DEPICIENCY STATEMENT OF CERIOENCIES OF PALL REGULATORY PREFIX (FACH DEPICIENCY) ACTION SHOULD BE CROSS-REFERENCE APPROPRIATE COUNTY (PACE OF PACE OF P	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	E, ZIP CODE		
R 125 Continued From page 19 (08/25/2022). She further stated she did not know how long the resident was exhibiting signs and symptoms of stroke prior to the call for 91 ft.Emergency Medical Services (EMS). According to the hospital discharge summary, the patient was outside the window for tissue plasminogen activator [tPA]. On 06/29/2022 at 3:00 PM, during an interview, LPN #1 stated that Resident #8 informed her on 06/25/2022 the fell like he was having a stroke. LPN #1 assessed the resident's vital signs which she stated were within normal limits. Resident #8 then called his family members in North Carolina (early morning) to inform them that the thinks he is having a stroke. The family in North Carolina to the facility later that day. The local family member requested that the ALR nurse call 911 due to slurred speech and left side weakness. LPN #1 acknowledged that she did not document the time that EMS arrived nor did she document the time tha	SOUTHE	RN AVE SP LLC DBA I	IVINGS HUN A I		•		
(06/25/2022). She further stated she did not know how long the resident was exhibiting signs and symptoms of stroke prior to the call for 911/Emergency Medical Services (EMS). According to the hospital discharge summary, the patient was outside the window for tissue plasminogen activator [tPA]. On 06/29/2022 at 3:00 PM, during an interview, LPN #1 stated that Resident #8 informed her on 06/25/2022 that he felt like he was having a stroke. LPN #1 assessed the resident's vital signs which she stated were within normal limits. Resident #8 then called his family members in North Carolina (early morning) to inform them that he thinks he is having a stroke. The family in North Carolina (early morning) to inform them that he thinks he is having a stroke. The family in North Carolina then called a local family member who eventually came to the facility later that day. The local family member requested that the ALR nurse call 911 due to slurred speech and left side weakness. LPN #1 acknowledged that she did not document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS took the resident to the emergency room. B. According to the NP, on 06/18/2022, LPN #6 called her three times regarding Resident #15. At 3:57 PM, the nurse informed the NP that the resident was "n. a little confused and did not feel good." The nurse was not able to provide more information to the NP. At 8:44 PM, LPN #8 called the NP and informed her of the urine dipstick results and that the resident was trying to eat a sandwich but was not using her hands. At 8:01 PM, the LPN #6 called the NP to inform her that the paramedics were concerned that the resident may be having a stroke. The NP stated that she asked the LPN if the resident was having weakness on her left side, to which the LPN responded," Ithin it got worse." The	PREFIX	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY	ID PREFIX	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETE DATE
symptoms of stroke prior to the call for 911/Emergency Medical Services (EMS). According to the hospital discharge summary, the patient was outside the window for tissue plasminogen activator (tPA). On 06/29/2022 at 3:00 PM, during an interview, LPN #1 stated that Resident #8 informed her on 06/25/2022 that he felt like he was having a stroke. LPN #1 assessed the resident's vital signs which she stated were within normal limits. Resident #8 then called his family members in North Carolina (early morning) to inform them that he thinks he is having a stroke. The family in North Carolina (early morning) to inform them that he thinks he is having a stroke. The family in North Carolina then called a local family member who eventually came to the facility later that day. The local family member requested that the ALR nurse call 911 due to slurred speech and left side weakness. LPN #1 acknowledged that she did not document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that EMS arrived nor did she document the time that the resident was "no 18/18/18/18/18/18/18/18/18/18/18/18/18/1	R 125	Continued From pag	e 19	R 125			
	i t s k f	how long the resider symptoms of stroke 911/Emergency Med to the hospital discha outside the window fi [tPA]. On 06/29/2022 at 3:0 LPN #1 stated that R 06/25/2022 that he fe LPN #1 assessed the she stated were withit then called his family (early morning) to info the facility later tha requested that the AL slurred speech and le alocal family not the facility later that she stated were within the the she stated were within the stated has the AL slurred speech and least has shown as the stated was rived nor EMS took the resident she she was " a little good." The nurse in resident was " a little good." The nurse was normation to the NP, he NP and informed had that the resident was not using her fo called the NP to interest was not using her fo called the NP to interest was not using her focalled the NP to interest was not using her	at was exhibiting signs and corior to the call for lical Services (EMS). According arge summary, the patient was for tissue plasminogen activator. IO PM, during an interview, esident #8 informed her on lit like he was having a stroke. The resident's vital signs which in normal limits. Resident #8 members in North Carolina family in North Carolina family in North Carolina then nember who eventually came to day. The local family member. Re nurse call 911 due to fit side weakness. LPN #1 fit is did not document the time that to the emergency room. P, on 06/18/2022, LPN #6 regarding Resident #15. At formed the NP that the exconfused and did not feel anot able to provide more. At 6:44 PM, LPN #6 called her of the urine dipstick results was trying to eat a sandwich thands. At 8:01 PM, the LPN form her that the paramedics he resident may be having a that she asked the LPN if the reakness on her left side, to				

STATEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: ALR-0041		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 07/12/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
SOUTHE	RN AVE SP LLC DBA L	IVINGSTONAT	IGSTON ROATON, DC 20	•		
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R 125	stated that she asked neurological assessing that she had not perf	d the LPN if she performed a nent, to which LPN #6 admitted ormed a complete assessment.	R 125	Training (R129) 1. Licensed Staff receive training on 8/18 and 8/24on Medication Management, MAR	d	
	10110.4 Required Policies And Procedures 10110.4 An ALR shall train its staff in the proper implementation of its procedures. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure each staff received ongoing training on: I. procedures for medication management, II. maintaining medication administration records, III. identifying, reporting, and recording significant changes in a resident's condition, and IV. implementing emergency procedures, for eight of 17 residents in the core sample (Residents #3, 5, 6, 7, 8, 10, 13, and 15). Findings included: I. The ALR failed to ensure ongoing and effective training on medication administration, as evidenced below:		docume 10110.4 An ALR shall train its staff in the proper Implementation of its procedures. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure each staff received ongoing training on: I. procedures for medication management, II. maintaining medication redirection records, III. identifying, reporting, and recording significant changes in a resident's condition, and IV. implementing emergency procedures, for eight of 17 residents in the core reample (Residents #3, 5, 6, 7, 8, 10, 13, and 15). The ALR failed to ensure ongoing and effective raining on medication administration, as evidenced R 129 docume Emerge Updatin when the condition 2. The Nur Team w training training training training or onedication administration, as evidenced		on, rocedures and Service Plan s a change in eadership ovided 29/2022 on hecklist to be for new s for a will be sure	
	1000 milligram twice a physician, as follows: According to Residen Administration Record administered Metform In a corresponding nu wrote "Hold for finger deciliter." The residen (POS) for 05/2022 sai	ot administered Metformin a day as ordered by the t #6's 05/2022 Medication d (MAR), the resident was not in at 8:00 AM on 05/06/2022. rse progress note, LPN #2 stick of 98 milligram per t's physician's order sheet d: "Metformin Tab 1000 mg. h twice a day." The POS did per	5	MAR documentation Medical Emergency Procedure, and ISP updating. An ISP Calc was created to ensure timeliness of updation ISPs. 3. An audit of the ISP was conducted monthly to ensure compliance a results will be review the QAPI meeting	endar re the ng the vill be to nd the	

SINTEMEL		Administration				
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING;	CONSTRUCTION	(X3) D.	ATE SURVEY COMPLETED
			A, BOILDING,			
		ALR-0041	B. WING			C 07/12/2022
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JOUTHE	KIN MAE OF LIC DOW I	WASHIN	GTON, DC 200	032		
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R 129	Continued From pag	e 21	R 129			
	being documented. Naid the administratic contingent upon the recontrolled by the admeating a "diabetic dies" On 06/30/2022 at 3:1 05/06/2022 progress 05/2022 MAR. She compared the controlled by the admeating a "diabetic dies" On 06/30/2022 progress 05/2022 MAR. She compared the controlled by the controlled the controlle	were no parameters indicated. When asked why a reading he medication, she replied the the resident's blood sugar esident #6's primary physician recyor asked how often a finger stick reading? They ginal order for Metformin and asked the physician taff to administer the regardless of blood glucose of formation about Resident ger sticks was received. Stigation, the ALR falled to the was administered in accordance with the				

AND PLAIN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY
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VAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE ZIR CODE	07	12/202
OUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIV	INGSTON ROAL	D, SE		
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES	GTON, DC 200			
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R 129	Continued From pa	ge 22	R 129			
i i	Levothyroxine on 1 and 13 of the first 1 addition, Resident on 04/13/2022 at 2: medications on 04/12 received 17 out of 2 April 2022. Resident mg for five days as and 06/01/2022. (See On 06/29/2022 at 10 requested document provided since 04/15 forthcoming. On 06/15 forthcoming on 06/15 forthcoming that had bee full-time in May 2022 periodic ongoing train the covere was no documentation or or topics she covered was no documentation or or topics of the previous of the previou	2:00 AM, the survey team tation of all staff training 2/2022. No information was 30/2022 at 11:54 AM, the DON) was asked about staff on provided since she was hired 2. The DON said she provided ning. She acknowledged d not document the date, time, d. In addition, she said there on available regarding training's lous administration.				
a 0 b a a	Mocument on an MAF Intibiotic to Resident 4/28/2022, and Resi eginning on 05/25/20 Ind June 2022 MARs Intibiotic of Oxygon	wed that nursing staff failed to it the administration of Bactrim #7 for ten days beginning dent #13 for ten days 022. Resident #16's May 2022 did not document every codone (pain medication), as ent's narcotic medication 08 and R373.				

ID PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1	CONSTRUCTION		E SURVEY
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		ALR-0041	B. WING		07	/12/2022
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OUTHE	RN AVE SP LLC DBA	LIVINGSTONAT	INGSTON ROAI GTON, DC 200	• -		
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R 129	Continued From page	ge 23	R 129			
	On 06/29/2022 at 10:00 AM, the survey team requested documentation of staff training. No documentation of staff training was made available during the investigation.					
	training on identifying	ensure ongoing and effective g, reporting, and recording n a resident's condition, as				
	receive timely and ap a burn to the left thig provided no written e	owed that Resident #13 did not oppropriate wound care following h on 05/25/2022. The ALR evidence that staff received incidents or treating burns.				
- 11	IV. The ALR failed to training on when to ir procedures, as evide	ensure ongoing and effective inplement emergency inced below:				
a final fina	adequate response to Residents will receive and will have an eme dwelling unit. Staff wi cardiopulmonary resu management of proble emergency medical s activated." When th	gency Care" to assure or resident emergencies. e appropriate emergency care regency call system in their libe trained in first aid and iscitation (CPR) for early ems. When in doubt, the ervices system will be e staff at the Community judgement, an emergency will call 911."			i i	
a ti n h	apparent that a reside the staff member will o notify the on-staff nurs	oning Help. When it is ont is in need of medical help, call the ambulance, 911, and se. Stay with the resident until ne Manager, who will in turn				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY MPLETED
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			TON, DC 200			
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R 129	Continued From pa	ge 24	R 129			
	person."					
	Practitioner (NP) sa was informed on 06	reginning at 12:54 PM, the Nurse aid during an interview that she 3/26/2022 that Resident #8 was	ļ.			
	PM on the night bet stated she did not k exhibiting signs and call for 911/Emerge According to the ho	ency room for a stroke at 7:00 fore (06/25/2022). She further know how long the resident was a symptoms of stroke prior to the incy Medical Services (EMS), spital discharge summary, the the window for tissue tor [tPA].				
	LPN #1 stated that I 06/25/2022 that he is LPN #1 assessed the stated were with then called his family (early morning) to inhaving a stroke. The called a local family to the facility later the	100 PM, during an interview, Resident #8 informed her on felt like he was having a stroke, he resident's vital signs which hin normal limits. Resident #8 y members in North Carolina form them that he thinks he is a family in North Carolina then member who eventually came at day. The local family member				
		LR nurse call 911 due to left side weakness. LPN #1				
		she did not document the time				
		or did she document the time				
	that EMS took the re	esident to the emergency room.				
9.	called her three time 3:57 PM, the nurse i resident was " a lit good." The nurse wa	NP, on 06/18/2022, LPN #6 es regarding Resident #15. At informed the NP that the tle confused and did not feel es not able to provide more P. At 6:44 PM, LPN #6 called				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY IMPLETED
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IAME OF F	ROVIDER OR SUPPLIER				1 07	/12/2022
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OUTHE	RN AVE SP LLC DBA	LIVINGSICIVAI	GTON, DC 200			
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	the LPN #6 called the paramedics were combe having a stroke. The LPN if the reside left side, to which the worse." The NP furth LPN if she performe which LPN #6 admit a complete assessor. The investigation shexperienced recent, symptoms) and the ror appropriate emerging on emergency provided no written extraining on emergency provided no written extraining on emergency procedures (assessmetc.). On 06/30/2022 at 11 Director of Nursing (I conducted training we specified] when a new specified] when a new specified when a new specified in the conducted training we specified in the conducted training	ot using her hands. At 8:01 PM, he NP to inform her that the procerned that the resident may. The NP stated that she asked ent was having weakness on her e LPN responded, "I think it got her stated that she asked the did a neurological assessment, to ted that she had not performed hent. Sowed that Residents #8 and 15 significant health events (stroke residents did not receive timely gency services. The ALR evidence that staff received by response policies and ments, calling for an ambulance, and the staff (topics not he did he staff (topics not he did her asked for documentation to he DON admitted that she had raining's she conducted. O PM, review of the ALR's tion and Training showed: ing shall be provided to ram will consist of the station (position appropriate), common diseases of the				

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE S	SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	TE, ZIP CODE		2/2022
SOUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIV	INGSTON ROAL	D, SE		
(VA) ID	SHIMMARY ST	WASHIN ATEMENT OF DEFICIENCIES	IGTON, DC 200			
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R 129	Continued From page	ge 26	R 129			
	"Ongoing Staff Training" included the following: "Participation in educational offerings and in-services will be taken into consideration at the time of performance appraisals. Educational offerings and in-services will be arranged and/or approved by the Manager or Supervisor. Continuing education should include the following: health, nutritional, aging, behavioral, cultural, dementia, functional, safety, regulatory, psychosocial, and other"					
	evidence that the AL ensure its staff demo medication manager administration record recording significant	restigation there was no R provided ongoing training to constrated competency in ment, maintaining medication ds, identifying, reporting and changes in residents condition mergency procedures.			~	
R 373	10124.7 Medication	Administration	R 373			
	administered to a res nurse, registered nur	Il ensure that all medication ident by licensed practical se, advanced practice				
	TME, or certified med shall be recorded on	rsician, physician assistant, dication aide on its premises a written or electronic ation record that is kept as part thcare records.				
	iving residence (ALR consistently documer n each resident's Me Record, (MAR), for 9	nd record review, the assisted it failed to ensure that nurses need medication administration dication Administration of 17 residents in the core 1, 3, 5, 6, 7, 9, 10, 13 and 16).		e	2	
ı	Findings included:					

NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0041	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 07/12/2022
RN AVE SP LLC DBA L SUMMARY STA (EACH DEFICIENCY MUST	IVINGSTON AT 4656 LIVIN	PRESS, CITY, STANGSTON ROASTON, DC 20	AD, SE	(X5)
Continued From page I. The ALR failed to end administered were down MAR, as evidenced to the with the Nurse Practile ordered Bactrim for Resecond-degree burn. The resident received the Resident received Bactrim for Resident for Severaled that nurses of progress notes on 05/06/03/2022 that they were all for Several for Sev	ensure that all medications ocumented on the resident's pelow: 10:14 AM, during an interview cloner (NP), she stated that she resident #13 to treat a The NP did not think the medication. Review of showed no evidence the trim for 10 days. Further 1/2022 at 4:00 PM, however, documented in the resident's 25/2022, 06/02/2022 and were administering the 1/2029/2022, the Director of ned Resident #13's May 2022 and acknowledged that the at the resident received the 1/2029/2022 and acknowledged that the at the resident #16 on 1/202/2022 and on 06/22/2022	R 373	Medication Administration (3 1. A Medication Administration audit conducted daily and reviewed in the Morr meeting to ensure compliance. The offer nurse is contacting to ascertain he reason for infraction and counse accordingly. 2. The licensed nurses we education monthly or Medication administration. The dweekly auditing of the resident records will continue. 3. The results of the audit will be reported in the QAPI committee meeting.	is ning nding or the eled vill be n aily/

ND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	DONA ROUTION	(X3) DATE	MPLETED		
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e cc 00 04	ount sheet reflecter 6/23/2022 at 6:45 F 6/29/2022 at 11:45 ecorded on the narc	n 06/20/2022. The narcotic d 40 pills were on hand on PM, and 26 pills left on AM. The number of pills cotic count sheet were not	R 373					
# DD the real state of the stat	uring an interview of ON acknowledged at the licensed nurseident received the Documented on the Received and	o ensure treatments were MAR, as evidenced below: ged that Resident #13 er leg in May 2022 and did not tent. 11:00 AM, Interview with the first learned of Resident#13's nt asked her if she needed to e NP assessed the resident's radene cream and Bactrim.						
Sill distret add 055 thr	vadene cream was scontinued on 06/12 vealed that the Silva ministered on 05/2: /29/2022, 05/30/20 vough 06/11/2022. Should be noted that cumented that the second of that the second of that the second of the secon	r13's MARs revealed the ordered on 05/25/2022 and 2/2022. The investigation adene cream was not 5/2022, 05/27/2022, 22, and from 06/06/2022 at although the nurses resident was receiving ress notes, the MAR did not ion of the Bactrim.						

		ALR-0041	A. BUILDING:			C 12/2022
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SOUTHER	RN AVE SP LLC DBA L	IVINGSTON AT 4656 LIVI	NGSTON ROAD STON, DC 200), SE		
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the second of th	resident revealed that leg and sustained the told two nurses about care, she treated the covered it with tollet; NP three days later, wantiblotics. Interview with the DC reported the injury to not relay the informat treatment. The DON sterminated. III. The ALR failed to prescribed medication or ecceived Levaquin (Levaceribed on 04/11/2 esident brought Levaceribed to discharge of the worden of the that the dministered. In 6/30/2022 at 1:37 loospital discharge sun excelled diagnoses the tremity cellulities and the hospital, the reside evofloxacin 750 mg become on the design of the ALR to the tremity of the ALR to	23 PM, interview with the at she wasted hot coffee on her burn. Resident #13 said she to the burn. After not receiving wound with Vaseline and paper. She then informed the who ordered a cream and a line ordered a line or provide a leged that Resident #3 never evofloxacin) and Linezolid as line ordered, as evidenced a leged that Resident #3 never evofloxacin) and Linezolid as line ordered. A life of the ALR if from the hospital for the Review of the MAR, falled to be medications were ever line of the line of the line ordered leged left lower bilateral legedema. While in an and the line of th	R 373			

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY MPLETED
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SOUTHE	ERN AVE SP LLC DBA L	. I T 11 1 2 0 1 O 1 A 1	INGSTON ROAD			
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	and Linezolid 600 mg progress note showe Linezolid were maint adverse reactions. To of the two medication Review of the medications as pireadmitted to the ALF Interview with the Ass (ADON) on 06/30/202 after readmission, Recontinued to receive the Linezolid 600 mg until She confirmed however (MAR and the progress administration of the traceive a reduced for 5 days, followed by 100 mg daily thereafted on 07/01/2022 at 1:00 note dated 5/26/2022 Resident #10's power results. The results reglucose level was ove A1c was 12.2. Following medications of the traceive are team, the function of the traceive are team, the function of the traceive are team, the function of the traceive and the traceive are team, the function of the traceive and the traceive are team, the function of the traceive and the traceive and the traceive and the traceive are team, the function of the traceive and th	g po IQ 12 hrs. A 04/09/2022 of that Levofloxacin and alned for the cellulitis without here was no further mentioning is in the progress notes. In the progress notes of that the resident received rescribed after she was a continuous process. Sistant Director of Nursing 22 at 2:05 PM revealed that sident #3 should have the Levofloxacin 750 mg and 104/13/2022, as prescribed. For that the resident's records as notes) did not document the two medications, as required. It is good that Resident #10 did dose of Januvia 50 mg daily of the previously prescribed for. In PM, review of the progress showed that ADON informed of attorney of the critical laboration and allocussion with the he resident acknowledged most of the month and said it the irritable bowel syndrome reed to take Januvia 50 mg by 100 mg daily for one of agreed to have a one-time respectitioner on 6/01/2022.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0041	B. WING		C 07/12/2022
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE	
SOUTHE	RN AVE SP LLC DBA L	IVINGSI DIVAT	NGSTON RO STON, DC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
R 373	Continued From pag	e 31	R 373		
	determine if the medi	ications needed to be adjusted.			
	#10's medication ord	AM, a review of Resident ers revealed Januvia 50 mg, Hold for blood glucose (BG)	_		
	At 9:18 AM, the review of a 6/02/2022 progress note revealed that Januvia 100 mg was offered to Resident #10, however refused it and stated that she was supposed to receive Januvia 50 mg tablet, not 100 mg. Review of the MAR and the progress notes revealed no evidence the resident was offered Januvia 50 mg on or after 5/26/2022 for five days, or that the resident was administered Januvia 100 mg during this time. Januvia tab 100 mg was discontinued on 6/2/2022.				
	swab was done for Re was never picked up b alleged that the DON l	leged that a COVID PCR psident #10 on 06/15/2022 and by the Lab Corp. It was had the key to the box and ide, however, did not call the			
r k t	evealed that there had sey to the lab box and he NP. She stated tha	PM, interview with the DON d been a mix up regarding the the COVID swabs done by at both Resident #10 and the D swabs were repeated and egative.			
n tr	ot administered Levol	leged that Resident #5 was thyroxine on 05/03/2022 en again on 05/12/2022 and i.			

		g Administration				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
	K - 0	ALR-0041	B. WING		07	C 12/2022
	PROVIDER OR SUPPLIER	LIVINGSTON AT 4656 LIVI	DRESS, CITY, STAT NGSTON ROAL STON, DC 200), SE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
٥	#5's May 2022 MAR "Levothyroxine Tab" mouth every morning MAR showed no evid administered on 05/0 05/12/2022 through () Resident #5 did not re of the first 19 days in It should be also note that nurses administe out of 30 mornings in progress notes did not resident did not recei Review of the facility' manual failed to show and procedures that a regarding: (1) creating monthly MAR, (2) fac medication orders, or administration of each record. IV. The complainant a	nning at 11:36 AM, Resident showed the following order: 137 microgram, 1 tablet by g at 6:00 AM. A review of the dence that the medication was 03/2022 through 05/10/2022, 05/15/2022. The MAR showed receive the Levothyroxine on 13 May 2022. But that there was no evidence ared the Levothyroxine on 17 April 2022. Resident #5's of include any reason why the ve the Levothyroxine. It includes and procedures are evidence of written policies and provide guidance g and maintaining a resident's filtry nurses clarifying (3) nurses documenting the medication in a resident's alleged that Resident #5	R 373			* *
	that she was administ scheduled for 8:00 PM medications included: (mg) prescribed at bed Hyperlipidemia; Basag subcutaneously to ma Divalproex 250 mg pre	22 MAR showed no evidence ered the medications on 04/16/2022. The missed Atorvastatin 10 milligrams				

Health F	Regulation & Licensin	g Administration			FUR	M APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
		ALR-0041	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	4	FE ZIR OODE	1 07/	12/2022
		4050 1 104	IDRESS, CITY, STAT I NGSTON ROA			
SOUTHE	RN AVE SP LLC DBA	LIVINGSTUKAT	GTON, DC 200	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY (NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ({EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
R 373	Continued From pag	ge 33	R 373			f televior
	her feet twice daily. showed no evidence checked at 6:00 PM Novolog insulin inject progress notes to produce the firm acknowledged the firm She stated that she I maintaining accurate unable to provide a resultable to provi	ntifungal treatments applied to The April 2022 MAR also that her blood glucose was on 04/16/2022, with no sted, accordingly. There were no ovide an explanation. Inning at 2:29 PM, the DON indings in the resident's MARs. In ad been training the nurses on a documentation. She was ecord of the training. Earlier, at had informed surveyors that entation available for review to red training prior to her being alleged that Resident #6's the resident did not receive				
	medications on a Mo When the family men allegedly told the fam would be on a differen medication pass.	nday (date not provided). The notified a nurse, the nurse illy member that the resident nt floor for the evening 6's MARs showed that the				
1 1 1	resident did not receiv 04/01/2022, 04/02/20 and evening medicati 04/04/2022 and 05/10	ve morning medications on 22, 04/04/2022, 05/10/2022 ons from 04/01/2022 through 0/2022. There were no ble to explain why medications				
a		cument the administration of ent #6's April 2022 MAR, as				
		ss note dated 04/27/2022, a rse (LPN #6) informed				
		1				

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NO PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVE COMPLETE	
		ALR-0041	B. WING	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	07	/12/2022
AME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	FE, ZIP CODE		
OUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIVI	NGSTON ROA	D, SE		
_		WASHING	STON, DC 200	32		
(X4) ID PREFIX TAG	I CEACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
R 373	Continued From pa	ge 34	R 373			
i i i i i i i i i i i i i i i i i i i	depression and Bac On 04/28/2022 at 2: wrote: "Resident sta Sulfameth/Trimetho 10-days by mouth to 8:00 AM with no adv progress note dated administered Bactrin Resident #6's April 2 showed no evidence Bactrim VII. Resident #6 was 1000 milligram twice ohysician, as evident the resident was not a M on 05/06/2022. In wrote "Hold for finger deciliter." The resident POS) for May 2022 s	not administered Metformin a day as ordered by the ced below: 16's May 2022 MAR showed administered Metformin at 8:00 a progress note, LPN #2 stick of 98 milligram per it's physician's order sheet aid: "Metformin Tah 1000 mg				
o si bi titi ai di di O O O Si Mi pa	ake 1 tablet by mout rder sheet (POS) did ticks and the MAR di eing documented. Relat her diabetes was dministration of Metfiet no concentrated n 06/30/2022 at 3:10 5/06/2022 progress n 022 MAR. LPN #2 co	th twice a day." The physician not indicate to perform finger d not reflect any finger sticks esident #6's POS indicated controlled by the prining and eating a "diabetic d sweets." PM, LPN #2 was shown the note and Resident #6's May infirmed that she held the g. When asked about lucose levels she				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		ALR-0041	B. WING			2/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	E, ZIP CODE			
SOUTHE	RN AVE SP LLC DBA I		NGSTON ROAD STON, DC 200				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NYIFYING INFORMATION)	(D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
t t t t t t t t t t t t t t t t t t t	indicated on the order in an email sent to R on 07/07/2022, the sign should facility staff of Surveyors also reque Metformin (ordered 0 physician whether shifthe Metformin twice a glucose levels. No act Resident #6's Metform received. VIII. Resident #5 was Ciprofloxacin (Cipro-Afor 10-days as ordered in 04/07/2022 entered on 04/07/2022 entered on 04/07/2022 and resident was administry mouth every 12 house the appendix)." The Maresident was administry on 04/07/2022 and reatment for 17 doses 3:00 AM on 04/15/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 17 doses 3:00 AM on 04/16/2022 and reatment for 18 dose 3:00 AM on 04/16/2022 and reatment for 19 dose 3:00 AM on 04/16/2022 and reatment f	ers or MAR. esident #6's primary physician urveyor asked how often neck the finger stick reading? ested the original order for 3/16/2020) and asked the e wanted staff to administer a day, regardless of blood Iditional information about min and finger sticks was not administered Antibiotic) HCL every 12 hours d by the physician, as follows: 22 MAR and progress notes 2 documented that the ed "Ciprofloxacin 500 mg Tab, take one tablet urs for 10-days (for disease of AR also showed that the ered the first dose at 10:00 d continued receiving the solar dose administered at 2). There was no progress eresident did not receive the fast as ordered. A progress note at 8:23 AM indicated the harmacy delivery." There regarding Resident #5's Cipro the resident received the interviewed on 06/30/2022 When asked if the pharmacy sof Cipro for Resident #5, the	R 373				

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY
			A. BUILDING:		"	
		ALR-0041	B. WING		. 07	C /12/2022
ME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		INTERVAL
DUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIVI	NGSTON ROAL	O, SE		
		WASHING	STON, DC 200	132		
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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
R 373	Continued From pa	ge 36	R 373		_	
	of the MAR and pro that whoever admin on the morning of 0 the pharmacy and d	ndividual packets. Upon review gress notes, the DON stated istered the last packet of Cipro 4/15/2022 should have called locumented making the call in a acknowledged that the MAR				
	failed to show that F treatment for 10 day	Resident #5 received the				
	#7's medical record diagnoses that inclu- respiratory failure, us or hypercapnia, unsumalnutrition, Type II complications, chron disease, unspecified virus (HIV) disease, depressive disorder, apnea, arteriosclerot coronary artery without the pothyroidism, bipo	On 06/30/2022 at 9:07 AM, review of Resident medical record showed the resident had noses that included acute and chronic diratory fallure, unspecified whether with hypoxia appercapnia, unspecified protein-calorie nutrition, Type II Diabetes Mellitus w/o plications, chronic obstructive pulmonary ase, unspecified, human immunodeficiency (HIV) disease, cerebrovascular disease, major essive disorder, suicidal ideation's, sleep an arteriosclerotic heart disease of native mary artery without angina pectoris, thyroidism, bipolar, schizoaffective disorder, ope and collapse, orthostatic hypotension				
C F	Resident #7's April 20	ning at 9:10 AM, review of 022, May 2022, and June 2022 ation Records (MARs) showed			1	
a	e taken one tablet by nemia. The MAR sh	n supplement) 325 mg was to y mouth three times a day for owed that the medication was 14/05/2022, 05/10/2022, 14/2022.				
-	Resident #7 was not upplemental oxygen	1	1		į.	

	Regulation & Licensin				10/11	APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE	SURVEY IPLETED
		ALR-0041	B. WING) 12/2022
	ROVIDER OR SUPPLIER	LIVINGSTON AT 4656 LIVI	DRESS, CITY, STA NGSTON ROA STON, DC 20	AD, SE	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
R 373	Continued From page	ge 37	R 373		: May	- 2 H-12
	puff daily. The May	asthma) 100-25 mcg, inhale one 2022 MAR showed that the administered on 05/05/2022, 11/2022.				
	spray in each nostril the medication was a	g spray (for Allergy), inhale one dally. The MARs showed that not administered on 022, and 05/10/2022.				
1	 Metformin 1000 mg a day. The MAR sho not administered on 	(for Diabetes), one tablet twice wed that the medication was 04/05/2022.				
	also showed no evid the following medicat and 05/10/2022: Etra 137 mg, Omeprazole	2022 and May 2022 MARs ence that the resident received tions as ordered on 04/05/2022 wirine 200 mg, Levothyroxine a Capsule 20 mg, Prezista 600 g, and SMZ/TMP DS TAB				
i constant in the second secon	said during an intervious and interv	ning at 12:24 PM, the DON ew that nurses were to ions administered on the veyor showed the DON the on on Resident #7's MARs, the aying "you're right, the here." The DON did not offer y nurses falled to document the medications, adding that the nursing staff on				
2	. The complainant al	leged that the facility was not ent #7's order for continuous				
	On 06/30/2022 beginn	ning at 9:07 AM, review of				

	requiation & Licensing	7			
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. DOILDING:	· · · · · · · · · · · · · · · · · · ·	
		ALR-0041	B. WING		C 07/12/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	NTE, ZIP CODE	
SOUTHE	RN AVE SP LLC DBA I	4050 1 110	NGSTON ROA		
		WASHING	STON, DC 20	032	
(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 COMPLETE
R 373	Continued From pag	je 38	R 373		
	Resident #7's medic	al record showed the resident's	1		
	diagnoses included:	acute and chronic respiratory			
	hypercappia chronic	vhether with hypoxia or cobstructive pulmonary			
1	disease, unspecified	, cerebrovascular disease, and	1 1		
	sleep apnea. Review	of Resident #7's April 2022			ľ
	administered the sun	s showed Resident #7 was not plemental oxygen continuously			
	every shift as ordered	d on 04/23/2022, 04/24/2022,			6
1	04/28/2002, 05/21/20	022, and 05/22/2022;	1		
Í	X. On 06/30/2022 be	ginning at 1:17 PM, review of	l i		
1	Resident #9's Service	e Plan dated 06/23/2022			
	snowed the resident l Hypertension, Dlabet Disease.	had diagnoses that included es Mellitus and Alzheimer's			
A re p 8 D L	report dated 06/29/20 prescribed Metoprolot 850 mg, Amlodipine E D3 600mg/400 U Don Losartan POT 100 mg	Resident #9's order summary 122 showed the resident was I Succinate 100 mg, Metformin Besylate 10 mg, Calcium/Vit nepezil 5 mg, Jardiance 10 mg, g, Oxybutynin 10 mg, ybelsus 14 mg and vitamin D3			
	At 1:33 PM, review of April 2022 MAR show	the June 2022, May 2022 and			
- 1					
	diabetes mellitus with disease. The June 20 medication was not ac and 06/29/2022, The I	one tablet every evening for diabetic chronic kidney 22 MAR showed that the dministered on 06/30/2022 May 2022 MAR showed there f the Metformin on the MAR			
l	Row one showed th	nat Metformin was 01/through 05/04/2022. The			
			1		1 1

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY MPLETED
		ALR-0041	B, WING			C 12/2022
ME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		12/2022
OUTHE	RN AVE SP LLC DBA	LIVINGSTON AT 4656 LIVI	NGSTON ROA	D, SE		
		WASHING	GTON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X6) COMPLE DATE
R 373	Continued From page	ge 39	R 373			
	05/05/2022 for Metfe	thowed a discontinue date of ormin and the medications were or 05/05/2022 through				
a V O	administered on 05/6 was administered from	that Metformin was not 01/2022 through 05/04/2022 but om 05/05/2022 through 05/30/2022 and 05/31/2022.				
	The April 2022 MAR was not administered	showed that the medication d on 04/16/2022.				
	diabetes mellitus with disease. The MAR sl not administered on (ne tablet every morning for h diabetic chronic kidney howed that the medication was 06/30/2022, 06/29/2022, 022, 05/05/2022, 05/04/2022, 022 and 05/01/2022.				
ľ	morning. The MAR sl	oke one tablet by mouth every howed that the medication was 16/30/2022, from 05/01/2022 and on 05/30/2022.				
j r	nypertension. The MA	e 10 mg, 1 tab once a day for AR showed the medication was 15/30/2022 and 05/10/2022.				
	Dementia. The MAR s	e 1 tab every evening for showed the medication was 5/04/2022 and 05/16/2022.				
h	ypertension. The MA	ng, 1 tab every evening for R showed the medication was 4/20/2022, 04/21/2022 and ulse Check)				

	Tegulation & Licensing	(X1) PROVIDER/SUPPLIER/CLIA	I can said	<u> </u>			
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY	
						^	
		ALR-0041	B. WING		07	C /12/2022	
AME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
OUTHE	RN AVE SP LLC DBA L	IVINGSTON AT 4656 LIVI	NGSTON ROA	D, SE			
		WASHING	TON, DC 20	032			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OTHER INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	CTION SHOULD BE COM		
R 373	Continued From pag	e 40	R 373			1	
	- Oxybutynin 10 mg, bladder. The MAR sh administered on 05/1 04/20/2022, 04/21/20 04/23/2022.	1 tab daily for overactive lowed the medication was not 0/2022, 05/30/2022, 22, 04/22/2022 and					
	evening for hypertens medication was not a	e ER 100 mg, 1 tab every sion. The MAR showed the dministered on 05/06/2022 nd on 05/30/2022 (No		ē.			
	- Pravastatin 20 mg. 1	MAR showed the medication					
	The medication was a	ng/400 U, 1 tab twice a day, dministered once on 05/30/2022 and once on					
6	April 2022 progress no	te June 2022, May 2022 and lotes for the aforementioned vidence that the nurse ins for the missed gress notes.					
s s ti ti d 2 ri n w	aild during a face-to-fa taff administering med the medications admin the surveyor showed the ocumentation for June 022 MARs, the DON in ght, the documentation of offer any reasons a	e 2022, May 2022, and April responded by saying "you're in isn't there." The DON did is to why the medications on the MAR. She stated that he nursing staff on					

TATEME	Regulation & Licensin NT OF DEFICIENCIES	Administration	7.			
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE CO	SURVEY MPLETED
		ALR-0041	B. WING			C 12/2022
ME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE. ZIP CODE		ILILULL
)UTHE	ERN AVE SP LLC DBA I	40-01-0	INGSTON ROA			
	THE OF LEG DEA	-1 4 11 1 2 2 1 2 1 4 A 1	GTON, DC 200			
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 ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
R 373	Continued From pag	e 41	R 373		W	
	XI. On June 29, 202; review of Resident # following:	2 beginning at 12:09 PM, 1's MARs showed the				
0 0 0 e	documented that indi administered Pregab medication administra 01/13/2022, during the	revealed there were no initials cated the resident was alin 50 mg during the morning ation on 01/12/2022 and e midday administration on				
	01/12/2020 through 0 evening administratio	1/14/2022, and during the				
	documented that indic	cated the resident was alin 50 mg during the midday ation on 03/08/2022.				
	documented that indic	lin 50 mg during the midday				
i t	documented that indic administered Pregaba medication administrat eview revealed there that indicated the resid	lin 50 mg during the midday lion on 05/01/2022. Further were no initials documented lent's blood pressure and e monitored on 05/18/2022				
d	June 2022 MAR reve locumented that Indica administered Pregabal					

	ĺ	ALR-0041	A. BUILDING:	(114)		MPLETED C	
AME OF D	ROVIDER OR SUPPLIER				1_07/	12/2022	
AWIE OF P	ROVIDER OR SUPPLIER		RESS, CITY, STAT	·			
OUTHE	RN AVE SP LLC DBA L	IVINGSTONAT	IGSTON ROAD TON, DC 200	· ·			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE CON O THE APPROPRIATE		
R 373	Continued From pag	e 42	R 373	3111313			
	through 06/19/2022 during the morning and evening medication administration. Further review revealed there were no initials documented that indicated the resident's blood pressure and blood sugar levels were monitored on 06/25/2022 through 06/28/2022 and 06/30/2022 during the morning shift and						
	and 06/30/2022 durin 06/25/2022 through 0 shift.	g the morning shift and 6/30/2022 during the evening					
	Resident #1's MARs and June 2022, reveal information document	ginning on June 29, 2022, of for January, March, April, May alled that there was no ted in the progress notes to s were missing on the i.					
	required an initial whe and a written explana when medication is no that the LPN's are res	N on 06/30/2022, at a.m., revealed that the MARs on medication is administered tion in the progress notes of given. The DON also stated ponsible for documenting the ure and blood sugar levels on					
	Resident #1's progres revealed the DON doo was ordered Azithrom the aforementioned m	ginning at 2:00 PM, review of s notes dated 06/24/2022, sumented that Resident #1 yein. According to the note, edication was not ordered armacy, therefore it was not ity's internal system.					
	Azithromycin and revie he resident was admi	led to show an order for ew of the MARs failed to show nistered Azithromycin. d Practical Nurse # (LPN)					

TATEMEN	Regulation & Licensia For DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DAT	E SURVEY		
-will Law	WILLIAM OF THE	IDENTIFICATION NUMBER:	A. BUILDING: _		C	OMPLETED		
		A1 D 0046	B. WING		Í	С		
		ALR-0041						
ME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA					
DUTHE	RN AVE SP LLC DBA		NGSTON ROA TON, DC 200					
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF	CORRECTION	(Y5)		
TAG	OR LSC ID	T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	THE APPROPRIATE	(X5) COMPLET DATE		
				DEFICIENC	·Y)			
R 373	Continued From pa		R 373					
	Azithromycin, but si	he did not document the MAR to dication was administered.						
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