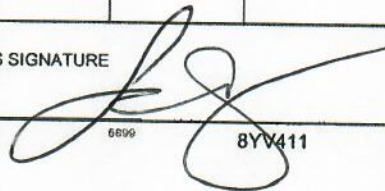


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NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016			
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R 000	Initial Comments An annual licensure survey was conducted at this facility from 08/28/2024 through 09/06/2024 to determine compliance with the Assisted Living Residence (ALR) regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101, and Assisted Living Law DC ST § 44-101.01. The resident census was 134 at the time of the survey, and 157 personnel were employed by the ALR, which included professional and administrative staff. The survey sample consisted of 20 resident records, and 21 employee records. The findings of the survey and investigations were based on observations made throughout the ALR, interviews with staff and residents, and reviews of clinical and administrative records, to include incident reports.	R 000	Please start typing your responses here: <i>Grand Oaks is filing this response for the sole purpose of confirming compliance with requests of DOH in receipt of the survey report related to the survey completed on September 6, 2024. This response is based on cooperative discussions with DOH and is not an admission of liability or statement of agreement with respect to issues identified in discussions with the agency but is submitted to demonstrate regulatory compliance.</i>		
R 292	Sec. 504.1 Accommodation Of Needs. (1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents. Based on interview and recorded review, the Assisted Living Residence (ALR) failed to ensure each resident received timely emergency services, for one of the 20 residents in the sample (Resident #1). Findings included: The review of the ALR's Emergency Medical Services (EMS) policy dated 07/18/2023 indicated that the licensed nursing will be responsible for evaluating incidents and determining if EMS services are required. A further review of the policy revealed that EMS would be required in the	R 292	504.1 Accommodation of Needs To receive adequate and appropriate services and treatment with reasonable accommodation of individual need and preferences consistent with their health and physical and mental capabilities and their health or safety of other residents I. Corrective Action In response to resident #1, they did not have a fall on the cited date. This incident is related to resident #8. In response to Resident #8, resident was evaluated in the ED, admitted to the hospital for treatment, and readmitted to GO on 12/14/23. Education was provided to the clinical		

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



TITLE **EXECUTIVE DIRECTOR**

(X6) DATE

11/11/24

STATE FORM

6899

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If continuation sheet 1 of 13

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R 292	Continued From page 1 event where traumatic injuries from falls are suspected or identified. On 08/28/2024 at 1:09 PM, a review of the ALR's fall/incident/complaint records revealed that on 11/12/2023 at 6:48 AM, Resident #1 was observed on the floor in her room. The resident stated that she was trying to go to the bathroom and administered Tylenol for complaints of leg pain. At 8:54 AM (two hours later) the resident again asked for pain medications, and after further assessment, the nurse noted that the resident was unable to move her left leg. The resident was encouraged to go to the emergency room (ER) but declined and requested a hot/ice pack. At 10:45 AM, (4 hours later), after contacting the resident's family, Resident #1 was escorted to the ED for an evaluation by her family and was diagnosed with a right femur fracture. During an interview on 08/29/2024 at 12:20 PM, the Director of Nursing (DON) stated that the resident fell while trying to go to the bathroom and was given pain medications. When asked why Resident #1 did not receive emergency services until four hours later, the DON stated that Resident #1 often refused to go to the emergency room (ER). The DON stated that they had to contact the residents' family to assist in getting the resident to the ER. The DON acknowledged, however, that the nursing staff should have called 911 emergency services when Resident #1 stated that she could not move her leg instead of reaching out to the family members two hours later.	R 292	team on the Emergency Medical Services (EMS) policy on 1/23/2024. II. <u>How to Identify Other Residents</u> DON, Wellness nurse, or designee will audit resident hospitalizations over the last 90 days to review notes. III. <u>Systemic Changes</u> The nursing team has been trained on the EMS policy. The clinical team will immediately contact 911 when a resident requires emergency medical services. Refusal for services only allowed directly to EMS. IV. <u>Monitoring Process</u> Nursing supervisor, or designee, will audit the hospitalizations for the next 90 days to ensure compliance with EMS policy. V. <u>Date of Completion</u> December 31, 2024 604a1 Individualized Service Plans An ISP shall be developed for each resident prior to admission. I. <u>Corrective Action</u> Current electronic system dates the pre-ISP the day of move in. ISPs are created as a function of the		
R 471	Sec. 604a1 Individualized Service Plans (a)(1) An ISP shall be developed for each	R 471			

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R 471	Continued From page 2 resident prior to admission. Based on interviews and reviews, the Assisted Living Residence (ALR) failed to develop Individualized Service Plans (ISP) for all residents prior to admission to determine the service needs, for seven of the 20 residents in the sample (Residents #4, #5, #6, #7, #9, #10 and #17). Findings included: On 09/04/2024 at 2:00 PM, a review of the ALR's ISP policy dated 03/16/2021, indicated that the Director of Nursing (DON), or designee, develops an ISP for each resident prior to admission in accordance with DC Health Regulations. 1). On 09/03/2024 at 3:14 PM, a review of Resident #4's record revealed that the resident was admitted on 07/08/2024. An ISP was initiated on for the resident on 07/08/2024, the same day as the admission. 2). On 09/03/2024 at 1:55 PM, a review of Resident #5's record revealed that the resident was admitted on 04/18/2024. An ISP was initiated for the resident on 04/18/2024, the same day as the admission. 3). On 08/29/2024 at 2:02 PM, a review of Resident #6's record revealed that the resident was admitted on 04/16/2024. An ISP was initiated for the resident on 04/16/2024, the same day as the admission. 4). On 08/29/2024 at 1:05 PM, a review of Resident #7's record revealed that the resident was admitted to the ALR on 05/23/2024. There was no documented evidence that the ALR's Registered Nurse (RN) developed an ISP for the	R 471	assessment and completed prior to the admission. There is no time stamp on the regulation or ISP to clarify the documentation. In response to residents #4,7, the residents have been discharged. In response to resident #9, assessment completed on 03/14/24 pre-ISP printed 03/20/24. Resident financially admitted on 03/19/24, physical move in 03/20/24. In response to residents #5,6,10 and 17 Residents had ISPs created prior to admission. Resident # 5 assessment 04/15/24, pre-ISP printed 04/18/24, Resident #6 assessment completed on 04/12/24, pre-ISP printed 04/16/24. Resident #10 assessment completed on 07/12/24, Pre-ISP printed on 07/18/24. Resident #17 assessment completed on 02/14/24, pre-ISP printed on 03/07/24. II. <u>How to Identify Other Residents/Staff</u> Director of Resident Services (DRS) Oasis Coordinator (OC) or designee, will conduct an audit of assessments for move-ins for the last 6 months to confirm that the pre-ISP was developed prior to admission and documented on the pre-ISP. III. <u>Systemic Changes</u> The DON, DRS, OC, or designee will complete the pre-ISP in Matrixcare in tandem with the assessment		

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R 471	Continued From page 3 resident prior to admission to the facility to determine their service needs. 5). On 09/03/2024 at 11:15 AM, a review of Resident #9's record revealed that the resident was admitted to the ALR on 03/19/2024. There was no documented evidence that the ALR's RN developed an ISP for the resident prior to the admission to the facility to determine their service needs. 6). On 09/04/2024 at 1:32 PM, a review of Resident #10's medical record revealed that the resident was admitted on 07/18/2024 to the ALR. An ISP was initiated on 07/18/2024, the same day as the admission. 7). On 09/06/2024 at 2:02 PM, a review of Resident #17's medical record revealed that the resident was admitted on 03/07/2024. An ISP was initiated for the resident on 03/07/2024, the same day as the admission. During an interview on 09/04/2024 at 2:27 PM, the DON, and the Director of Resident Services acknowledged that an ISP's were not developed prior to admissions for the above-mentioned residents, as required.	R 471	completed prior to move in. Pre-ISP will be printed from the electronic health record system the day of move in as the software allows. Assessment date will be entered onto the pre-ISP. IV. <u>Monitoring Process</u> The Nursing supervisor, or designee, will conduct random audits of pre- ISPs for the next 90 days to ensure completion. V. <u>Date of Completion</u> December 31, 2024 604a5 Individualized Service Plans The ISP should be signed by the resident, or surrogate, and a representative for the ALR.		
R 475	Sec. 604a5 Individualized Service Plans (5) The ISP shall be signed by the resident, or surrogate, and a representative of the ALR. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that all Individualized Service Plans (ISP's) were signed by the resident or a surrogate and a representative of the ALR, for seven of the 24 residents sampled (Residents #1, #2, #5, #13,	R 475	I. <u>Corrective Action</u> In response to resident #2, ISP dated 07/15/24 was signed by surrogate on 08/08/24, physician on 07/24/24 and ALR on 07/15/24. In response to resident #13, resident expired. In response to residents #1 email review of plan of care occurred on 9/10/24. In response to resident #5, ISP has been signed by ALR. In response to resident #16 resident medical record does		

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R 475	Continued From page 4 #14, #16 and #17). Findings included: A review of the ALR's ISP policy dated 03/16/2021 indicated that a current copy of the resident's ISP, signed by the resident and/or responsible party is retained in the resident's record. 1. On 08/30/2024 beginning at 10:48 AM, a review of Resident #1's record showed that an ISP was initiated on 07/27/2024. A further review showed that there was no documented evidence that the ISP was signed by the resident or a surrogate and a representative of the ALR. 2. On 09/06/2024 beginning at 12:30 PM, a review of Resident #2's record showed that an ISP was initiated on 07/15/2024. A further review showed that there was no documented evidence that the ISP was signed by the resident or a surrogate. 3. On 09/03/2024 beginning at 1:55 PM, a review of Resident #5's record showed that an ISP was initiated on 04/19/2024. A further review showed that there was no documented evidence that the ISP was signed by the resident or a surrogate and a representative of the ALR. 4. On 09/05/2024 beginning at 11:32 PM, a review of Resident #13's record showed that an ISP was initiated on 11/17/2023. A further review showed that there was no documented evidence that ISP was signed by the resident or a surrogate. 5. On 09/05/2024 beginning at 1:28 PM, a review of Resident #14's record showed that an ISP was	R 475	not have an ISP dated 8/16/24. In response to resident #17 ISPs on 03/08/24 and 04/05/24 were signed by ALR. ISP dated 03/07/24 has been signed by the ALR. In response to resident #14, resident has been discharged. II. <u>How to Identify Other Residents/Staff</u> The DRS, OC, or designee, will conduct an audit of all current ISPs for signatures. III. <u>Systemic Changes</u> The DRS, OC, or designee will bring a printed copy of the ISP for immediate signature to all ISP meetings. Moving forward, we will no longer offer virtual ISP meetings unless surrogate resides out of town. Review of the ISP will be completed with the resident and/or surrogate, signed and placed in the resident chart. In the event that a family communicates that they do not want to participate in an ISP meeting, this decision will be documented on the ISP with supportive documentation. IV. <u>Monitoring Process</u> The wellness admin, or designee, will review ISPs and audit for appropriate signatures for the next 90 days. V. <u>Date of Completion</u> December 31, 2024		

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R 475	Continued From page 5 initiated on 11/23/2023 and 05/19/2024. A further review showed that there was no documented evidence that the ISP was signed by the resident or a surrogate. 6. On 09/03/2024 beginning at 12:21 PM, a review of Resident #16's record showed that an ISP was initiated on 08/21/2023 and 08/16/2024. A further review showed that there was no documented evidence that the ISP was signed by the resident or a surrogate. 7. On 09/06/2024 at 2:02 PM, a review of Resident #17's record showed that an ISP was initiated on 03/07/2024, 03/08/2024 and 04/05/2024. A further review showed that there was no documented evidence that the ISP was signed by a representative of the ALR. During an interview on 09/06/2024 at 2:27 PM, the above findings were discussed with the Director of Nursing (DON). The DON acknowledged that the ISP's were not signed by the resident or a surrogate and a representative of the ALR as required. This is a repeat deficiency from the 07/05/2023 report.	R 475	604b Individualized Service Plans 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. I. <u>Corrective Action</u> In response to resident #1, resident was already on OT at the time of the order. Information is noted in the chart with the start of care dated 1/25/24. Resident does not have a PT order dated 8/18/23. In response to resident #4, resident has been discharged. II. <u>How to Identify Other Residents/Staff</u> Legacy Healthcare will review current caseload. Legacy therapists, or designee will verify that all ISPs for residents on current caseload are updated to include the following information: when and how often the services will be provided, and how and by whom all services will be provided and assessed. III. <u>Systemic Changes</u> Legacy Healthcare therapists, or designee, will update the resident ISP upon admission/discharge to/from caseload.		
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 record reviews and interviews, the Assisted Living Residence (ALR) failed to update the resident's Individualized Service Plan (ISP) to include Physical therapy (PT) and Occupational	R 481			

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R 481	Continued From page 6 therapy (OT) 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, for two of 20 residents in the core sample (Residents #1, and #4). Findings included: 1. On 08/30/2024 beginning at 10:48 AM, a review of Resident #1's record revealed an order dated 03/22/2024 for OT for left shoulder pain and an order dated 08/18/2023 for PT for unsteadiness on feet. The further review of the resident's ISPs dated 02/22/2024 and 07/27/2024 failed to show any documented evidence that the resident received the PT and OT services as ordered. 2. On 09/03/2024 at 3:14 PM, a review of Resident #4's records revealed that the resident had an order dated 08/30/2024 for outpatient PT and OT to evaluate and treat gait and strength balance training. There was no documented evidence that the residents ISP was updated to include PT and OT services, when and how often the services will be provided, and how and by whom all services will be provided and accessed. During an interview on 09/03/2024 at 1:13 PM, the Director of Nursing acknowledged the findings. This is a repeat deficiency from the 07/05/2023 report.	R 481	IV. <u>Monitoring Process</u> Legacy rehab director, or designee, will audit ISPs for accurate therapy services for the next 90 days. V. <u>Completion Date</u> December 31, 2024 604d Individualized Service Plan 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 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. I. <u>Corrective Action</u> In response to resident #10 resident had a change in condition dated 08/26/2024 due to non-fall related fracture. ISP completed the same day. This ISP acts as 30-day ISP as well.		
R 483	Sec. 604d Individualized Service Plans (d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter.	R 483			

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R 483	Continued From page 7 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 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 interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure each resident's Individual Support Plan (ISP) was reviewed 30 days after admission, at least 6 months thereafter, updated with significant changes, and that the ISPs had been reviewed by the resident's healthcare practitioner, the resident and/or the resident's surrogate, for 10 of the 20 residents sampled (Residents #1, #2, #5, #6, #9, #10, #12, #13, #15 and #18). Findings included: (I). The ALR failed to review each resident's ISP 30 days after admission, as evidenced below: 1). On 09/03/2024 beginning at 11:15 AM, a review of Resident #9's record showed that the resident was admitted on 03/20/2024 to the ALR. There was no documented evidence that a 30-day ISP was initiated until 06/14/2024 (87 days after admission). 2). On 09/04/2024 beginning at 1:32 PM, a review of Resident #10's record showed that the resident was admitted on 07/18/2024 to the ALR. There was no documented evidence that a 30-day ISP was reviewed. 3). On 09/05/2024 beginning at 11:32 AM, a review of Resident #13's record showed that the	R 483	In regards to resident #9, 30-day ISP was completed on 06/14/24. In response to renal diet recommendation, Grand Oaks does not offer a renal diet. In response to resident #13, resident expired. In regards to resident #12, resident had of a change of condition, was admitted for hospitalization 02/09/24 and readmitted with change of condition ISP on 04/06/24. In response to resident #18, resident has ISPs completed on 11/08/23 and 05/06/24, and 06/14/24. In response to resident #2, resident does not have any ISPs dated 08/18/23 or 02/17/24. Dates cited do not coincide with this resident. Resident #2 does have an ISP dated 07/15/24 signed by all 3 necessary parties. In response to resident #15, resident had a change in condition and transferred to Oasis – ISP dated 04/02/24. In response to resident #5, oxygen was listed on ISP dated 07/01/24 based on historical order. Details of new oxygen order dated 08/02/24 added to the ISP. In response to residents #1 electronic review of plan of care occurred on 9/10/24 with surrogate. ISP sent to PCP for signature. ISP has been signed by ALR. In response to resident #6, 5/30/24 ISP is for change in medication services only. DON communicated with surrogate 5/23/24 and noted this conversation in progress notes.	

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R 483	Continued From page 8 resident was admitted on 11/17/2023 to the ALR. There was no documented evidence that a 30-day ISP was reviewed. (II). The ALR failed to review the ISPs at least every 6 months thereafter, as evidenced below: 1). On 08/30/2024 beginning at 09:15 AM, a review of Resident #12's records showed that an ISP was initiated on 07/07/2023, a 30-day ISP on 08/07/2023. The 6 months ISP review was conducted eight months later on 04/06/2024 (8 months). 2). On 09/04/2024 beginning at 11:54 AM, a review of Resident #15's records showed an ISP dated 04/02/2024. A further review showed that there were no other ISPs in the records. 3). On 09/03/2024 beginning at 11:05 AM, a review of Resident #18's records showed an ISP dated 06/14/2024. A further review showed that there were no other ISPs in the records. (III). The ALR failed to review and update each resident's ISP after a significant change, as evidenced below: a). Observations on 09/05/2024 beginning at 1:05 PM showed Resident #5 with a nasal cannula connected to an oxygen concentrator. On 09/05/2024 at 1:30 PM, a review of the resident's physician's order sheet (POS) showed an order dated 08/02/2024 for Oxygen 3L via nasal cannula for shortness of breath twice a day. A further review of the residents' records failed to show any evidence that an ISP was updated to reflect the residents use of oxygen.	R 483	II. <u>How to Identify Other Residents/Staff</u> ISPs for current residents will be reviewed and updated with the interdisciplinary team involved upon admission, after 30 days and at least every 6 months. DRS, OC or designee will conduct full audit of current resident ISPs to ensure appropriate review by interdisciplinary team. III. <u>Systemic Changes</u> DON, DRS, OC, or designee will conduct ISP reviews with the interdisciplinary care team at 30 days, 6 months and significant change in condition. IV. <u>Monitoring Process</u> The wellness admin, or designee, will review ISPs and audit for appropriate interdisciplinary team review for the next 90 days. V. <u>Date of Completion</u> December 31, 2024		

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R 483	Continued From page 9 b). On 09/03/2024 beginning at 11:15 AM, the review of Resident #9's hospital discharge summary dated 06/14/2024 indicated that the resident had Chronic Kidney Disease Stage 4 and was recommended a Renal insufficiency diet. A further review of the resident's ISP dated 07/31/2024 indicated that the resident was receiving a regular diet. There was no documented evidence to show that an ISP was updated to reflect diet change. (IV). The ALR failed to ensure the resident's ISP review was conducted by an interdisciplinary team including the resident's healthcare practitioner, the resident and/or the resident's surrogate, and the ALR, as evidenced below: On 08/28/2024 through 09/06/2024, beginning at 11:00 AM, the review of Residents #1, #2 and #6's records showed dates on the ISP with no documented evidence that a review was conducted by an interdisciplinary team to include the resident's healthcare practitioner, the resident and/or the resident's surrogate, and the ALR on the date listed. 1). On 08/30/2024 at 10:48 AM, a review of Resident #1's record showed an ISP dated 07/27/2024. There was no documented evidence that the resident's healthcare practitioner, the resident and/or the resident's surrogate, and the ALR participated in the review. 2). On 09/06/2024 at 12:30 PM, a review of Resident #2's record showed an ISP dated 08/18/2023 signed by the resident on 10/02/2023. Continued review of the record showed an ISP dated 02/17/2024 signed by the resident and the	R 483		

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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 09/06/2024
NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016			
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R 483	Continued From page 10 ALR on 04/18/2024 and an ISP dated 07/15/2024 signed by only the RN coordinator on 07/15/2024. There was no documented evidence that the resident's healthcare practitioner, the resident and/or the resident's surrogate, and the ALR consistently participated in the ISP reviews. 3). On 08/29/2024 at 2:02 PM, a review of Resident #6's record showed an ISP dated 05/30/2024 but signed by the resident on 08/29/2024, 3 months later. There was no documented evidence that the resident's healthcare practitioner, the resident and/or the resident's surrogate, and the ALR participated in the review on 05/30/2024. During an interview on 08/30/2024 at 1:19 PM, the Director of Nursing and the Director of Resident Services acknowledged the above findings. This is a repeat deficiency from the 07/05/2023 report.	R 483			
R 803	Sec. 903 3 On-Site Review. (3) Assess the resident's ability to continue to self-administer his or her medications. Based on interviews and record reviews, the Assisted Living Residences (ALR) Registered Nurse (RN) failed to assess the resident's ability to safely continue to self-administer medications, for three of the 20 residents in the sample who self-administer his or her medications (Resident #7, #11 and #17). Findings included: On 08/28/2024 beginning at 2:00 PM, the Director	R 803	903 (3) On-Site Review The ALR shall arrange for an on-site review by a registered nurse every 45 days. I. <u>Corrective Action</u> In response to resident # 7, the resident has been discharged. In response to resident # 11 self-medication assessment was performed on 10/30/24. In response to Resident # 17 self-medication assessment was performed on 10/29/24. II. <u>How to Identify Other</u> The DON, Wellness Nurse, or designee will audit all resident charts to ensure a self-medication assessment has been completed for appropriate residents. III. <u>Systemic Changes</u>		

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R 803	Continued From page 11 of Nursing (DON) identified Residents #7, #11 and #17 as being able to self-administer their own medications. 1. On 08/29/2024 starting at 1:05 PM, a review of Resident #7's record showed an Intermediate Care facilities Division Admission/ Annual Medical Certification form dated 05/17/2024. The form indicated that Resident #7 can self-medicate. A further review of the record showed a 45 days medication review form dated 06/07/2024. The form failed to show evidence that the resident's ability to continue to self-administer their medications was assessed by the RN. 2. On 09/04/2024 at 10:50 AM, a review of Resident #11's record showed an Intermediate Care facilities Division Admission/ Annual Medical Certification form dated 06/02/2023. The form indicated that Resident #11 can self-medicate. A further review of the record showed a 45 days medication reviews dated 05/31/2024, 07/15/2024 and 08/30/2024. The form failed to show evidence that the resident's ability to continue to self-administer their medications was assessed by the RN. 3. On 09/06/2024 at 2:02 PM, a review of Resident #17's record showed an Intermediate Care facilities Division Admission/ Annual Medical Certification form dated 02/05/2024. The form indicated that Resident #17 can self-medicate. A further review of the record showed a 45 days medication review forms dated 05/28/2024, 03/07/2024, 07/12/2024 and 03/06/2024. The records failed to show evidence that the resident's ability to continue to self-administer their medications was assessed by the RN. During an interview on 08/30/2024 at 12:25 PM,	R 803	The DON, Wellness Admin, or designee will create a monthly schedule in the electronic health record to track self-medication reassessment dates. IV. <u>Monitoring Process</u> The nursing supervisor, or designee, will conduct monthly random audits of self-medication assessments for completion for the next 90 days. V. <u>Completion Date</u> December 31, 2024		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND OAKS ASSISTED LIVING

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

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R 000	Initial Comments An annual licensure survey was conducted at this facility from 08/28/2024 through 09/06/2024 to determine compliance with the Assisted Living Residence (ALR) regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101, and Assisted Living Law DC ST § 44-101.01. The resident census was 134 at the time of the survey, and 157 personnel were employed by the ALR, including professional and administrative staff. The survey sample consisted of 20 resident records, and 21 employee records. The findings of the survey were based on observations made throughout the ALR, interviews with the staff and residents, and reviews of clinical and administrative records, including incident reports.	R 000	Please start typing your responses here: <i>Grand Oaks is filing this response for the sole purpose of confirming compliance with requests of DOH in receipt of the survey report related to the survey completed on September 6, 2024. This response is based on cooperative discussions with DOH and is not an admission of liability or statement of agreement with respect to issues identified in discussions with the agency but is submitted to demonstrate regulatory compliance.</i>	
R 146	10113.1 Individualized Service Plans (ISPs) 10113.1 An ISP shall be developed for each resident not more than thirty (30) days prior to admission. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to develop Individualized Service Plans (ISP) for all residents within 30 days of admission to determine the service needs, for seven of the 20 residents in the sample (Residents #4, #5, #6, #7, #9, #10 and #17). Findings included: On 09/04/2024 at 2:00 PM, a review of the ALR's ISP policy dated 03/16/2021 indicated that the Director of Nursing (DON), or designee, will develop an ISP for each resident prior to admission in accordance with DC Health	R 146	10113.1 Individual Service Plans An ISP shall be developed for each resident not more than thirty (30) days prior to admission. I. <u>Corrective Action</u> Current electronic system dates the pre-ISP the day of move in. ISPs are created as a function of the assessment and completed prior to the admission. There is no time stamp on the regulation or ISP to clarify the documentation. In response to residents #4,7, the residents have been discharged. In response to resident #9, assessment completed on 03/14/24 pre-ISP printed 03/20/24. Resident financially admitted on 03/19/24, physical move in 03/20/24. In response to residents #5,6,10 and 17 Residents had ISPs created prior to	

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

TITLE

(X6) DATE

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R 146	Continued From page 1 Regulations. 1). On 09/03/2024 at 3:14 PM, a review of Resident #4's record revealed that the resident was admitted to the ALR on 07/08/2024. A further review of the record showed that an ISP was initiated on 07/08/2024 for the resident, the same day as the admission. 2). On 09/03/2024 at 1:55 PM, a review of Resident #5's record revealed that the resident was admitted to the ALR on 04/18/2024. A further review of the record showed that an ISP was initiated 04/18/2024 for the resident, the same day of the admission. 3). On 08/29/2024 at 2:02 PM, a review of Resident #6's record revealed that the resident was admitted to the ALR on 04/16/2024. A further review of the record showed that an ISP was initiated on 04/16/2024 for the resident, the same day as the admission. 4). On 08/29/2024 at 1:05 PM, a review of Resident #7's record revealed that the resident was admitted to the ALR on 05/23/2024. There was no documented evidence that the ALR's Registered Nurse (RN) developed an ISP for the resident prior to admission to the facility, to determine their service needs. 5). On 09/03/2024 beginning at 11:15 AM, a review of Residents # 9 ' s record revealed that the resident was admitted to the ALR on 03/19/2024. There was no documented evidence that the ALR's RN developed an ISP for the resident prior to admission to the facility, to determine their service needs. 6). On 09/04/2024 at 1:32 PM, a review of	R 146	admission. Resident # 5 assessment 04/15/24, pre-ISP printed 04/18/24, Resident #6 assessment completed on 04/12/24, pre-ISP printed 04/16/24. Resident #10 assessment completed on 07/12/24, Pre-ISP printed on 07/18/24. Resident #17 assessment completed on 02/14/24, pre-ISP printed on 03/07/24. II. <u>How to Identify Other</u> Director of Resident Services (DRS) Oasis Coordinator (OC) or designee, will conduct an audit of assessments for move-ins for the last 6 months to confirm that the pre-ISP was developed prior to admission but not more than 30 days in advance. III. <u>Systemic Changes</u> The DON, DRS, OC, or designee will complete the pre-ISP in Matrixcare in tandem with the assessment completed prior to move in. Pre-ISP will be printed from the electronic health record system the day of move in as the software allows. Assessment date will be entered onto the pre-ISP. IV. <u>Monitoring Process</u> The Nursing supervisor, or designee, will conduct random audits of pre-ISPs for the next 90 days to ensure compliance. V. <u>Completion Date</u> December 31, 2024		

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R 146	Continued From page 2 Resident #10's medical record revealed that the resident was admitted on 07/18/2024 to the ALR. A further review of the record showed that an ISP was initiated on 07/18/2024, the same day as the admission. 7). On 09/06/2024 at 2:02 PM, a review of Resident #17's medical record revealed that the resident was admitted to the ALR on 03/07/2024. A further review of the record showed that an ISP was initiated for the resident on 03/07/2024, the same day as the admission. During an interview on 09/06/2024 at 2:27 PM, the DON and Director of Resident Services (DRS) acknowledged that ISPs were not developed prior to admissions for the above-mentioned residents, as required by the regulation.	R 146	10113.5 Individual Service Plans 10113.5A "post move-in" assessment required by § 604 of the Act (D.C. Official Code § 44-106.04) shall be conducted by or on behalf of the ALR within seventy-two (72) hours of a resident's admission. I. <u>Corrective Action</u> In response to residents #6, 9, and 10 post move-in assessments were completed in tandem with the resident move-in ISP via the MatrixCare system within 72 hours. Resident #6 admitted on 04/16/24, post move-in assessment and ISP completed on 04/17/24. Resident #9 admitted on 03/20/24, post move-in assessment and ISP completed on 03/21/24. Resident #10 admitted on 07/18/24, post move-in assessment and ISP completed on 07/19/24. II. <u>How to Identify Other</u> The DON, RSD, or designee will audit all new move-ins for the last 6 months to ensure that residents have a post move-in ISP. III. <u>Systemic Changes</u> Post move-in ISPs are the result of the completion of the post move-in assessment. Electronic health record evaluation report will be printed and added to the post move-in ISP. IV. <u>Monitoring Process</u>		
R 154	10113.5 Individualized Service Plans (ISPs) 10113.5 A "post move-in" assessment required by § 604 of the Act (D.C. Official Code § 44-106.04) shall be conducted by or on behalf of the ALR within seventy-two (72) hours of a resident's admission. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure the Registered Nurse (RN) performed a "post move-in" assessment within 72 hours of admission, for six of the 20 residents in the sample (Residents # 6, #9, #10, #11, #12 and #13). Findings included: On 08/28/2024 through 09/06/2024, the review of Residents #6, #9, #10, #11, #12 and #13's	R 154			

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R 154	Continued From page 3 records showed that the residents were admitted between to the ALR July of 2023 to July 2024. There was no documented evidence that the ALR's RN assessed the residents within 72 hours of their admissions to the ALR. 1). On 08/29/2024 at 2:02 PM, a review of Resident #6's records showed that the resident was admitted on 04/16/2024. There was no documented evidence that the ALR's RN assessed the resident within 72 hours of admission. 2). On 09/03/2024 beginning at 11:15 AM, a review of Residents # 9's record revealed that the resident was admitted to the ALR on 03/19/2024. There was no documented evidence that the ALR's RN assessed the resident within 72 hours of admission. 3). On 09/04/2024 at 1:32 PM, a review of Resident #10's medical record revealed that the resident was admitted on 07/18/2024 to the ALR. There was no documented evidence that the ALR's RN assessed the resident within 72 hours of admission. 4). On 08/29/2024 at 2:02 PM, a review of Resident #6's records showed that the resident was admitted on 04/16/2024. There was no documented evidence that the ALR's RN assessed the resident within 72 hours of admission. 5). On 09/03/2024 beginning at 11:15 AM, a review of Residents # 9's record revealed that the resident was admitted to the ALR on 03/19/2024. There was no documented evidence that the ALR's RN assessed the resident within 72 hours of admission.	R 154	The Nursing supervisor, or designee, will conduct random audits of post move-in ISPs for the next 90 days to ensure completion. V. <u>Completion Date</u> December 31, 2024		

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R 154	Continued From page 4 6). On 09/04/2024 at 1:32 PM, a review of Resident #10's medical record revealed that the resident was admitted on 07/18/2024 to the ALR. There was no documented evidence that the ALR's RN assessed the resident within 72 hours of admission. During the exit interview on 09/06/2024 at 3:00 PM, the Director of Nursing (DON) acknowledged that there was no documented evidence to show that the residents were assessed by the RN within seventy-two (72) hours of their admission to the facility, as required by regulation. This is a repeat deficiency from the 07/05/2023 report.	R 154			
R 383	10125.4a Reporting Complaints To The Director 10125.4a An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day; and Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to promptly notify the Department of Health (DOH) by telephone of incidents, including falls with injuries, deaths and wounds that substantially affected the residents (followed by written notification within 24 hours or the next business day), for 39 of the 134 residents residing in the ALR (Residents #3, #21, #22, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35). Findings included:	R 383	10125.4a Reporting Complaints to the Director An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual events shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day. I. Corrective Action In response to residents #3, 26, 27, 28, and 32 incidents were reported. In response to Residents # 21, 22, 24, and 25 all residents were on active hospice caseload and had been certified for possible death within 60 days. None of these deaths were unexpected. In response to resident # 35, the resident was 106 years old, family declined hospice services at time of clinical decline. Resident had a DC MOST directive in place with a designated DNR (Do Not Resuscitate). Resident death was not unexpected.		

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R 383	Continued From page 5 On 08/28/2024 beginning at 1:09 PM, the review of the ALR's incident reports folder revealed the following details: 1). On 05/10/2024 at 5:10 AM, after receiving a diuretic, Resident #3 slid from her wheelchair to the floor while attempting to go to the bathroom. The resident was taken to the ER and an x-ray completed during the ER visit. The result revealed that she had a nondisplaced posterior malleolus fracture, probable small lateral malleolus fracture and nondisplaced second, third and fifth metatarsal neck fractures, questionable first proximal phalanx base fracture. Resident #3 was taken back to the ER on 05/12/2024 for hypoxia. The ALR submitted an online incident report to DOH on 09/04/2024, over three months later. 2). A review of Resident #21 progress note dated 06/10/2024 showed that the resident was observed with no breathing, no BP, no pulse or respiration. The hospice nurse arrived five minutes later and pronounced the resident dead. There was no documented evidence that DOH was notified of the death. 3). A review of Resident #22 progress note dated 06/04/2024 showed that the resident was met comfortably lying in bed, breathing with her accessory muscles. At 5:30 AM, on assessment the writer noted resident with no pulse, no respiration, or blood pressure. The resident was pronounced dead by the hospice nurse. There was no documented evidence that DOH was notified of the death. 4). A review of Resident #24 progress note dated 03/22/2024 showed that the resident was found	R 383	In response to Residents # 29, 30, 31, 33, and 34, the residents have been discharged from the community. II. <u>How to Identify Other</u> The DON, RSD, OC and designees implemented reporting as per discussion with surveyors during the annual survey period. On 10/7/24, the DON provided education to the nursing team regarding incident reporting. III. <u>Systemic Changes</u> DON, Nurse supervisor, or designee, will complete online DC Health report as per regulation. Reports will be printed and placed in binder stored in wellness office. IV. <u>Monitoring Process</u> Executive Director, or designee will randomly audit the DC Health incident for the next 90 days. V. <u>Completion Date</u> December 31, 2024		

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R 383	Continued From page 6 to have no pulse and was not breathing. Hospice was notified of the resident's condition. The hospice nurse pronounced the resident dead. There was no documented evidence that DOH was notified of the death. 5). A review of Resident #25 progress note dated 08/23/2023 showed that upon assessment, the resident was found unresponsive with no heartbeat or breathing sounds noted. The hospice was called and pronounced the resident dead. There was no documented evidence that DOH was notified of the death. 6). On 08/14/2024, while transferring from the chair to her wheelchair, Resident #26 lost her balance, fell backwards and hit her head. The resident complained of pain to her right leg/hip area and to the back of her head. Upon observation by the Registered Nurse (RN), the resident's right leg was noted to be externally rotated. 911 was called and the resident was taken to the emergency room (ER) for further evaluation. The resident was diagnosed with a right femoral intertrochanteric fracture. The ALR submitted an online incident report to the DOH on 09/04/2024, 21 days after the incident. 7). On 08/07/2024 at 1:20 PM, the Director of Nursing (DON) received a call from Resident #27's wife stating that her husband left the room and said that he was going to the fourth floor to jump off the balcony. The ALR's emergency response was initiated, and the resident was found on the fourth-floor balcony by security staff standing on the balcony with his hands on the ledge. The security guard was able to convince the resident to come back into the building. The resident was transported to the hospital emergency department and admitted to the	R 383			

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R 383	Continued From page 7 psychiatric unit for further evaluation. The ALR submitted an online incident report to the DOH on 09/04/2024, almost a month later. 8). On 03/19/2024 at 7:15 PM, Resident #28 was found lying on his left side on the floor in his room by care staff and complained of pain to his left hip. The resident stated he was getting up from the toilet and fell. The resident was transported to the ER via Emergency Medical Services (EMS) for evaluation. The resident was diagnosed with a left hip fracture. The ALR submitted an online incident report to DOH on 09/04/2024, over five months later. 9). On 02/25/2024 at 7:15 PM, Resident #29 was found on the floor in her bathroom and stated that she twisted her knee and fell. The resident was noted with increased pain and decreased range of motion (ROM) on her right knee and was sent to the hospital ER for further evaluation. The resident was diagnosed with an acute fracture of the distal femur. The ALR submitted an online incident report to DOH on 10/31/2023, two days later. 10). Resident #30 had a fall on 10/29/2023 and was taken to the ER on 10/30/2023. The resident was diagnosed as having a right nasal fracture and Congestive Heart Failure (CHF) exacerbation. The Resident returned to the ALR on 10/31/2023. The ALR submitted an online incident report to DOH on 10/31/2023, two days later. 11). On 09/01/2023 at 2:33 PM, Resident #31 was observed on the floor next to his bed. The nurse conducted a head-to-toe assessment, and the resident was noted with bruising to the forehead and knees. The ALR submitted an	R 383			

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 09/06/2024
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 383	Continued From page 8 online incident report to DOH on 09/01/2023, four days later. 12). On 07/22/2023 at 3:30 AM, Resident #32 was noted with a severe nosebleed. The nurse was made aware and was unable to stop the bleeding. The resident was transferred to the emergency room for further evaluation and treatment. The ALR submitted an online incident report to DOH on 08/08/2023, 17 days later. 13). On 08/04/2023, Resident #33 was noted with shortness of breath (SOB) and pulse oximetry of 90% on room air. 911 was called and the resident was transferred to the hospital emergency room for further evaluation and treatment. The ALR submitted an online incident report to DOH on 08/11/2023, seven days later. 14). The incident review showed that Resident #34 was hospitalized from 07/10/2023 through 07/17/2023. The resident returned to the ALR with a stage 4 sacral wound which measured 4cm x 3cm x 0.2cm depth. Further review of the incident showed that the wound bed was dark red with peri wound noted with maceration. The ALR submitted an online incident report to DOH on 07/25/2023, 8 days later. 15). A review of Resident #35 progress note dated 08/20/2024 showed that the resident was noted with labored breathing and difficulty swallowing with low blood pressure that measured 49/36, heart rate 103. 911 was called and upon arrival, noted the resident with no blood pressure, Pulse, or respiratory rate. Pupils were fixed. She was pronounced dead at 12:45 PM. Both family and PCP were notified. There was no documented evidence that DOH was notified of the death.	R 383			

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 09/06/2024
NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016			
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R 383	Continued From page 9 NOTE: Continued review of the records showed that there were 24 other residents that died between July 2023 and August 2024 and there was no documented evidence that the deaths were reported to the DOH. Additionally, there were over 70 incidents reviewed, and the above incidents are a sample size to show that there is a systemic issue with the facility reporting incidents to DOH timely in accordance with the regulations. On 08/30/2024 beginning at 11:31 AM, the DON was interviewed regarding the facility's process for reporting unusual incidents including falls with injuries, deaths and wounds. Per the DON, any unusual incident that interferes with the resident's health and safety should be reported to the DOH promptly, followed by written notification within 24 hours of the incident. The Administrator also acknowledged that there may be several other incidents that may not have been reported to DOH on time.	R 383			