STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIN TIP	LE CONSTRUCTION	(X3) DATE SU	DIKCY
	OF CORRECTION	IDENTIFICATION NUMBER		CC CONSTROOMON	COMPL	
		ALR-0039	B. WING		08/24/2022	
NAME OF D	CONCRETE OF EUROPHER				08/24	12022
	ROVIDER OR SUPPLIER	SA20 CON		IATE, ZIP CODE AVENUE NW		
BV/MSTA	R CHEVY CHASE TEN	NANT U/B/A	TON, DC			
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETE DATE
R 000	Initial Comments		R 000			
	investigation was co 08/17/2022, 08/18/2 08/23/2022 and 08/2 compliance with the Official Code § 44-19 Living Residence Re (Public Health and MAssisted Living Residents and emprofessional and adresample of 20 resider records, four Private Assistant records, or Services record, one Agency nurse record findings of the survey based on observation record review, and record review, and refoon 08/3/2022 at 8:48 Health, Health Regulation, Internation (DOH/HRLA/ICFD), infrom a complainant. The complainant alternation addressed to my placed the items from a partment on 08/01/2 Conclusion: Not subsobservations)	r conjunction with a complaint inducted on 08/16/2022, 08/22/2022, 08/29/2022,		Please start typing your responses. Chevy Chase House is filing this Plan of Correction for the purpos of regulatory compliance. This A is submitting this plan of correcti to comply with applicable law an not as an admission or statemer of agreement with respect to the alleged deficiencies herein. To remain in compliance with all staregulations, the ALR has taken owill take the actions set forth in the following plan of correction. The following plan of correction constitutes the community's allegation of compliance such the all alleged deficiencies cited have been or will be corrected by the date or dates indicated.	se LR on d ht ete or he	
RATORY DI		ion UPPLIER REPRESENTATIVE'S SIGNATURE		TITLE A -	(X6)	DATE /
TE FORM	nichael Cus;	riosery "	tia F	を とし、	If continuation a	19 /2 T
		2	n sta	1/4	-	
		N.	human	Costagy (

Health R	tegulation & Licensing	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	
AIOFERIC	OF CORRECTION	DENTIFICATION NUMBER.	A. BUILDING:		Cov	APLETEO
i		4	0.0000			
		ALR-0039	B. WING		08/2	24/2022
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
BV/MSTA	R CHEVY CHASE TEN	IAN'I DAYA	NECTICUT A	AVENUE NW 20015		
(X4) IO PREFIX		ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		NTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCEO TO THE APPROPE DEFICIENCY)		DATE
				DEFIGIENCE		
R 000	Continued From pag	e 1	R 000			
	and three tubes of that all.	e arthritis gel was not delivered				
	Conclusion: Not sub Observations)	stantialed (See Tag 9999, Final				
	newly hired Certified not know how to transhower to her walker	to the hospital because the Nursing Assistant (CNA) did sfer Resident #1 from the Resident #1 ended up visting her ankle and foot which om today.				
	07/14/2022, after rec asked the caregiver t arms as she turned to course of turning for that Resident #1 twis screaming. After asso Resident #1 stated th	egiver's written statement, on eiving a shower, Resident #1 to support her by holding her to grab her walker. In the the walker, the caregiver stated ted her ankle and started essment by the facility's nurse, let she was ok, but the son lent be taken to the hospital.				
	(ED) said during an instated that the careging properly and asked the careging and asked the careging. The ED to the facility without around with her walked asked is charge papers and documents, but that he sident #1 was taken urse and received the	8 PM, the Executive Director nterview that Resident #1's son ver did not transfer her he son if his mother's foot can be son said no, I will take her to said that Resident #1 returned any ankle brace and walked by without any problems. The did Resident #1's son for the I was not given any he called the hospital where in, spoke to the attending he discharge papers. According 1's foot was perfectly normal.				

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Health F	Regulation & Licensing	Administration			
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA (DENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0039	8. WING		08/24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S1	FATE, Z/P COOE	
BV/MST/	AR CHEVY CHASE TEN	(ANT 1)/H/A	NECTICUT A	AVENUE NW 20015	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
	At 2:20 PM review of dated 07/15/2022 sh. The left ankle was mother abnormality. Conclusion: Not sub 4. Resident #1 was a Licensed Practical Non the job. The new correct number of misame LPN had an exconsumption. On 08/19/2022, at 10 observed pushing the bubble into a medicing crushed. The nurse a residents' apartment, the surveyor enter his the camera mounted surveyor identified he her presence, Reside informed the surveyor appointment to enter time, Resident #1 becaused informed the surveyor appointment to enter time, Resident #1 becaused informed the surveyor appointment to enter time, Resident #1 becaused informed the surveyor apologized should be noted that pills from the bubble pharmacy. No other prior to leaving the mithe observation, there wrong medications with the conclusion: Not substantial pills from the surveyor medications with the conclusion: Not substantial pills from the surveyor medications with the conclusion: Not substantial pills from the surveyor medications with the conclusion: Not substantial pills from the surveyor medications with the conclusion: Not substantial pills from the surveyor medications with the conclusion: Not substantial pills from the surveyor medications with the conclusion: Not substantial pills from the surveyor medications with the conclusion: Not substantial pills from the surveyor medications with the conclusion of the pills from the conclusion.	f the hospital discharge papers lowed the left foot was x-rayed. egative for acute fracture or stantiated assigned a newly hired urse (LPN), less than a week LPN did not dispense the edications. Five days later, the stra foreign pill for 10:00 AM. 2:00 AM, the nurse was a medication through the ne cup. One of the pills was and the surveyor entered the The resident's son observed is mother's apartment through on the wall. Although the erself and gave the reason for ent #1's son became irate and ir that she needed to make an his mother's apartment. At that came agitated stating, make an appointment!" The and exited the apartment. It the pills in the cup were the	R 000		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1			n outer		
		ALR-0039	B MNG_		08/24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADA	DRESS, CITY, S	TATE, ZIP CODE	
BV/MSTA	AR CHEVY CHASE TEN	NANT D/B/A	NECTICUT : STON, DC :	AVENUE NW 20016	
(X4) ID		ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPA DEFICIENCY)	BE COMPLET. RIATE DATE
R 146	Continued From pag	je 3	R 146	Resident's ISPs are developed	
R 146	10113.1 Individualiz	ed Service Plans (ISPs)	R 146	within 30 days of admission to	
	10113 1 An ISP shal	Il be developed for each		establish appropriateness for	
		an thirty (30) days prior to		Assisted Living Residence, with 72 hours of admission, 30 days admission, every six months are	post
		and record reviews, the		when there is a change in phys	ical
		idence (ALR) failed to ensure jupport Plans (ISP) was		and mental condition. ISPs of a	ill
	developed within 30	days prior to admission, for 11	ľ	sampled residents have been updated as of 9/16/2022. To	1
	6, 8, 10, 11, 12, 16,	n the sample (Residents #2, 5, 18, 19 and 20).		minimize recurrence of this defi practice the ALR has revised	
	Findings included:			established move-in guidelines reviewed updated standards wi	
Tri Su pri be 1. #6 ad of tha	Support Plan (ISP) w	sure that an Individualized vas developed within 30 days the residents, as evidenced		clinicians on 9/9/22 (in-service attached) A. Move-in process we continuously reviewed prior to a admission to ensure an ISP has	each s
	#6's medical record s admitted to the ALR of the record failed to	2:55 PM, a review of Resident showed that the resident was on 06/18/2021. Further review a show documented evidence eloped prior to the resident's		been developed within the requ timeline	irea
	#5's medical record s admitted to the ALR of the record failed to	1:05 PM, a review of Resident showed that the resident was on 01/05/2022. Further review o show documented evidence eloped prior to the resident's			
	#10's medical record admitted to the ALR of the record failed to st	3:13 PM, a review of Resident showed that the resident was on 04/20/22. Further review of how documented evidence that ad prior to the resident's			

Health Regulation & Licensing Administration STATE FORM

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/IA IDENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ALR-0039	B WING		08/24/2022	2
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
BV/MST/	AR CHEVY CHASE TEN	ANT D/H/A	NECTICUT .	AVENUE NW 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY MIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMP.	
	4. On 08/23/2022 at #11's medical record admitted to the ALR of the record failed to that an ISP was devel admission. 5. On 08/23/2022 at #12's medical record admitted to the ALR of the record failed to that an ISP was devel admission. 6. On 08/23/2022 at #18's medical record admitted to the ALR of the record failed to that an ISP was devel admission. 7. On 08/23/2022 at #2's medical record sadmitted to the ALR of the record failed to that an ISP was devel admission. 8. On 08/23/2022 at #8's medical record sadmitted to the ALR of the record failed to that an ISP was devel admission. 9. On 08/23/2022 at 1#19's medical record admitted to the ALR of the record failed to that an ISP was devel admission.	10:21 AM, a review of Resident showed that the resident was on 07/30/2021. Further review of show documented evidence eloped prior to the resident was on 05/08/2021. Further review of show documented evidence eloped prior to the resident was on 05/08/2021. Further review of show documented evidence eloped prior to the resident was on 03/03/2022. Further review of show documented evidence eloped prior to the resident was on 03/03/2022. Further review of show documented evidence eloped prior to the resident was on 01/27/2021. Further review show documented evidence loped prior to the resident was on 09/30/2021. Further review show documented evidence loped prior to the resident was on 09/30/2021. Further review show documented evidence loped prior to the resident was on 09/30/2022. Further review show documented evidence loped prior to the resident was on 02/03/2022. Further review show documented evidence	R 146			

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Health F	Regulation & Licensing	Administration				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ALR-0039	B WNG_		08/24/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AO	DRESS, CITY, S	TATE, ZIP CODE		
BV/MSTA	AR CHEVY CHASE TEN	ANT U/B/A	NNECTICUT STON, DC	AVENUE NW 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COVPLE	7E
R 146	prior to the resident's 10. On 08/23/2022 a Resident #16's medi- resident was admitte Further review of the		R 146			
	prior to the resident's 11. On 08/23/2022 at #20's medical record admitted to the ALR of the record failed to that an ISP was devel admission.	admission. 1:44 PM, a review of Resident showed that the resident was on 02/16/2022. Further review show documented evidence loped prior to the resident's the ALR's acting Director of				
	Nursing (DON) on 08 indicated that she sta May 2022 and could regarding the admission	/17/2022 at 2:00 PM, she rted working for the ALR in not provide information ons prior to her employment.				
		ency. See deficiency report ation 44-106.04 (a)(1)				
1 (registered nurse that i forty-five (45) days, pu (D.C. Official Code § 4 documentation of any	ite medication review by a s arranged to occur every irsuant to § 903 of the Act 14-109.03), shall include changes to the resident's luding changes in dosing and	R 330	A registered nurse will assess a review the resident's medication regimen every 45 days. The AL reviewed the requirements with the ADON and established a medication review that aligns w resident's cycle fill every 30 day	n .R	

Health Regulation & Licensing Administration STATE FORM

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-	Health R	Regulation & Licensing	Administration			101111	MI I NOVE
		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE S COMP	URVEY PLETED
			ALR-0039	B. WING		08/2	4/2022
	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP COD		
	BV/MSTA	R CHEVY CHASE TEN	ANT D/H/A	NECTICUT A STON, DC 2			
	(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)	Bε	(XS) COMPLETE DATE
		Assisted Living Resi Registered Nurses (medication regimen medications every 4 residents in the sam 11, 12, 13, 14, 15, 16 Findings included: 1. On 08/16/2022 at #1's medical record evidence that the assasses of the residence that the assasses of the residence that the assasses of the medical record evidence that the assasses of the medications of evidence that the assasses of the residence that the assassasses of the residence that the assassasses of the residence that the assassassassassassassassassassassassass	and record reviews, the dence (ALR) failed to ensure RN) assessed each resident's and their response to the 5 days, for 14 of the 21 ple (Residents #1, 2, 5, 8, 9, 10, 5, 19 and 20). 1:00 PM, review of Resident failed to show documented sisted living residence's RN nt's medication regimen and ications every 45 days. 9:25 AM, review of Resident failed to show documented sisted living residence's essed the resident's response very 45 days. 1:05 PM, review of Resident failed to show documented sisted living residence's RN nt's medication regimen and ications every 45 days. 1:33 PM, review of Resident failed to show documented sisted living residence's essed the resident's response very 45 days.	R 330	The more frequent reviews exceed the current standard a will minimize the risk of this deficient practice recurring. All residents in the sample have updated medication reviews of file. To minimize the risk of recurrence a random sample or resident records will be review during monthly QA.	n of	
		evidence that the ass	isted living residence's essed the resident's response				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL	E CONSTRUCTION		SURVEY
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		ALR-0039	B WING_		08/	24/2022
LAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, 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 OF CORRECTI (EACH CORRECTIVE ACTION SHOW) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(XS) COMPLET DATE
R 330	Continued From pag	e 7	R 330			
	#14's medical record evidence that the as:	9:35 AM, review of Resident falled to show documented sisted living residence's essed the resident's response very 45 days.				
	#2's medical record f evidence that the ass assessed the resider	10:15 AM, review of Resident ailed to show documented sisted living residence's RN al's medication regimen and ications every 45 days.				
	#11's medical record evidence that the ass	10:21 AM, Review of Resident failed to show documented sisted living residence's essed the resident's response ery 45 days.				
	#12's medical record evidence that the ass	11:02 AM, review of Resident failed to show documented isted living residence's essed the resident's response eary 45 days.				
	#8's medical record fa evidence that the ass assessed the residen	11:38 AM, review of Resident alled to show documented isted living residence's RN t's medication regimen and cations every 45 days.				
	#9's medical record fa evidence that the ass	11:47 AM, review of Resident siled to show documented isted living residence's ssed the resident's response ery 45 days				

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Health F	Regulation & Licensin	ng Administration			COlsin	AF I NOTEL
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COM	SURVEY PLETEO
			A BUILDING:			
		ALR-0039	B, WING		08/2	4/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AC	DORESS, CITY, STAT	TE, ZIP COOE		
BV/MST/	AR CHEVY CHASE TE	NANI DIBIA	NNECTICUT AV			
		WASHIN	GTON, DC 200	015		
(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 CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
R 330	Continued From page	ge 8	R 330			
	#19's medical recome vidence that the astregistered nurse asstoner medications of the second	at 12:53 PM, review of Resident of failed to show documented ssisted living residence's				
	to his medications e					
	14. On 08/23/2022 at 1:44 PM, review of Resident #19's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to her medications every 45 days.					
	Acting Director of Nu	:18 PM, the Assisted Living's ursing acknowledged that the ons were not reviewed every 45				
	residence's registere review the residents'	rivey, the assisted living ed nurses failed to consistently if medication regimen and the edications every 45 days.				
		Complaints To The Director	R 383			
	unusual incident that resident. Notificatio	I shall notify the Director of any t substantially affects a ons of unusual incidents shall be the Department of Health				

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Health	Regulation & Licensing	g Administration				
	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE S COM	SURVEY PLETED
		ALR-0039	8, WING		08/2	4/2022
NAME O	F PROVIDER OR SUPPLIER			TATE, ZIP COOF		
BV/MS	TAR CHEVY CHASE TEN	ANT D/B/A	TON, DC	AVENUE NW 20015		
(X4) ID PREFID TAG	((EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION}	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPA DEFICIENCY)	86	(X\$) COMPLETE DATE
R 38	by phone promptly, written notification to (24) hours or the next Based on Interview & Living Residence (Al unusual incident of a Department of Health twenty residents in the Findings included: On 08/11/2022, the Erreceived an unusual notification of a miss Living Residence (At Incident report, on 08/10:00 AM, Resident is returned to the facility the nephew the next approximately 3:30 F Farragut Parkway Mewas reviewed during the incident/fall/comp 08/16/2022 beginning. On 08/16/2022 interv (ED), Assistant Director desk Concierge and 1:06 PM respective (ED), Assistant Director of Cesident #2 was Indeshe pleases. For exaresident walked up to On 08/18/2022 at 11: Regional Director of Ceshowed that she was conducting training or Resident #2 went mis	and shall be followed up by the same within twenty-four at business day; and and record review, the Assisted LR) failed to report timely, an import making person to the highest form of the 20 me sample (Resident #2). Department of Health (DOH) incident report via an email ing resident from the Assisted LR) facility. According to the 8/09/2022 at approximately #2 left the facility and had not y. The resident was found by day on 08/10/2022 at PM (over 24-hours later) at elro/Bus stallon. The incident the annual survey as part of plaint record review on g at 10:45 AM. Tiews with Executive Director for of Nursing (ADON) and the staff at 12:22 PM, 12:51 PM ively, all indicated that ependent, comes and goes as mple, the ED stated that the	R 383	The ALR shall notify the Director any unusual incident that substantially affects a resident. Department of Health will be contacted via telephone Immediately. A written notification the appropriate DOH form to follow within 24 hours or next business day of any unusual incident. Community leadership clinicians, caregivers, et al. actiparticipated/attended in-service training on reporting unusual incidents to Department of Healon 8/30/22 to reinforce reporting standards. The Executive Director and ADON or designee will revieach resident related incident in real time, to determine the need reporting to the department, en prompt notification to the DOH, thereby, minimizing the risk of recurrence of this deficient practice.	The ion o, ively ilth g ctor iew n d for sure	

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AND PLANG COPRECTION (ACT) AND PLANG COPRECTION ALR-0038 TAME OF PROVIDER ON SUPPLIER ALR-0038 TAME OF PROVIDER ON SUPPLIER STREET ADDRESS, CITY STATE, 2P COX 6422 CONNECTICUT AVENUE WW WASHINGTON, DC 20013 PROVIDER ON SUPPLIER SUMMET STATEMENT OF DEPICIENCES WASHINGTON, DC 20013 PROVIDER ON SUPPLIER SUMMET STATEMENT OF DEPICIENCES WASHINGTON, DC 20013 PROVIDER ON SUPPLIER SUMMET STATEMENT OF DEPICIENCES WASHINGTON, DC 20013 PROVIDER SPLANG CORRECTION OR 150 SUBSTITUTION INFORMATION, DC 20013 R 383 Continued From page 10 on the morning of 08/10/2022 that the resident was milising and notified the COVH of the Incident on 08/11/2022 since the ED was on vasation. Al 2.53 PM, review of the ALR's Internal incident Reporting policy dated QUESTION and Succession of the Community in Community in Gradient Reporting policy and documented on the Community is incident Report form within 24-hours of the Incident. Further review of this policy showed that ED, Wellness Director, or designee will assure reporting to the Medical Provider and authorized Responsible for assuring an incident (i. e., Elopement or missing section) is reported to and sent to the state Asperty on the appropriate form and within the required time required. At the time of the survey, the ALR falled to notify DOH of an unusual incident (missing resident) is reported to an assist to the state Asperty on the appropriate form and within the required time required. At the time of the survey, the ALR falled in notify DOH of an unusual incident (missing resident) but substantially affected residents by phone promptly and follow-up with written notification within 24 Notes or the next business day.	Health F	Regulation & Licensing	Administration				
BV/MSTAR CHEVY CHASE TENANT D/B/A STREET ADDRESS, CITY, STATE, ZIP CODE 6420 CONNECTICUT AVENUE NW WASHINGTON, DC 20015 [(A4) IO PREFIX TAG [(EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) R 383 Continued From page 10 on the morning of 08/10/2022 that the resident was missing and notified the DOH of the incident on 08/11/2022 since the ED was on vacation. At 2.53 PM, review of the ALR's Internal incident Reporting policy dated 02/15/2020 showed that all incidents or unusual occurrences will be reported promptly to the Community Management and documented on the Community Sincident Report form within 24-hours of the incident. Further review of the policy showed that ED, Wellness Director, or designee will assure reporting to the Medical Provider and authorized Responsible Party is completed and documented promptly. The policy also showed that the ED is responsible Party is completed and documented promptly. The policy also showed that the ED is responsible for assuring an incident (i.e., Elopement or missing resident) is reported to and sent to the state Agency on the appropriate form and within the required time required. At the time of the survey, the ALR falled to notify DOH of an unusual incident (missing resident) that substantially affected residents by phone promptly and follow-up with written notification within 24							
BV/MSTAR CHEVY CHASE TENANT D/B/A (X4) IO PREPIX TAG SUMMARY STATEMENT OF DEFICIENCIES R 383 Continued From page 10 on the morning of 08/10/2022 that the resident was missing and notified the DOH of the incident on 08/11/2022 since the ED was on vacation. At 2.53 PM, review of the ALR's Internal incident Reporting policy dated 02/15/2020 showed that all incidents or unusual occurrences will be reported promptly to the Community Management and documented on the Community Incident Report form within 24-hours of the incident. Further review of the policy showed that ED, Wellness Director, or designee will assure reporting to the Medical Provider and authorized Responsible Party is completed and documented promptly. The policy also showed that the ED is responsible for assuring an incident (i.e., Elopement or missing resident) is reported to and sent to the state Agency on the appropriate form and within the required time required. At the time of the survey, the ALR failed to notify DOH of an unusual incident (missing resident) that substantially affected residents by phone promptly and follow-up with written notifications within 24			ALR-0039	B. WING		08/	24/2022
WASHINGTON, DC 20018 WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT SUMMARY S	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	FATE, ZIP CODE		
R 383 Continued From page 10 on the morning of 08/10/2022 that the resident was missing and notified the DOH of the incident on 08/11/2022 since the ED was on vacation. At 2.53 PM, review of the ALR's Internal incident Reporting policy dated 02/15/2020 showed that all incidents or unusual occurrences will be reported promptly to the Community's Incident Report form within 24-hours of the incident. Further review of the policy showed that ED, Wellness Director, or designee will assure reporting to the Medical Provider and authorized Responsible Party is completed and documented promptly. The policy also showed that the ED is responsible for assuring an incident (i.e., Elopement or missing resident) is reported to and sent to the state Agency on the appropriate form and within the required time required. At the time of the survey, the ALR falled to notify DOH of an unusual incident (missing resident) that substantially affected residents by phone promptly and follow-up with written notification within 24	BV/MST/	AR CHEVY CHASE TEN	IANI U/D/A				
on the morning of 08/10/2022 that the resident was missing and notified the DOH of the incident on 08/11/2022 since the ED was on vacation. At 2.53 PM, review of the ALR's Internal incident Reporting policy dated 02/15/2020 showed that all incidents or unusual occurrences will be reported promptly to the Community Management and documented on the Community's Incident Report form within 24-hours of the incident. Further review of the policy showed that ED, Wellness Director, or designee will assure reporting to the Medical Provider and authorized Responsible Party is completed and documented promptly. The policy also showed that the ED is responsible for assuring an incident (i.e., Elopement or missing resident) is reported to and sent to the state Agency on the appropriate form and within the required time required. At the time of the survey, the ALR failed to notify DOH of an unusual incident (missing resident) that substantially affected residents by phone promptly and follow-up with written notification within 24	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
		on the morning of 08 missing and notified 08/11/2022 since the 08/11/2022 since the At 2:53 PM, review of Reporting policy date incidents or unusual promptly to the Commodocumented on the Commodocumented and documented and documented and documented and sent appropriate form and required. At the time of the sun DOH of an unusual in substantially affected and follow-up with write the commodocuments of the sun properties of the sun pr	the DOH of the incident was the DOH of the incident on a ED was on vacation. If the ALR's Internal Incident and 02/15/2020 showed that all occurrences will be reported munity Management and Community's Incident Report of the incident. Further review that ED, Wellness Director, or reporting to the Medical and Responsible Party is mented promptly. The policy ED is responsible for assuring perment or missing resident) is to the state Agency on the within the required time.	R 383			

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AR-BODY ALR-BODY ALR-		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
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BV/MSTAR CHEVY CHASE TENANT D/B/A SUMMARY STATEMENT OF DEDICENCIES R 000 Initial Comments An annual survey, in conjunction with a complaint investigation was conducted on 08/16/2022, 08/17/2022, 08/18/2022, 08/19/2022,			1				
## SHUMARY STATEMENT D/B/A ## SUMMARY STATEMENT OF DEPICEMENT OF PROPERTY OF THE APPROPRIATE OF THE APPROPR			ALR-0039	B WNG		08.	24/2022
Initial Comments R 000 Initial Comments	NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE		
R 000 Initial Comments R 000 Initial Com	OWNSTA	ID CUEI/V CUASE TEI	5420 CO	NNECTICUT	AVENUE NW		
R 000 Initial Comments An annual survey, in conjunction with a complaint investigation was conducted on 08/16/2022, 08/17/2022, 08/18/2022, 08/19/202	DVIIIOTA	CONCESS CHAGE TEL	WASHIN	GTON, DC 2	20015		
An annual survey, in conjunction with a complaint investigation was conducted on 08/16/2022, 08/17/2022, 08/18/2022, 08/19/2022, 08/23/2022 and 08/24/2022, to determine compliance with the Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 96 residents and employed 87 personnel, to include professional and administrative staff. A random sample of 20 resident records, 13 employee records, four Private Duty Aide/Centified Nurse Assistant records on Regional Director of Clinical Services record, one Hospice Nurse record and one Agency nurse record were selected for review. The findings of the survey/comptaint investigation were based on observation, clinical and administrative record review, and resident and staff interviews. On 08/3/2022 at 8:48 AM, the Department of Health, Health Regulations and Licensing Administration, Intermediate Care Facilities (DOH/HRLA/ICFD), received an email notification from a complainant. The complainant alleged the following: 1. The facility deliberately opened a package that was addressed to my mother (Resident #1) and	PRÉFIX	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OLD BE	COMPLETE DATE
investigation was conducted on 08/16/2022, 08/17/2022, 08/18/2022,	R 000	Initial Comments		R 000			
apartment on 08/01/2022. Conclusion: Not substantiated (See Tag 9999, Final Observations) 2. The items from the package were not all there and three tubes of the arthritis gel was not		investigation was co 08/17/2022, 08/18/2 08/23/2022 and 08/2 compliance with the Official Code § 44-1 Living Residence Re (Public Health and Massisted Living Residents and emprofessional and administration of 20 residents are professional and administration, interrespondings of the surverbased on observation of 20 residents and residents. The complainant allers of 20 residents are professional and 20 residents are pr	anducted on 08/16/2022, 08/2022, 08/19/2022, 08/22/2022, 24/2022, to determine Assisted Living Law (DC 01.01 et seq) and Assisted egulations, Title 22-8 DCMR Medicine) Chapter 101. The dence (ALR) provided care for aployed 87 personnel, to include ministrative staff. A random not records, 13 employee Duty Aide/Certified Nurse ne Regional Director of Clinical et Hospice Nurse record and one of were selected for review. The sy/complaint investigation were not clinical and administrative esident and staff interviews. BAM, the Department of lations and Licensing mediate Care Facilities received an email notification and the package inside her control of the package were not all there apackage were not all there		Plan of Correction for the pure of regulatory compliance. The ALR is submitting this plan of correction to comply with applicable law and not as an admission or statement of agreement with respect to the alleged deficiencies herein, remain in compliance with a regulations, the ALR has tal will take the actions set forth following plan of correction, following plan of correction constitutes the community's allegation of compliance such all alleged deficiencies cited been or will be corrected by date or dates indicated.	irpose his his he To II state ken or hin the The have the	

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		ALR-0039	B. WNG		08/24/2022		
NAVE OF E	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE	00/	LHILVEL	
BV/MST.	AR CHEVY CHASE TEN	5420 CON		AVENUE NW			
	TOTAL TEN		TON, DC	20015			
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R 000	Continued From pag	e 1	R 000				
	delivered at all.						
	Conclusion: Not sub-	stantialed (See Tag 9999, Final					
	Observations)	atamateo (See Tag 3333, Tinal					
	3. Resident #1 went	to the hospital because the					
	newly hired Certified	Nursing Assistant (CNA) did		İ		i	
	not know how to transfer Resident #1 from the shower to her walker. Resident #1 ended up						
	partially falling and twisting her ankle and foot which she is still laboring from today.						
		·					
	07/14/2022, after rec	egiver's written statement, on eiving a shower, Resident #1					
	asked the caregiver t	o support her by holding her ograb her walker. In the					
	course of turning for t	the walker, the caregiver stated					
		ted her ankle and started essment by the facility's nurse,					
	Resident #1 stated th	at she was ok, but the son				1 1	
	insisted that the resid	ent be taken to the hospital.					
		8 PM, the Executive Director nerview that Resident #1's son					
	stated that the caregi	ver did not transfer her					
1		e son if his mother's foot can e son said no, I will take her to					
	the hospital. The ED :	said that Resident #1 returned					
	around with her walke	any ankle brace and walked or without any problems. The					
	ED said that he asked discharge papers and	I Resident #1's son for the					
	documents, but that h	e called the hospital where					
		n, spoke to the attending e discharge papers. According					
		1's foot was perfectly normal.					
	At 2:20 PM review of t	the hospital discharge				1	

Health Regulation & Licensing Administration STATE FORM

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Health F	Regulation & Licensing	Administration			1:00	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE	
	01 40	IDCITITION TOWNSER	A. BUILDING		COX	MPLETED
		ALR-0039	B. WING		08/	24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, S	TATE, ZIP COSE		
BV/MST/	AR CHEVY CHASE TEN	ALMILI DIMILE		AVENUE NW		
	r ————————————————————————————————————	WASHING	STON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEVENT 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	(NS) COMPLETE DATE
R 000	Continued From pag	e 2	R 000			
	papers dated 07/15/	2022 showed the left foot was le was negative for acute				
	Conclusion: Not sub:	stantiated		0		
	Licensed Practical N on the job, The new correct number of me	ussigned a newly hired urse (LPN), less than a week LPN did not dispense the edications. Five days later, the dtra foreign pill for 10:00 AM				
	consumption.	Ma loreign pin for 10,00 Alar				
	observed pushing the bubble into a medicine crushed. The nurse a residents' apartment, the surveyor enter his the camera mounted surveyor identified he her presence, Reside informed the surveyor appointment to enter time, Resident #1 bec "somebody needs to surveyor apologized a should be noted that i pills from the bubble pharmacy. No other prior to leaving the methe observation, there wrong medications we	ills were added to the cup edication room. At the time of was no evidence that the ere dispensed to Resident #1				
		lantiated based on Resident ith the survey process.				
¥						

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If continuation sheet | 3 of 24

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COM	ORVEY PLETED
		ALR-0039	B. WING		08/24/2022	
IAME OF P	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SV/MST/	AR CHEVY CHASE TEN	ANT U/8/A	INECTICUT AVECTOR, DC 20	4		
(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	(X5) COVPLE DATE
R 471	Continued From pag	e 3	R 471			
R 471	prior to admission. Based on interviews Assisted Living Resident Individualized State of the 21 residents in 6, 8, 10, 11, 12, 16, 11 Findings included: The ALR failed to er Support Plan (ISP) worior to the admission below: 1. On 08/17/2022 at 2 #6's medical record sadmitted to the ALR of the record failed to	and record reviews, the dence (ALR) failed to ensure upport Plans (ISP) were days prior to admission, for 11 the sample (Residents #2, 5,	R 471	Resident's ISPs are develope 30 days prior to admission to establish appropriateness for Assisted Living Residence, within 72 hours of admission, 30 days post admission, ever six months and when there is change in physical and menticondition. ISPs of all sampled residents have been updated as of 9/16/2022. To minimize recurrence of this deficient practice the ALR has revised established move-in guideline and reviewed updated standards with clinicians on 9/9/22 (in-service attached). Move-in process will be continuously reviewed prior to each admission to ensure an ISP has been developed with the required timeline.	ry s a al d	
	#5's medical record s admitted to the ALR of of the record failed to that an ISP was deve admission.	I:05 PM, a review of Resident howed that the resident was on 01/05/2022. Further review show documented evidence loped prior to the resident's				
	#10's medical record admitted to the ALR of the record failed to sh	3:13 PM, a review of Resident showed that the resident was on 04/20/22. Further review of ow documented evidence that d prior to the resident's				

4. On 08/23/2022 at 10:21 AM, a review of

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	OF OFFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE	E CONSTRUCTION	(X3) OATE S	
THE TEAM	OF GOIMEONON	IDENTIFICATION NUMBER	A BUILDING	71	COV	PLETED
		ALR-0039	8 WING		08/2	24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CO05		
BV/MST/	AR CHEVY CHASE TER	SANT DIRIA 5420 CON	INECTICUT A	AVENUE NW		
	THE THE TEN	WASHING	TON, DC 2	0015		
(X4) IO 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 APPROPRIES DEFICIENCY)	BE	(X5) COMPLETE DATE
R 471	Continued From page	ge 4	R 471			
	Resident #11's med resident was admitted Further review of the documented evidency prior to the resident' 5. On 08/23/2022 at #12's medical record admitted to the ALR of the record falled to that an ISP was devadmission. 6. On 08/23/2022 at #18's medical record admitted to the ALR of the record failed to the ALR of the record failed to the r	ical record showed that the ed to the ALR on 07/30/2021. I record falled to show the that an ISP was developed				
	#2's medical record admitted to the ALR of the record failed to that an ISP was developed admission. 8. On 08/23/2022 at #8's medical record admitted to the ALR of the record failed to that an ISP was developed admission. 9. On 08/23/2022 at #19's medical record admitted to the ALR of the record failed to the record admitted to the ALR of the record failed to	10:55 AM, a review of Resident showed that the resident was on 01/27/2021. Further review of show documented evidence eloped prior to the resident's 11:38 AM, a review of Resident showed that the resident was on 09/30/2021. Further review of show documented evidence eloped prior to the resident was on 02/03/2022. Further review of show documented evidence show documented evidence show documented evidence show documented evidence eloped prior to the resident's				

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		IT OF DEFICIENCIES OF CORRECTION	(X1) PAOVIDER/SUPPLIER/CLIA IDENT:FICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
l			ALR-0039	B. WING			08/24/2022	
l	NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
	BV/MST/	AR CHEVY CHASE TEN	IANT UIBIA	NNECTICUT GTON, DC	AVENUE NW 20015			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFIGIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	₿Ë	(X5) COMPLETE DATE	
	R 471	10. On 08/23/2022 a Resident #16's medi	t 12:53 PM, a review of cal record showed that the dot to the ALR on 07/04/2022.	R 471				
		Further review of the documented evidence prior to the resident's	record failed to show te that an ISP was developed admission.					
		#20's medical record admitted to the ALR of the record failed to	t 1:44 PM, a review of Resident showed that the resident was on 02/16/2022. Further review o show documented evidence aloped prior to the resident's					
		Nursing (DON) on 08 Indicated that she sta May 2022 and could	vith the ALR's acting Director of 6/17/2022 at 2:00 PM, she orted working for the ALR in not provide any information or prior to her employment by					
		At the time of the sur all residents had an I admission.	vey, the ALR failed to ensure SP developed prior to		All ISPs will be signed by the resident, surrogate, and a representative of the ALR upon completion and review. All ISPs		9/9/22	
	R 475	Sec. 604a5 Individua	lized Service Plans	R 475	reviewed during survey have been reviewed and signed by the reside	n ent		
		surrogate, and a repri	e signed by the resident, or essentative of the ALR.		or surrogate and ALR represental The ALR will establish a bi-annua	live.		
		Assisted Living Resid that ISP was signed t and a representative	ews and interviews, the ence (ALR) failed to ensure by the resident or surrogate, of the ALR for 14 of the 21 le (Resident #1, 2, 4, 5, 6, 8, 19 and 20).		cadence of resident and/or family touchpoints to ensure ISPs are reviewed and signed IAW Sec. 604a5. To minimize the risk of the deficient practice reoccurring the will conduct a monthly QA Audit a	is ALR Ind		
	1	Findings included:			review a random sample of reside ISPs for completion, review, and	nt		

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Health F	Regulation & Licensing	g Administration			. 01		
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		RECONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		ALR-0039	B WING		08/24/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	PRESS, CITY, S	STATE, ZIP CODE			
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	1. On 08/16/2022 at # 1's clinical record s dated 09/30/2021 was surrogate. 2. On 08/17/2022 at # 6's clinical record s dated 07/31/2021 was surrogate. 3. On 08/17/2022 at # 5's clinical record s dated 01/05/2022 was surrogate. 4. On 08/22/2022 at # 4's clinical record s dated 08/17/2022 was surrogate. 5. On 08/23/2022 at # 2's clinical record sidated 01/27/2021 was surrogate. 6. On 08/23/2022 at 1 # 11's clinical record sidated 02/24/2022 was surrogate. 7. On 08/23/2022 at 1 # 11's clinical record sidated 10/19/2021 was surrogate. 8. On 08/23/2022 at 1 # 12's clinical record sidated 10/19/2021 was surrogate.	1:00 PM, a review of Resident showed that the resident's ISP as not signed by the resident or 2:55 PM, a review of Resident showed that the resident's ISP as not signed by the resident or 1:05 PM, a review of Resident howed that the resident's ISP as not signed by the resident or 12:44 PM, a review of Resident howed that the resident's ISP a not signed by the resident or 10:15 AM, a review of Resident howed that the resident's ISP a not signed by the resident or 10:21 AM, a review of Resident showed that the resident's ISP anot signed by the resident or 1:38 AM, a review of Resident showed that the resident's ISP anot signed by the resident or 1:38 AM, a review of Resident showed that the resident's ISP anot signed by the resident or 1:02 AM, a review of Resident showed that the resident's ISP anot signed by the resident or 1:02 AM, a review of Resident showed that the resident's ISP	R 475	DEPLOYANT			
0		showed that the resident's ISP is not signed by the resident or					

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Health F	Regulation & Licensing	Administration				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP A BUILDING	LE CONSTRUCTION	(X3) DATE CO	SURVEY VPLETED
		ALR-0039	B. WNG		08/	24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BV/MSTA	AR CHEVY CHASE TEN	MINI DIDIA		AVENUE NW		
(X4) ID	SUMWARY ST/	TEMENT OF DEFICIENCIES	STON, DC :	20015 PROVIDER'S PLAN OF CORRECTION	<u> </u>	7741
PRÉFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CAOSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
R 475	Continued From pag	e 7	R 475			
	# 9's clinical record s dated 02/27/2022 an by the resident or su	11:47 AM, a review of Resident showed that the resident's ISP's d 07/25/2022 was not signed progate. 2:47 PM, a review of Resident	ic			
	# 19's clinical record	showed that the resident's ISP is not signed by the resident or				
	Resident # 16's clinic	t 12:53 PM, a review of al record showed that the 07/04/2022 was not signed by pate:				
	15's clinical record sh	33 PM, a review of Resident # nowed that the resident's ISP s not signed by the resident or				
	# 20's clinical record :	1:44 PM, a review of Resident showed that the resident's ISP s not signed by the resident or				
	18's clinical record sh	54 PM, a review of Resident # owed that there was two d) that were not signed by the				
	08/23/2022 at 2:00 PM deficient practices and	the Director of Nursing on M, she acknowledged the d indicated that she was going with training on the ISP				
[1		the facility failed to ensure P was signed by the resident presentative of the				

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Health I	Regulation & Licensin	g Administration					
STATEMEN	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY		
Andreas	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING	3:	COMPLETED		
		ì					
		ALR-0039	B, WAG		08/24/2022		
NAME OF F	ROVIDER OR SUPPLIER	STREET AGE	ORESS, CITY, 8	STATE, Z:P CODE			
BV/MST/	AR CHEVY CHASE TE	NANT DIRIA 5420 CON	NECTICUT	AVENUE NW			
	THE THE PERSON OF THE		STON, DC	20015			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY	10	PROVIDER'S PLAN OF CORRECTION	\$ (X5)		
TAG	OR LSC IOE	ENTIFYING INFORMATION)	PREF/X TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR			
				DESICIENCY			
R 475	Continued From pag	ge 8	R 475				
	ALR.	3	1,1,1,0	1			
	ALR.				İ		
R 483	Sec. 604d Individua	lized Saniica Plane	R 483				
	555. 55 15 11 11 11 11 11 11 11 11	nzed defrice (igns	11,403	All ISPs will be reviewed 30	9/9/22		
	(d) The ISP shall be	e reviewed 30 days after		days after admission, every si	X		
	admission and at lea	ast every 6 months thereafter.		months and with a change of			
	a significant change	dated more frequently if there is in the resident's condition.		physical and mental condition All ISPs reviewed during surv			
	The resident and, if	necessary, the surrogate shall		have been reviewed and	oy		
	be invited to particip	ate in each reassessment. The		updated. The ALR will establish	sh		
	review shall be cond	lucted by an interdisciplinary ne resident's healthcare		a quarterly cadence of resider			
		dent, the resident's surrogate, if		reviews with Medical Director.			
- 1	necessary, and the /	ALR.		To minimize the risk of this deficient practice reoccurring			
- 1				the ALR will conduct a monthl	v		
ı	Based on observation	ns, interviews and record		QA Audit and review a randon			
	reviews, the Assisted	Living Residence (ALR) failed		sample of resident ISPs for	1		
	(ISP) were reviewed	ndividualized Support Plans 30 days after admission, every		completion, review, and updat	es		
	six months thereafter	r, and updated with significant		as appropriate.			
1	changes in a residen	it's condition for 15 of the 21					
- 1	residents in the samp	ole (Residents #1, 2, 3, 4, 5, 7,		1			
I	8, 12, 13, 15, 16, 17,	16, 19, and 20).					
	Findings included:						
	1. The ALR failed to	ensure residents' ISPs were					
	reviewed 30 days aft	er admission, as evidenced					
	below:	1					
1	a. On 8/17/2022 at 1:	05 PM, review of Resident					
1:	#5's clinical record sh	lowed that the resident was					
		22. Further review of the					
		ocumented evidence that the viewed or updated 30 days					
		admitted to the ALR.			1		
		and to the tier.			1		
1	b. On 8/23/2022 at 11	1:38 AM, review of Resident					

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Health	Regulation & Licensing	Administration				Williams Masses		
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION		SURVEY YPLETED		
		ALR-0039	8 WING		08/	08/24/2022		
NAME OF	PROVIDER OR SUPPLIER		T ADDRESS, CITY, ST					
BV/MST	AR CHEVY CHASE TEN	ANT UIBIA	CONNECTICUT A HINGTON, DC 2					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATOR NTIFYING INFORMATION;	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(XS) COMPLETE DATE		
R 483	#8's clinical record si admitted on 09/30/20 records showed no of residents ISP was reafter the resident was admitted on 02/03/20 records showed no diresidents ISP was reafter the resident was d. On 8/23/2022 at 12 #16's clinical record sidents ISP was reafter the resident was e. On 8/23/2022 at 12 #18's clinical record sidents ISP was reafter the resident was e. On 8/23/2022 at 11 #18's clinical record sidents ISP was reafter the resident was f. On 8/23/2022 at 11 #18's clinical record sidents ISP was reafter the resident was f. On 8/23/2022 at 11 #20's clinical record sidents ISP was revafter the resident was g. On 8/23/2022 at 21 #17's clinical record sidents ISP was revafter the resident was g. On 8/23/2022 at 21 #17's clinical record sidents ISP was revafter the resident was g. On 8/23/2022 at 21 #17's clinical record sidentited on 03/08/2022 at 21 #17's clinical	howed that the resident was 221. Further review of the focumented evidence that the viewed or updated 30 days admitted to the ALR. 2:47 PM, review of Resident was 222. Further review of the locumented evidence that the viewed or updated 30 days admitted to the ALR. 2:53 PM, review of Resident was 222. Further review of the ocumented evidence that the viewed or updated 30 days admitted to the ALR. 54 PM, review of Resident was 222. Further review of the ocumented evidence that the viewed or updated 30 days admitted to the ALR. 64 PM, review of Resident was 222. Further review of the ocumented evidence that the viewed or updated 30 days admitted to the ALR. 64 PM, review of Resident howed that the resident was 222. Further review of the ocumented evidence that the viewed or updated 30 days admitted to the ALR.	R 483					
	records showed no do	ocumented evidence that the iewed or updated 30 days						

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Health I	Regulation & Licensing	g Administration			1.7	
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL:ER/CLIA IDENTIFICATION NUMBER	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ALR-0039	B. WNG		08/	24/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP COOE		
BV/MST/	AR CHEVY CHASE TEN	INN LU/O/A	NECTICUT , STON, DC (2	AVENUE NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE 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	(XS) COMPLETE DATE
R 483	Continued From pag	je 10	R 483			
	Acting Director of Nu	on 08/23/2022 at 2:00 PM, the ursing (ADON) acknowledged nts and added that she was not e of the admissions.				
		ensure residents' ISPs were nonths after admission, as				
	#1's clinical records admitted on 03/31/20 of the records showe dated 09/30/2021. The evidence that the res	:54 PM, a review of Resident showed that the resident was 015 to the ALR. Further review d that the last ISP review was here was no documented ident #1's ISP was reviewed or onths after 09/30/2021 as				
	#2's clinical records s admitted on 01/27/20 of the records showed dated 08/17/2022. The evidence that the resi	0:15 AM, a review of Resident showed that the resident was 21 to the ALR. Further review d that the last ISP review was lere was no documented ident's ISP was reviewed or with after 09/30/2021 as				
	#3's clinical records s admitted on 12/05/20' of the records showed dated 02/26/2021. The evidence that the resi	t:11 PM, a review of Resident howed that the resident was 19 to the ALR. Further review if that the last ISP review was ere was no documented dent's ISP was reviewed or nths after 02/26/2021 as				
	d. On 8/22/2022 at 12	:44 PM, a review of				

Health Regulation & Licensing Administration STATE FORM

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If continuation sheet 11 of 24

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Health Regulation & Licensing Administration					* **************	-
STATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	-4	ALR-0039	B. WNG		08/24/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP COBE		-
BV/MS	TAR CHEVY CHASE TEN	IANI DINIA	INECTICUT A	AVENUE NW 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX FAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
R 48	Resident #4's clinical resident was admitted Further review of the was reviewed on 06/documented evidence prior to the most current is prior to a current	of records showed that the ed on 12/01/2020 to the ALR. records showed that an ISP 702/2021 there was note that an ISP was reviewed rent ISP reviewed on as no documented evidence P was reviewed or updated 908/17/2022 as required. 121 PM, a review of Resident showed that the resident was 200 to the ALR. Further reviewed that an ISP was reviewed on a no documented evidence that prior to an ISP that was 201. There was no documented ident's ISP was reviewed or on the as required. 138 AM, a review of Resident showed that the resident was 21 to the ALR. Further reviewed that the last ISP review was ere was no documented ident's ISP was reviewed or on the after 09/30/2021 as 102 AM, a review of Resident showed that the resident was 21 to the ALR. Further reviewed that an ISP was reviewed on no documented evidence that prior to an ISP that was 22. There was no documented dent's ISP was reviewed or no documented evidence that prior to an ISP that was 22. There was no documented dent's ISP was reviewed or 15 the ESP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there was no documented dent's ISP was reviewed or 15 there	R 483			

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	Regulation & Licensing	o Administration			0.10	
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION	(X3) DATE: COV	SURVEY MPLETED
		ALR-0039	B. WING		08/2	24/2022
7	PROVIDER OR SUPPLIER AR CHEVY CHASE TEN	# 4 D A A A A A	DORESS, CITY, ST NNECTICUT A	STATE, ZIP CODE AVENUE NW		: **
DYINGIA	AR CHEVI CHASE ICH		GTON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	IO PAGFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SMOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	(X5) COVPLETE CATE
R 483	o o minosa i yom pag		R 483			
	#13's clinical records reviewed on 04/02/20	09:25 AM, a review of Resident s showed that an ISP was 021 there was no documented was reviewed or updated required.				
	#15's clinical records reviewed on 04/25/20	1:33 PM, review of Resident s showed that an ISP was 021 there was no documented was reviewed or updated required.				
	documented evidence 30 days after admissi thereafter, and update	rvey, the ALR failed to provide ce that all ISP's were updated sion, every six months ted when there were significant ent's health care status.				
	(b) The ALR shall may obtained from a stand approved by the Mayo include a description ophysical condition and defining care needs, a	gnitive status, if so, indicated	R 705	All sections of the Intermediate Care Facilities Division Admission/Annual Medical Certification will be completed fo each resident admitted to the AL The DON or ADON will review al forms prior to the day of admission completion and accuracy. A move-in checklist has been developed to ensure required forms, documents and timelines	or LR. II	10/1/22
	Assisted Living Reside that all sections of the Division Admission/An	and record reviews, the lence (ALR) failed to ensure a Intermediate Care Facilities noual Medical Certification d, for five of the 21 residents in s #2, 6, 7, 12 and 21).		met. The five residents reviewed during survey will be updated. To minimize the risk of recurrence of this deficient practice, a record review will be conducted on the confidence of move-in to ensure certification completed in its entirety and on f	day	

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Health I	Regulation & Licensing	Administration					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
		ALR-0039	B WNG		08/	24/2022	
NAME OF F	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, S	STATE, ZIP CODE			
BV/MST/	AR CHEVY CHASE TEN	MITTUOIA	ONNECTICUT NGTON, DC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LOBE	(X5) COMPLETE DATE	
R 705	Continued From pag Findings Included: 1. On 08/23/2022 at #2's medical certifica showed that the phys primary, secondary d self-medicate section 2. On 08/17/2022 at 2 #6's medical certifical showed that the phys resident had or neede colonoscopy or a Papa 7's medical certifical showed that the phys resident had or neede colonoscopy, a Papar Prostate-Specific Anti medications were not addition, the resident' indicated nor if there is had any signs or symidisease. 4. On 08/23/2022 at 1 #12's medical certifical showed that the physi resident had or neede (PSA) test. In addition were not listed on the	e 13 10:15 AM, a review of Resider tion form dated 01/27/2021 sician failed to complete the fiagnosis, mental health, and as of the form. 2:55 PM, a review of Residention form dated 06/16/2021 sician failed to indicate if the ed a mammogram, canicolaou test. 1:21 PM, a review of Residention form dated 01/09/2020 ician failed to indicate if the ed a mammogram, nicolaou (PAP) test, or a igen (PSA) test. The residentiated on the form. In a stuberculin status was not was evidence if the resident proms of an infectious 1:02 AM, review of Resident proms of an infectious 1:02 AM, review of Resident proms of an infectious dated 05/04/2022 ician failed to indicate if the ed a Prostate-Specific Antigent, the resident's medications form.	R 705		PRIATE		
	#21's medical certifica showed that the physic	0:19 AM, a review of Residen tion form dated 07/19/2022 cian failed to address the s or indicate if the resident d for dementia.					

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If continuation sheet 14 of 24

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	Regulation & Licensin				1011	1070 I NOT
	AT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A BUILDING	-		
		ALR-0039	B. WING		08	/24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
AV/MST/	AR CHEVY CHASE TEI	# 140 000		AVENUE NW		
		WASHING	STON, DC 2	20016		
(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 APPROP DEFICIENCY)	3BC	(X5) COVPLET DATE
R 705	Continued From pag	je 14	R 705			
	records reviewed we Director of Nursing (acknowledged that tall sections of the Int Division Admission/A forms. At the time of the sur the physician complete Intermediate Care Fa	30 PM, the findings of the ere discussed with the Acting ADON). The Acting DON he physician had not completed termediate Care Facilities Annual Medical Certification evey, the ALR failed to ensure eacted all sections of the actilities Division edical Certification forms.				
R 800	Subheading On-Site Sec. 903. On-site re		R 800	A registered nurse will assess and review the resident's medication regimen every 45		9/8/22
	The ALR shall arran	ge for an on-site review by a ry 45 days to:		days. The ALR reviewed the requirements with the ADON		
	Assisted Living Resid the Registered Nurse resident's medication of the 21 residents in	and record reviews, the dence (ALR) failed to ensure is (RN) assessed each regimen every 45 days, for 14 the sample (Residents #1, 2, , 14, 15, 16, 19 and 20).		and established a medication review that aligns with resider cycle fill every 30 days. The more frequent reviews exceed the current standard and will minimize the risk of this deficie practice recurring.		
1	#1's medical record fa evidence that the ass	:00 PM, review of Resident ailed to show documented isted living residence's assessed the resident's nd response to her days.				
2	2. On 08/18/2022 at 9	:25 AM, review of Resident				

#13's medical record failed to show documented

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Health F	Regulation & Licensing	Administration				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIP A BUILDING	LE CONSTRUCTION	(X3) DATE COV	SURVEY PLETED
		ALR-0039	B. WING		08/2	24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP COCE		
BV/MST/	AR CHEVY CHASE TEN	ANI U/B/A	NECTICUT . STON, DC 2	AVENUE NW 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X\$) COMPLETE DATE
R 800	Continued From page evidence that the assassessed the resident medications every 45 a. On 08/19/2022 at 1/5's medical record freeldence that the assassessed the resident response to her medical record evidence that the assassessed the resident medications every 45 assessed the resident medications every 45 assessed the resident evidence that the assassessed the resident every 45 days. 6. On 08/23/2022 at 9/14's medical record evidence that the assassessed the resident medications every 45 assessed the resident medications every 45 assessed the resident medications every 45. 7. On 08/23/2022 at 1/4'2's medical record faevidence that the assissessed the resident response to her medical. 3. On 08/23/2022 At 1/4'11's medical record faevidence that the assissessed the resident response to her medical.	e 15 sisted living residence's RN nt's response to her days. 1:05 PM, review of Resident alled to show documented sisted living residence's RN nt's medication regimen and ications every 45 days. 1:33 PM, review of Resident failed to show documented isted living residence's RN nt's response to her days. 3:13 PM, review of Resident failed to show documented isted living residence's RN nt's response to his medications 1:35 AM, review of Resident failed to show documented isted living residence's RN nt's response to her days. 0:15 AM, review of Resident ited to show documented sted living residence's RN nt's response to her days. 0:15 AM, review of Resident ited to show documented sted living residence's RN nt's medication regimen and	R 800		ALE	Los IE
6	assessed the resident' every 45 days.	's response to his medications				

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Health	Regulation & Licensing	Administration					400	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICAT	PPLIER/CLIA ION NUMBER:	(XX) MULTIPLE CONSTRUCTION A BUILDING:			(X3) DATE SURVEY COMPLETED	
		ALR-0039		B. WING		08	/24/2022	
NAME OF I	PROVIDER OR SUPPLIER		STREET ADO	DRESS, CITY, S	TATE, ZIP CODE			
BV/MST/	AR CHEVY CHASE TEN	ANT D/B/A		INECTICUT ITON, DC	AVENUE NW			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENT BE PRECEDED BY FU NTIFYING INFORMATION	YCIES ILL REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE OEFICIENCY)	SHOULD BE	COVALETE DATE	
	9. On 08/23/2022 at #12's medical record evidence that the assassessed the resider medications every 45 10. On 08/23/2022 at #8's medical record fevidence that the assassessed the residen response to her medical record fevidence that the assassessed the residence that the assassessed the residence that the assassessed the residence evidence that the assassessed the residence evidence that the assassessed the residente evidence that the assas	11:02 AM, review failed to show do sisted living resided to show do sisted to show do sisted to show do sisted tiving resided to sho	locumented dence's RN her ew of Resident cumented dence's RN egimen and days. ew of Resident cumented dence's RN his medications wof Resident ocumented ence's RN her extra dence's RN her her extra dence's RN her her her extra dence's RN her her her her her her her her her her	R 800				
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Health F	Regulation & Licensine	Administration			3.
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e,	DEWIFFCATION NUMBER	A BUILDING	3:	COMPLETED
	-	ALR-0039	B WING		08/24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP COCE	
BV/MSTA	R CHEVY CHASE TEN	IANT DIRIA 6420 CON	NNECTICUT	AVENUE NW	
		WASHING	GTON, DC	20015	
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDEO BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
R 800	Continued From pag	e 17	R 800		
	acknowledged that the residents medications were not reviewed every 45 days as required.				
	At the time of the sur	vey, the assisted living			
	residence's registere review the residents'	d nurse failed to consistently medication regimen and their	1		
	responses to their medications every 45 days.				
- 1					
R 802	Sec. 903 2 On-Site R	Review.	R 802	A registered nurse will assess review the resident's medication	
- 1		dent's response to medication;		regimen every 45 days. The A reviewed the requirements with	
	and Based on record revi	ews and interviews, the		the ADON and established a	
	Assisted Living Facili	ty failed to ensure the		medication review that aligns v	vith
	response to their med	N) assessed each resident's dication at least every 45 days,		resident's cycle fill every 30 da The more frequent reviews	ys.
1	for 12 of the 21 reside	ents in the sample (Residents		exceed the current standard at	nd
	# 2, 3, 4, 5, 9, 11, 12,	14, 15, 17, 18 and 19).		will minimize the risk of this deficient practice recurring.	
ŀ	Findings included:			denciant practice recoming.	
		:21 PM, a review of Resident		<	
	#2's medical record s documented medicali	howed that the RN on reviews for the resident on			
1.	07/21/2021, 05/20/20	21, 04/01/2021 and			
	03/35/2021. Further show evidence that the	review of the records falled to the nurse assessed the			
	resident's response to				
:	2. On 08/22/2022 at 1	2:11 PM, review of Resident			
1	#3's medical record st	nowed that the RN performed			
i	a medication review to nowever the review fa	or the resident every 45 days, iled to show evidence that the			
1		sident's response to the			
1'	nedication.				
3	3. On 08/22/2022 at 1	2:44 PM, review of			

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•	Health F	Regulation & Licensing	Administration			, 4	
		IT OF DEFIC-ENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMB	RER:	PLE CONSTRUCTION G:		SURVEY MPLETED
ŀ			ALR-0039	B. WING		08/	24/2022
	NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADDRESS, CITY,	STATE ZIP COOE		
	BV/MSTA	AR CHEVY CHASE TEN	ANT DIMA	420 CONNECTICUT VASHINGTON, DC			
	(X4) ID PREFIX TAG	LEACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGUL YTIFY:NG INFORMATION)	in	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	R 802	Continued From pag	e 18	R 802			
		Resident #4's medicate performed a medicate every 45 days, howe evidence that the nurresponse to the medicates of the medical record section of the reviews the nurse assessed the medication. 5. On 08/18/2022 at 1 #7's medical record section.	al record showed that the ion review for the reside ver the reviews falled to se assessed the resider callon. 1:21 PM, review of Residence that the RN ion reviews for the residence and 07/11/2022. Further residence the resident's response to the resident's respon	ent o show nt's dent lent on urther e that to the dent ent on urther			
		#9's medical record all documented a medical 7/25/2022. Further reshow evidence that the resident's response to 7. On 08/23/2022 at 1 #11's medical record stocumented medicatio 28/22/2021, 12/13/202/20/2024 of the nurse assessed the nedication.	ation review for the reside eview of the reviews failt e nurse assessed the the medication. 1:47 AM, review of Resi showed that the RN on reviews for the reside 21, 02/16/2022, 03/26/20 22, and 07/15/2022. Furl failed to show evidence e resident's response to	dent on ed to ident ent on 022, ther that o the			
		 On 08/23/2022 at 1° 12's medical record s 	1:02 AM, review of Residual that the RN	dent			

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If continuation sheet 19 of 24

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	Regulation & Licensing of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T AND AND TO	N. F. D. C. L. C.		
	OF CORRECTION	DENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE	SURVEY MPLETED
			A BOILDING	3:		
		ALR-0039	B WNG_		1 00%	24/2022
NAME OF B	ROVIDER OR SUPPLIER				1 087	24/2022
		E420 CO		STATE, ZIP CODE AVENUE NW		
BV/MST/	AR CHEVY CHASE TEN	MAIN I DIOIM	GTON, DC			
(X4) IO	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	N N	(X5)
PREFIX TAG		BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE RATE	COMPLETE
R 802	Continued From pag	ge 19	R 802			
		tion reviews for the resident on				
	08/21/2021, 02/21/2	022, 03/26/2022, 05/06/2022, 26/2022. Further review of the				
	reviews failed to sho	w evidence that the nurse	1			
	assessed the reside	nt's response to the medication.				
	9. On 08/23/2022 at	9:35 AM, review of Resident				
	#14's medical record showed that the RN documented medication reviews for the resident on 05/10/2021 and 07/25/2022. Further review of the reviews failed to show evidence that the nurse					
1						
- 1						
	assessed the resider	nt's response to the medication.				
	10. On 08/22/2022 a	t 1:33 PM, review of Resident				
	#15's medical record					
	03/25/2022, 04/02/20	tion reviews for the resident on 022, 05/21/2022, and				
	07/16/2022. Further r	review of the reviews failed to			- 1	
	show evidence that it resident's response to	he nurse assessed the other than the medication.				
	11. On 08/23/2022 at	2:21 PM, review of Resident				
	#17's medical record				- 1	
		ion reviews for the resident on 6/2022. Further review of the			- 1	
	reviews failed to show	v evidence that the nurse			- 1	
	assessed the residen	t's response to the medication.				
	12. On 08/23/2022 at	1:54 PM, review of Resident				
	#18's medical record	showed that the RN				
	documented medicati 04/10/2022, 05/25/20	on reviews for the resident on				
- 1	08/09/2022. Further re	eview of the reviews failed to				
		ne nurse assessed the			- 1	
[]	resident's response to	the medication.				
- 1	11. On 08/23/2022 at	12:47 PM, review of				

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Michael Cootlang ED

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE \$	SURVEY IPLETED
		ALR-0039	B. WING		08/2	4/2022
AME OF P	PROVIDER OR SUPPLIER		DORESS, CITY, STAT			
V/MST/	AR CHEVY CHASE TEN	NANTUKIA	NNECTICUT AV			
(X4) IO	SUMMARY ST	ATEMENT OF DEFICIENCIES	GTON, DC 200			
PREFIX TAG	(EACH DEFICIENCY MUST	THE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	88	(X5) COMPLET DATE
R 802	Continued From pag	je 20	R 802			
	documented medica 02/14/2022 and 08/0 reviews failed to sho assessed the resider On 08/24/2022 at 02 Nursing acknowledged of not include an as response to their me.	t, the facility failed to document ach resident's response to their				
R9999	Final Observations		R9999			
- 1		nat this area be reviewed, and a de regarding appropriate				
	Regulations and Lice Intermediate Care Fa (DOH/HRLA/ICFD), re complainant. The con 07/31/2022, he ordere his mother (Resident name] that night. The					
	Survey Agency (SSA) survey in conjunction	of this complaint, the State) initiated an onsite annual with a complaint investigation 08/16/2022, to determine				

compliance with the Assisted Living

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Matur Esting ED

Health F	Regulation & Licensin	g Administration				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE S	SURVEY
A TO F DAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING	3	CO.W	PLETED
		i				
		ALR-0039	B WING		08/2	4/2022
NAME OF P	ROVIDER OR SUPPLIER	\$TREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BV/MSTA	R CHEVY CHASE TEN	IANI DIDIA		AVENUE NW		
		WASHING	STON, DC	20015		
(X4) ID PREFIX	SUMMARY ST. (EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY	IO PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	OR LSC IDE	NTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		DATE
				Designation)		
R9999	Continued From pag	je 21	R9999			
	Residence Regulato	ry Act of 2000, "DC Code §				
	44-101.01" and atter	ndant regulations.		1	- 1	
	08/18/2022 at 12:40	PM, Employee #12 said during				
	an interview that she	remembered a package that				
	arrived from Amazor	that was addressed to				
	#12 stated that she	day, July 31, 2022. Employee arrived at work that morning and				
	saw the package sitt	ing on her desk. Employee #12			1	
	said that when packa	ages arrive late Sunday nights.			1	
1	they would be delive	red to the residents on Monday				
	by Employee #9. Em	logged into the sign-in book ployee #12 further stated that				
	Resident #1's son re-	quested that the Community				
	Relations Director, M	aintenance staff and/or the		1		
1	#1 come down to the	istant working with Resident front desk, retrieve the				
1	package and deliver	the package to the resident.	ľ	1		
5	At 12:44 PM, Employ	ee #7 said during interview are to Resident #1, she				
1	received a call over the	ne walkie talkie to come down				- 1
- 1	and retrieved a packa	ige from the front desk that			- 1	- 1
	was addressed to Re	sident #1. Employee #7 said				
1,	went back upstairs to	package from the front desk, Resident #1's bedroom and				
	opened the package i	in front of the resident. She				
		boxes of gloves inside the				
	package, and she put #1's room and the oth	one box of gloves in Resident er two box of gloves in the				
r	'esident's closet. Emp	ployee #7 stated that Resident				
#	‡1's son was ok with i	me opening his mother's				
		n) has cameras inside his Vhen ask if there were three				
t	ubes of arthritis cel in	side the package, Employee				
数	≢7 said, "no." Employ∈	ee #7 indicated that she had				
1 6	out some type of crem	ie on Resident #1's knees				
"	ooay, writen was kept	inside the bathroom.				
						ı

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Mahard Contleting 5%

Healt	n Regulation & Licensing	Administratio	ก				
STATE	IENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COVPLETED	
		ALR-003	39	B. WNG		08/2	24/2022
NAVE O	F PROVIDER OR SUPPLIER		STREET ADO	DRESS, CITY, \$1	IATE, ZiP CODE		
	.=				AVENUE NW		
BAW	STAR CHEVY CHASE TEN	IANT D/B/A	WASHING	STON, DC 2	20015		
(X4) I PREF TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFIC BE PRECEDED BY NTIFYING INFOR VA	FULL REGULATORY	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	95	(X5) COMPLETE DATE
R99	99 Continued From pag	e 22		R9999			
	At 2:12 PM, the Exerinterview that he bell arthritis gel was delivapartment (109). At Resident #22 in his a received a box a few the exact date. The resident the box up to asked Employee #9 did not remember on the box, the resident the box so he could said that the box contold the employee to counter. The resident a call from the front counter, and got the box and At 2:50 PM, Employed that Resident #22 also packages when I del Employee #9 said the box to Apartment 10: Resident #1. Employ packages/boxes conthem at the front des packages/boxes to a At 3:11 PM, Employed that she was the one package to Resident indicated that she was received a call to attent the same floor near a stated that before rus staff gave her a box to of the box. She said to	deved the pack vered to Resid 2:17 PM, interpartment show weeks ago be resident said the him. Resider to open the bodering anythin said that Employee inside the creat said a day or desk indicating and that Employee the creat said a day or desk indicating and that Employee #9 said during and that Employee #9 said during a the did not refer them to him at he front delivered them to a reside a the front of the him at the him at the front of the him at the front of the him at the hi	rage/box with the ent #22's view with wed that he ut cannot recall hat Employee #9 ht #22 said he in the ent #22 said he in the ent was he g. After opening aloyee #9 tilted box. The resident creme, and he in e on the intwo later, he got it that the box was experiment. In any an interview to open his is apartment, acall delivering a linessed to hat when am in and leave were and 302. Ing an interview of Resident #1's ent 109. She desk and a intupstairs on its Employee #8 the Front Desk in the foot the ent to be the				

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Fcontinuation sheat 23 of 24

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Health F	Regulation & Licensin	g Administration			* *****	
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING	L	CON	VPLETED
		1				
		ALR-0039	B. WNG		08/	24/2022
NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TAYE, ZIP CODE		
BV/MSTA	AR CHEVY CHASE TEN	VANI DIMIA		AVENUE NW		
		WASHING	STON, DC	20015		
(X4) IO		ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY	(D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		INTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE
				DEF(C-ENCY)	·	
R9999	Coolinged From and	200	Pagaga			
110000	Continued From pag	je 23	R9999			
	assumed the mail ar	nd box belong to the same				1
		ed the mail and box off to				1
	Resident #22 quickly	y and left out of the apartment to				l .
	attend to resident or	the same floor who was having	1			
	Dack staff stated shi	The following day, the Front e gave me the wrong box.				
		nonestly", I did not check to see				
		to. I had a piece of mail with				
		e on the mail which was paced				
	on top of the box, an	id I assumed it was his mail and		1		
		Resident #1's son came the		1		
		about the Asper creme. She		1		
		k to Resident #22's apartment,				
	creme to Resident #	h the Asper creme and took the	l	1		
	Ciente to ivesidelit #	i s apartment.		1		
	On 08/19/2022 at 2:5	52 PM, the surveyor requested		1		
		d Living Residence (ALR)				
		i/or a protocol for receiving and		1		
		nd packages. There was no		1		
	policy given to the su	rveyors prior to the exit on		1		
	08/23/2022.					
		11		1		
1						
			1			
					- 1	
					- 1	
		l			1	

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