

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2026
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NAME OF PROVIDER OR SUPPLIER

GRAND OAKS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE

**5901 MACARTHUR BLVD NW
WASHINGTON, DC 20016**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments A licensure survey, in conjunction with a complaint investigation was conducted at this facility from 04/29/2026, through 05/13/2026, to determine compliance with the Assisted Living Law (D.C. Official Code § 44-101.01 et seq.) and the Assisted Living Residence regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 125 residents and employed 140 personnel, including professional and administrative, and resident care partners. A sample of 20 resident records and 21 employee records were selected for review. Complaint #DC00014221 was investigated during the survey. There were no deficiencies identified for this complaint. The findings of the survey and complaint investigation were based on observations conducted throughout the facility, including a medication administration pass, a review of clinical and administrative records, and interviews with residents, family members, and staff.	R 000	Please start typing your responses here:	
R 481	Sec. 604b Individualized Service Plans (b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed. Based on interviews and record reviews, the facility failed to ensure that each resident's Individualized Service Plan (ISP) was updated to reflect services to be provided, when and how often the services will be provided, and how and by whom all the services will be provided and	R 481		

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

TITLE

(X6) DATE

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R 481	Continued From page 1 accessed for six of the 20 residents in the sample (Residents #7, #9, #10, #12, #18 and #19). Findings included: During the entrance conference on 04/29/2026 beginning at 11:02 AM, the facility's Director of Nursing (DON) indicated that several residents received physical therapy (PT) services, occupational therapy (OT) services and speech therapy (ST) services. a) On 05/04/2026 at 11:20 AM, a review of Resident #7's records revealed PT and OT notes dated 08/18/2025 through 10/18/2025. Further review of the resident's the ISP dated 10/01/2025 failed to show any documented updates in the ISP to reflect when and how often the PT and OT services were provided, and by whom the services were provided to the resident. b) On 05/05/2026 at 10:30 AM, the review of Resident #9's records revealed a physician's order dated 08/25/2025 for PT, OT and ST. Further review of the resident's record failed to show any updated ISP to reflect when and how often the ST, PT and OT services were provided, and by whom the services were provided to the resident. c) On 05/08/2026 at 10:40 AM, the review of Resident #10's records showed OT notes dated 07/17/2025 through 08/11/2025 and Dysphagia/ voice therapy notes dated 07/14/2025 through 08/12/2025. Further review of the record failed to show any updated ISP to reflect when and how often the Dysphagia/ voice therapy and OT services were provided, and by whom the services were provided to the resident.	R 481		

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R 481	Continued From page 2 d) On 10/16/2025 at 3:40 PM, the review of Resident #12's records revealed ST notes dated 04/03/2026 through 05/02/2026 and OT notes dated 03/09/2026. Further review of the record failed to show any updated ISP to reflect when and how often the ST and OT services were provided, and by whom the services were provided to the resident. e) On 05/07/2026 at 11:02 AM, the review of Resident #18's records revealed a physician's order dated 07/21/2025 for PT services. Further review of the resident's record failed to show any updated ISP to reflect when and how often the PT services were provided, and by whom the services were provided to the resident. f) On 05/06/2026 at 3:19 PM, the review of Resident #19's records revealed ST notes dated 02/06/2026 through 03/07/2026 and PT notes dated 02/11/2026 through 03/16/2026. Further review of the record failed to show any updated ISP to reflect when and how often the PT and ST services were provided, and by whom the services were provided to the resident. During an interview on 05/11/2026 beginning at 12:29 PM, the Director of Nursing (DON) acknowledged that the ISPs failed to specify the frequency, duration or provider of the services being provided.	R 481		
R 483	Sec. 604d Individualized Service Plans (d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate	R 483		

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R 483	Continued From page 3 shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR. Based on interview and record reviews, the Assisted Living Residence (ALR) failed to review and update the resident's Individual Service Plan (ISP) when there was a significant change in the resident's condition, for one resident in the sample (Resident #20). Findings included: A review of Resident #20's hospital discharge records dated 04/15/2026 revealed an order for soft and bite size diets. Further review of the resident's ISP dated 04/15/2026 failed to show any documented evidence that the ISP was updated to reflect the resident's correct diet order. The Director of Nursing during an interview on 05/11/2026 beginning at 12:29 PM, acknowledged the findings.	R 483		