	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL(A IDENTIFICATION NUMBER	1	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		ALR-0002	B, WING		С
NAME OF P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE 2D CODE	07/26/2023
ISMER	LOUISE DICKSON HUR		STERN AVE		
	COOL DICKSON HON	WASHIN	IGTON, DC	20015	
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E KTE
R 000	Initial Comments		R 000		(K5)
	Regulation and Licer Intermediate Care Fa Agency), received no the Assisted Living R transferred to the Ski	Department of Health, Health using Administration, icilities Division (State Survey utification that the residents of esidence (ALR) were lled Nursing section of the notification to the department.	*		COMPAN DATE
	Agency initiated an or on 07/26/2023 begins compliance with the A Regulatory Act of 200 Administrator and the eight residents of the (ALR) formally in the	of the report, the State Survey naite inspection of the facility ning 11:47 a.m., to determine Assisted Living Residence 10. Per the Assisted Living Director of Social Work, the Assisted Living Residence Shoemaker Court were moved autification of the ALR wing of		Please start typing your responses h R544 - I Corrective Action: The 6-108's for residents 1, 2, 4, 5, 7 and 8 were reissued on Aug 9, 2023 and included the residents right to challenge the facility's decision to discharge, transfor relocate the resident. Each resident	8/9/202 l
1 1 1	informed the surveyor responsible party was agreed and signed the to the transfer. The findings of the inv	er and the Administrator is that each resident's notified of the move, all a required documents related estigation were based on vs, and review of records.		was presented with the 6-108 and copies e-mailed to each resident representative. On Aug 10, 2023, the staff of the DC Long Term Care Ombudsman office acknowledged receipt of the re-issued 6-108's. Members of the DC Long Term Care Ombudsman met in person with residents 1, 2, 4, 5, 7 and 8, to review their right to challenge the discharge. No resident or resident representative	
R 544 S	Sec. 608d Discharge a	and Transfer.	R 544	initiated a challenge.	
ir w p d	nvoluntary basis, the A written notice to the res lanned discharge and ischarge in consultation urrogate, and the heal	hall conform to the notice		Systemic Changes: All social work stal were educated on giving proper notice and including the residents right to challenge the facility's decision to discharge, transfer or relocate the resident with all future 6-108s.	ff 8/25/202.

(X6) OATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING B: WING		(X3) DATE SURVEY COMPLETED	
		ALR-0002				
	ROVIDER OR SUPPLIER	5425 WES	DRESS, CITY, STA BTERN AVENU		07/26/202	,
BHERE	ODISE DICKSON NO	WASHING	STON, DC 20	015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CON	(X5) LALET (A15
R 544	Continued From pa		R 544			
	reviews, the Assisted to properly notify the discharge of the AL facility wing of the facility wing sincluded: On 07/26/2023 at 12 Administrator (ALA) Services informed the 2, 4, 5, 7, and 8 were Nursing Facility (SN asked they further in and/or their represended 05/01/2023, in could relocate to the 1). Per the requirementation shall be on a facility of the decision shall be on a facility of the decision to discharge the decision to discharge the decision is to discontinuously residence that the property of the form the Administration with the form	ons, interviews, and recorded Living Residence (ALR) failed a Department of Health of the R residents to the skilled nursing acility building for five of the e ALR (Resident #1, #2, #3, #5, 2:10 pm, the Assisted Living, and the Director of Social ne surveyors that Residents #1, e transferred to the Skilled F) wing of the building. When adicated that the residents intatives were notified in a letter aforming the residents that they solve SNF or choose another ALR, ents of § 44-1003.02 - (d). The ed by subsection (a) of this a form prescribed by the Mayor		Monitoring: The Director of Sc Services will track all future 6-1 to assure proper notice is given the inclusion of the residents rig to challenge the facility's decisic discharge, transfer or relocate. Director of Social Services will be 108's reissued should staff fail provide the resident right to challenge. The Director of Social Services will report findings at the Quality Assurance Performance Improvement Committee. R 544 - 2 Corrective Action: The 6-108's is residents 1, 2, 3, 5, 6 and 7 were reissued on Aug 9, 2023 via electronic form submission per Health website instructions with subsequent confirmation e-mail received on submission. Each resissued 6-108 was e-mailed to the Long Term Care Ombudsman we confirmation e-mail of receipt obtained for the Ombudsman's office. Systemic Changes: All social wo staff were educated on using the Health electronic submission for future 6-108s to assure the department's receipt.	08's and ght on to The lave to all he DC DC DC ith	2023
У	ou are				×	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SUIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ALR-0002	B WING		07/2	6/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST.	ATE, ZIP CODF		
LISNER	LOUISE DICKSON HUR		TERN AVEN			
		WASHING	TON, DC 2	0015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING (NPORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT(C (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	OXE) COMPLETE DATE
R 544	Continued From pag	e 2	R 544	-		
	mailing the hearing request form from the facility, the day you place it in the facility's outgoing mail or give it to a member of the staff for mailing shall be considered the date of mailing for purposes of the			Monitoring: The Director of Soci Services will track all future 6-108 assure the form is sent via electror submission and the e-mail receipt	's to tic	8/25/202
	time limit. In all other cases, the postmark date shall be considered the date of mailing. If, instead, the decision is to relocate you within the facility and you think you should not have to move to another room, you or your representative have only 5 days to do the above." - "If you or your representative request a hearing, it will be held no later than 5 days after the request is received in the mail, and, in the absence of emergency or other compelling circumstances, you will not be moved before a hearing decision is rendered. If the decision is against you, in the absence of an emergency or other compelling circumstances you will have at least 5 days to prepare for your move if you are being discharge or transferred to another facility, and at least 3 days to prepare for your move if you are being relocated to another room within the facility."		generated by proper submission. Director of Social Services will tak immediate corrective actions for proper submission should the 6-40 be sent incorrectly. The Director Social Services will report findings the Quality Assurance and	e 08's of		
			Performance Improvement Committee.			
	- "To help you in your counseling services b District government if transferred from the fa additional support fror Ombudsman program	move, you will be offered by the staff, assistance by the you are being discharged or acility, and, at your request, in the Long-Term Care it if you have any questions at tate to call one of the phone				
i t	either the residents or	of 6-108 forms signed by responsible parties provided dent's #1, #2, #4, #5, #7, and ng:				

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AND PLAN	OF CORRECTION	RRECTION (X1) PROVIDER/SUPPLIER/CL:A IDENTIFICATION NUMBER. ALR-0002		IX2) MULTIPLE CONSTRUCTION A BUILDING B WING		SURVEY MPLETED
						С
NAME OF P	PROVICER OR SUPPLIER		DORESS, CITY, STATE	2.777.0005		26/2023
		5425 ME	STERN AVENUE			
ISNER I	LOUISE DICKSON HUR	UNUME	GTON, DC 200			
(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 E APPROPRIATE	(XS) COVALE OATE
R 544	Commeda i form pag	ie 3 ent #1's 6-108 form showed the	R 544			
i i	telephone for the transhowed the resident 05/11/2023, one day obtained. The copy on the include the reside facility's decision to dithe resident, as requisive 44-1003.02 (d). b. A review of Reside resident signed the for responsible party (RF telephone on the same resident was transfer. The copy of the 8-108 the residents right to discharge, transfer required by the DC Co. A review of Residents representatifor the transfer on 04/01/2023. The copy did not include the resident, as required the resident, as required 44-1003.02 (d). d. A review of Resider resident signed the forndicated the resident	nt #4's 6-108 form showed the ive, gave permission by phone 01/2023. The form indicated				
6	he 6-108 form provide esidents right to chall discharge, transfer, or	enge the facility's decision to				
			7.01			1.

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Health F	Regulation & Licensin	q Administration			ron	M APPROVE
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		1	CONSTRUCTION		E SURVEY
			A BUILDING:			MPLETED
		ALR-0002	B WING		07	C /26/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADO	DRESS, CITY, STAT	E, ZIP CODE		LUILUZU
LISNER	LOUISE DICKSON HU	RT HOME 5425 WES	STERN AVENU	E NW		
LIGITEIT	EGGIOE BIONGON HO	WASHING	STON, DC 200	15		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES 1 BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP JEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE
R 544	Continued From pag	ge 4	R 544			
	relocate the residen 44-1003.02 (d).	t, as required by the DC Code §				
	that the resident's reby phone for the transider 05/09/2023, one day obtained. The copy one include the resident facility's decision to the resident, as requived 44-1003.02 (d). I. A review of Resident the resident's representation of the transferindicated the resident ob/08/2023, two days obtained. The copy of failed include the resident of the transferindicated the resident of the copy of the transferindicated the resident obtained. The copy of failed include the resident of the copy of the	pent #7's 6-108 form showed appresentative, gave permission insfer on 05/10/2023. The form in was transferred to the SNF on a before the phone consent was of the 6-108 form provided did ents right to challenge the discharge, transfer, or relocate lined by the DC Code § ant #8's 6-108 form showed that entative, gave permission by an on 05/10/2023. The form it was transferred to the SNF on section of the 6-108 form provided idents right to challenge the discharge, transfer, or relocate fired by the DC Code §				
	ensure the residents/ provided with adequa their rights to challen discharge, transfer, o	estigation, the ALR failed to fresponsible parties were ate notice, informing them of ge the facility's decision to r relocate the residents, as the District of Columbia §	2			
4	Administrator (ALA), a Services informed the	12:10 pm, the Assisted Living and the Director of Social surveyors that Residents #1, were transferred to the y (SNF) wing of the	(F)			

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	Regulation & Licensing					
	AT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1/	PLE CONSTRUCTION	(EX) DATE SURVEY COMPLETED	
		ALR-0002	8 WNG_		07	C 26/2023
NAME OF D	PROVIDER OR SUPPLIER	CYGELT ADD	ances only	TATE, ZIP CODE	1 077	20/2023
MARCO!	NOVIDER ON ADPPEIR		TERN AVE	,:		
LISNER	LOUISE DICKSON HUR	INOME	TON, DC			
(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 APPROPE DEFICIENCY)	BE	(X5) CONPLIF DATE
R 544	Continued From page	e 5	R 544			
	residents and/or their in a letter dated 05/0	d they further indicated that the representatives were notified 1/2023, informing the residents ate to the SNF or choose				
	the written notice requisection shall be place record and shall be to designee and, if the nor in part through Medical control of the part through through the part through the par	of § 44-1003.02(e) copies of uired by subsection (a) of this ed in the resident's clinical ansmitted to the Mayor's esident's care is paid in whole dicaid, the Director of the n Services ("DHS"), and the budsman.				
	At 1:55 pm, a review showed the following:	of provided resident records	4			
- 1	and the resident was to 05/11/2023. There was Department of health	B form was dated 05/12/2023, transferred to the SNF on is no indication that the received copies of the written osection (a) of this section.				
	and the resident was t 07/18/2023. There wa	copies of the written notice				
	and the reside <mark>nt was</mark> t 07/18/2023. There was	opies of the written notice				
8		form was dated 07/18/2023, ransferred to the SNF on a no indication	•			: 41

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Health	Regulation & Licensine	Administration	FORM APPRO				
STATEME	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:			E SURVEY DMPLETED	
	ALR-0002		B WING			C /26/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	PRESS CITY, STA	NTE, ZIP CODE			
LISNER	LOUISE DICKSON HUR	THOME	TERN AVEN				
		WASHING	TON, DC 20	015			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO {EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY}	SHOULD BE	(X5) COMPLETE DATE	
R 544	Continued From pag	e 6	R 544				
	the Department rece required by subsection	ived copies of the written notice on (a) of this section.					
	and the resident was 04/27/2023. There was	copies of the written notice					
	and the resident was 05/09/2023. There was	copies of the written notice	-				
	(a) of this section (6-1 3, 5, 6, and 7 were no	notice required by subsection 08 forms) for Residents #1, 2, it sent to the department, but urveyors onsite, during the					
	properly notify the De the ALR residents to t	stigation, the ALR failed to partment of the discharge of he skilled nursing facility wing red by Code of the District of 2 (e)	-			Ŧ	

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5425 Western Avenue, NW, Washington, DC 20015 202,966,6667 - fax 202,362,0360 - www.lldhhome.org

Sent via Email and US Mail

August 28, 2023

Vanessa L. Mattox Program Manager Health Regulations and Licensing Administration DC Health 899 North Capitol St NE, 2nd Floor Washington, DC 20002

Dear Ms. Mattox:

I hope this letter finds you well and enjoying the summer months. Enclosed please find the Plan of Correction addressing the findings from the survey conducted July 26, 2023.

If you have any questions or concerns, please feel free to contact me at 202-966-6667, extension 3309, or via e-mail at shargreaves@lldhhome.org.

M. & bogneares

All the Best.

Susan M. Hargreaves, MSA, LNHA

Administrator