	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY PLETED
		ALR-0006	B. WING _		05/	08/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	1 24 1	.1
GRAND	OAKS ASSISTED LIV	ING 5901 MAC WASHING	ARTHUR I	BLVD NW Received	6/22/15 U	
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R 000	2015 through May 8 compliance with the Code § 44-101.01. The Assisted Living care for one hundre and employs one himembers. The findion observation, recifindings revealed the had experienced at 2014 to May 2015. If alls resulted in injurskin tears, bruises, of which resulted in Due to the findings, conditions found porisk to residents 'not the findings reveale provide supportive strik of falling had didentify the root caushould be noted that year 's survey comprevealed that from EMay 9, 2014 71 reside falls. Fifty-one (injuries (e.g. minor in bruises, laceration, Additionally, 40 residunknown origin (e.g. lacerations).	dents sustained injuries of skin tears, bruises and	R 000	Grand Oaks is filing this the sole purpose of confir compliance with requests receipt of the survey reporthe survey conducted betw 27, 2015 and May 8, 2015 response is based on coop discussions with DOH an admission of liability or sugreement with respect to identified in discussions wagency but is submitted to demonstrate regulatory consistent with their healt physical and mental capable their health or safety of otresidents I. Corrective Act	of DOH in rt related to ween April 5. This berative d is not an tatement of issues with the compliance. f Needs appropriate the on of rences h and bilities and her	
	corrections dated Juliving residence indibe implemented incl	riew of the submitted plan of uly 10, 2014, the assisted cated that procedures would luding the following as lity's "Fall Policy":	0.	#8, #9 and #10 have all referrals for therapy se	l had ervices	
	tion & Licensing Adminis	tration ER/SUPPLIER REPRESENTATIVE'S SIGN	15	TITLE	DIRECTOR	06/22

OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	1,000	3) DATE SURVEY COMPLETED
	ALR-0006	B. WING		05/08/2015
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Nursing staff wo Fall Evaluation/Hudo circumstances of the precautions to ensure The "Morse Faddetermine the reside The "Fall Risk Management Tool" the safety precaution based on the falls risk scormplemented would Fall Evaluation/Hudo Nursing staff word the resident post following a fall result Nursing staff word ehabilitation provide esident;	build document on the "Post dle Tool" to detail e fall and establish re resident safety; alls Scale" would be used to ent's fall risk score; Assessment, Prevention and would be used to determine his that would be implemented sk score; are and the safety precautions be documented on the "Post dle Tool"; all document an evaluation fall daily for 72 hours ing in injury; and complete a referral to the er after any fall sustained by a	R 000	In response to Resident #1 and hourly monitoring recommendations, Grand Oaks will initiate a Shared Responsibility Agreement with the resident and son t document the resident's arthe POA's declination of Private Duty assistance and their desire to exercise the right to autonomy regarding these matters. In addition, Resident #1 will be reevaluated with regard to	o ad 07/20/201 d
iny changes in the re pproaches to preven acidents and	esident 's status along with nt or minimize further		In response to Resident #2 and use of ETOH, Grand Oaks will also initiate a Shared Responsibility	07/20/2014
nan two falls without ave a medication re ractitioner or consul	injury in 72 hours would view performed by a nurse tant pharmacist and the		Agreement with the resider and family to document the	
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From parallel Evaluation/Hudicircumstances of the precautions to ensure the resident The "Fall Risk Management Tool" the safety precaution based on the falls risk scomplemented would fall Evaluation/Hudicircumstances of the precaution of the resident precaution of the resident precaution of the fall risk scomplemented would fall Evaluation/Hudicircumstances of the fall risk scomplemented would fall Evaluation/Hudicircumstances and the resident post of the resident post of the resident provide esident; The resident 's limit of the resident of	ALR-0006 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Nursing staff would document on the "Post Fall Evaluation/Huddle Tool" to detail circumstances of the fall and establish precautions to ensure resident safety; The "Morse Falls Scale" would be used to determine the resident's fall risk score; The "Fall Risk Assessment, Prevention and Management Tool' would be used to determine the safety precautions that would be implemented based on the falls risk score; The fall risk score and the safety precautions mplemented would be documented on the "Post Fall Evaluation/Huddle Tool"; Nursing staff would document an evaluation of the resident post fall daily for 72 hours collowing a fall resulting in injury; Nursing staff would complete a referral to the ehabilitation provider after any fall sustained by a esident; The resident's ISP would be updated with any changes in the resident's status along with procaches to prevent or minimize further incidents and In addition a resident that experiences more and two falls without injury in 72 hours would ave a medication review performed by a nurse ractitioner or consultant pharmacist and the esults and/or medication changes would be	TOP DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: ALR-0006 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S 5901 MACARTHUR BL WASHINGTON, DC 20 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 R 000 Nursing staff would document on the "Post Fall Evaluation/Huddle Tool" to detail circumstances of the fall and establish precautions to ensure resident safety; The "Morse Falls Scale" would be used to determine the resident's fall risk score; The "Fall Risk Assessment, Prevention and Management Tool" would be used to determine the safety precautions that would be implemented based on the falls risk score; The fall risk score and the safety precautions mplemented would be documented on the "Post Fall Evaluation/Huddle Tool"; Nursing staff would document an evaluation of the resident post fall daily for 72 hours ollowing a fall resulting in injury; Nursing staff would complete a referral to the ehabilitation provider after any fall sustained by a esident; The resident's ISP would be updated with any changes in the resident's status along with pproaches to prevent or minimize further incidents and In addition a resident that experiences more nan two falls without injury in 72 hours would ave a medication review performed by a nurse ractitioner or consultant pharmacist and the esults and/or medication changes would be	TOP DEFICIENCIES OF CORRECTION ALR-0006 ABULIDING ABULIDIA ABULIDIA ABULIDIA ABULIDIA ABULIDIA ABULIDIA ABULIDIA

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING ALR-0006 05/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW GRAND OAKS ASSISTED LIVING WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) R 000 | Continued From page 2 R 000 Resident #2 ISP has been assisted living residence indicated that procedures would be implemented including the updated to reflect the following as stipulated in the facility 's " resident's preference Unwitnessed Injury Policy ": regarding ETOH The resident's primary physician will be consumption. Based on notified by telephone and facsimile. Resident #2's ISP and noncompliance with medical The findings of the current survey, however, recommendations contact failed to provide evidence that the aforementioned procedures had been guard is not an appropriate consistently implemented. intervention to meet Resident #2's needs. The recommendation to that Please Note: Listed below are abbreviations used in this report. effect previously noted by PT in Resident #2's record -Assistance Living Administrator (ALA) apparently made without Assisted Living Residence (ALR) knowledge of all the At bedtime (qhs) Director of Nursing (DON) information in Resident #2's Emergency Room (ER) ISP and history of Ethanol Alcohol (ETOH) noncompliance with medical Executive Director (ED) recommendations - was Interdisciplinary Team (IDT) Individualized Service Plan (ISP) therefore inappropriate. In Medication Administration Record (MAR) response to Resident #2 Milligrams (mg) pharmacy consult, pharmacist Nurse Practitioner (NP) Occupational Therapy (OT) will review all current Physician Order Sheet (POS) medications and provide Physical Therapy (PT) current recommendations to Private Duty Aide (PDA) be sent to the physician. Plan of Care - (POC) By mouth - (PO) Complained of - (c/o) In response to Resident #3. Assistant Director of Nursing - (ADON) Grand Oaks will continue to encourage Resident -Health Regulation & Licensing Administration

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0006 05/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW GRAND OAKS ASSISTED LIVING WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 292 Continued From page 3 R 292 R 292 Sec. 504.1 Accommodation Of Needs. individually and in meetings R 292 with Resident #3 and (1) To receive adequate and appropriate services daughter – to utilize walker. and treatment with reasonable accommodation of wear call pendant, and call individual needs and preferences consistent with for assistance when needed. their health and physical and mental capabilities and the health or safety of other residents; Grand Oaks will also initiate Based on observation, record review, and a Shared Responsibility interview, the ALR failed to: (1) provide services Agreement with Resident #3 to reduce and eliminate frequent falls; (2) ensure and daughter to document necessary supervision/monitoring; (3) provide supportive services as identified in policy or as their desire that Resident #3 recommended; and (4) make certain a exercise the right to 07/20/2015 recommendation from the pharmacist had been autonomy with regard to addressed in accordance with each resident's Resident #3's ability to make needs, for 10 of 10 patients in the sample. (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and individual decisions in light #10) of and notwithstanding the The findings include: countervailing risks of falls I. The ALR failed to ensure residents received or other injuries. supportive care to reduce and eliminate frequent falls. On April 28, 2015 through May 7, 2015, review of In response to Resident #4, the electronic event reporting system revealed from May 10, 2014 through May 7, 2015, Grand Oaks followed up Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and promptly regarding the #10 experienced the following incidents of falling: resident's fall history and coordinated a new ISP a. Resident #1's record revealed he/she effective 04/17/2015 with a sustained sixteen (16) falls. new primary physician for b. Resident #2's record revealed he/she the resident and other sustained nineteen (19) falls.

Health Regulation & Licensing Administration

sustained two (2) falls.

sustained six (6) falls.

c. Resident #3's record revealed he/she

d. Resident #4's record revealed he/she

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members of a

falls.

multidisciplinary team. The

resident has had no further

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SU	RVEY
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R 292	Continued From pa	ge 4	R 292			
	e. Resident #5's red	cord revealed he/she		In response to Resident	#5	
	sustained eight (8)		1	Grand Oaks followed u		
			1	li .	p l	
		ord revealed he/she sustained	1	promptly regarding the	1.3	
	one (1) fall.			resident's fall, evaluated		
	a Dooldoot #71	and an experience of the state of		matter, and recommend		
	sustained fourteen (ord revealed he/she		that Resident #5 received	an 💮	
1	Sosiamed logiteen (, 14) talls.		evaluation for physical	and	
	h. Resident #8's red	ord revealed he/she		occupational therapy. G	iven	
	sustained thirteen (the severity of Resident		
				cognitive impairment,		
		ord revealed he/she sustained		however, it was further		
	seven (7) falls.			determined that the resid	dant	
	i Resident #10's red	ord revealed he/she			acm	
	sustained five (5) fa	lls.		was not appropriate for		
			1	physical therapy's casel		
	Interview was condu	icted with the DON on May 7, $^{\circ}$	1	Grand Oaks also interac		
1	2015, at 2:00 p.m., t	o ascertain information	-	repeatedly with the resid		
	regarding now the A	LR addressed resident falls.	ĺ	POA proposing options		
	Policy" as needed to	N, the ALR utilizes a "Fall address the aforementioned	1	limit risk of injury. Resi		
	incident type.	address the alorementioned		#5 had no additional fall	į.	
	• • • • • • • • • • • • • • • • • • • •			history after 01/28/15 ar	ıd, at	
	Review of the "Fall	Policy" dated July 7, 2014,		Grand Oak's initiation,		
	on May 4, 2015, at a	pproximately 10:00 a.m.,		subsequently evaluated.		
		entitled, "Post-Fall Actions		and placed in hospice	.01	
1	and Documentations section describes a	". "Morse Falls Scale". The morse falls scale that would	1	therapy. As noted, Resid	lont	
	be used after each fa	all to determine the resident's		#5 had no additional fall		
ļ.	fall risk by assigning	a score. Based on the fall			S	
1	risk score, a "Fall Ri	sk Assessment, Prevention		after 01/28/15 and died		
1	and Management to	ol" would be used to	- 1	recently while in hospice	3,	
	determine safety pre	cautions to be implemented.				- 1
i.	Ine scale and corres	sponding safety precautions		In response to Resident	¥6,	1
	would then be added			the resident's one fall as		
1:0	Evaluation/mudule (C	ool" that would further assist ions to be implemented to		identified by root cause		
	ensure the resident's	safety. Additional review of			7740	

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STATEME AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE S	
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		ALR-0006	B WING		05/08	/2015
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R 292	Continued From p	age 5	R 292			
	28, 2015, through evidence that each At the time of the sprovide evidence the been developed an eliminate resident.			related to family circumstances which are being addressed through support services provide Grand Oaks and Residen has had no further falls.	d by	
	Continued review of entitled, "Falls Red resident has more in 72 hours, the resident record changes if ordered record on May 6, 2 p.m., however, falls medication review falls sustained on Filt should be noted to been cited on June of resident falls. As submitted plan of cothe assisted living reprocedures would be following as stipulated. Nursing staff we Fall Evaluation/Hud	of the fall policy, in a section function Plan", revealed that if a than two (2) falls without injury sident will have a medication IP or consultant pharmacist or allts will then be documented in along with medication. Review of Resident #2's 015, at approximately 12:45 and to provide evidence that a had been conducted following February 7, 8, and 9, 2015. That the facility had previously 4, 2014 for the management coording to the review of the corrections dated July 10, 2014, esidence indicated that be implemented including the ted in the facility's "Fall Policy" could document on the "Post die Tool" to detail		In response to Resident # Grand Oaks recommended the addition of 24-7 privaduty assistance for the resident. Resident #7: and his/her adult child Health POA declined the recommendation and state they understood the potential consequences of the declination. Resident #7 transitioned to the Oasis Neighborhood (a unit for residents with advanced memory loss). PT began on 01/06/2015 and ended on 01/28/2015 after discharge due to failure of progress.	ed ate d ncare led ntial	
	precautions to ensu The "Morse Fa	e fall and establish re resident safety; lls Scale" would be used to ent's fall risk score;		Resident #7 subsequently passed away due to sudde heart attack.		
t	Management Tool"	Assessment, Prevention and would be used to determine ns that would be implemented		In response to Resident #8 and two hour monitoring,		

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A_BUILDING: COMPLETED B. WING ALR-0006 05/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE ZIP CODE 5901 MACARTHUR BLVD NW GRAND OAKS ASSISTED LIVING WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 292 Continued From page 6 R 292 based on the falls risk score; Grand Oaks will initiate a 07/20/2015 Shared Responsibility The fall risk score and the safety precautions Agreement with the resident implemented would be documented on the "Post and family to document the Fall Evaluation/Huddle Tool": resident's desire to exercise Nursing staff would document an evaluation their right to autonomy with of the resident post fall daily for 72 hours regard to their ability to make following a fall resulting in injury; individual decisions. Nursing staff would complete a referral to the rehabilitation provider after any fall sustained by a In response to Resident #9 resident: monitoring, the current ISP reflects accurate and The resident's ISP would be updated with any changes in the resident's status along with appropriate interventions. approaches to prevent or minimize further incidents and In response to Resident #10, the ISPs for all residents. In addition a resident that experiences more than two falls without injury in 72 hours would including Resident #10, will have a medication review performed by a nurse be updated to document practitioner or consultant pharmacist and the PT/OT services to be results and/or medication changes would be provided. documented. II. The ALR failed to ensure residents received In response to Resident #11, supervision/monitoring services as the resident's physician was recommended: A. Review of Resident #1's record on May 1, made aware of the un-2015, at approximately 10:45 a.m., revealed that witnessed injury on April 22, Resident #1 sustained a fall on October 4, 2015. 2015 at 11:49 a.m. via On the same day, the nurse documented on a facsimile. 72 Hour Observation " form that the resident should be monitored every two hours. Further review of the resident's record revealed a Post/Fall Evaluation/Huddle Tool " form dated December 16, 2014. The form indicated that the resident sustained a fall on December 16, 2014. and that "hourly rounding " should be Health Regulation & Licensing Administration

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0006 05/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW GRAND OAKS ASSISTED LIVING WASHINGTON, DC 20016 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R 292 | Continued From page 7 R 292 implemented to ensure the resident's safety. П. How to Identify Other Continued review of the record revealed that the Residents/Staff resident sustained another fall on March 5, 2015. Upon admission of a The ALR informed the resident's physician of the resident to Grand Oaks, a fall by fax on the same day. The physician responded to the fax and replied, "Do not leave PT/OT evaluation will be patient alone for periods of time as impulsive and completed. The Physical will try to stand but unable to bear weight due to Therapy portion of the late effect CVA". The resident's record, however, evaluation will include failed to provide evidence that monitoring every two hours and hourly rounds had been bed mobility, gait, conducted. Furthermore, the record failed to transfers, and balance. provide evidence that the resident was not left Additionally, deficiencies alone in accordance with physician's instructions. will be noted in activity Interview with the Executive Director on May 1. 2015, at approximately 2:39 p.m., revealed "We tolerance, don't have the staff in an ALR to do two hour cognition/safety monitoring." Interview with the DON on the awareness, motor same day at approximately 2:45 p.m. revealed that the "hourly rounding" was not done and that coordination, muscle the resident is left alone for periods of time. tone, pain, range of motion, reflexes, During a telephone conference with the resident ' sensation, and skin s physician on May 1, 2015, at approximately integrity. The 2:39 p.m., the physician stated that he/she was aware of the resident 's falls. The physician Occupational Therapy indicated that the fax that he/she signed on portion of the evaluation March 5, 2015, " was not meant to be an order includes activities of by any means, it was just a communication for the staff. " daily living/self-care deficits, hygiene, Note: Resident #1 sustained a total of sixteen toileting, self-feeding, (16) falls from October 4, 2014 through May 2, shower/tub use. 2015. In nine (9) of the falls, the resident experienced an injury (e.g. skin tears, bruises, homemaking abilities. abrasions and a hematoma of the forehead). One (1) of the injuries required a transfer to the ER for The nurse will review all further evaluation. provider orders for At the time of the survey, the ALR failed to Health Regulation & Licensing Administration

R 292 Continued From page 8 provide evidence that Resident #1 received the recommended monitoring services as indicated. B. 1. On May 4, 2015, at approximately 11:35 a.m., review of Resident #2' s record revealed a history and physical dated April 28, 2010. The history and physical documented that, "[Resident #2] had a tendency to over use ETOH and should not drink unless extremely closely supervised." Further review of the record revealed POSs and MARs dated from January 2015 through April 2015 that revealed that Resident #2 had diagnoses that include chemical dependency/abuse. On May 6, 2015, at approximately 10:35 a.m., review of Resident #2's ISPs dated October 5, 2014 and April 15, 2015, indicated that according to the resident " should not have alcohol unless (he/she] is closely monitored." Also, the aforementioned ISPs indicated that the resident " may have one glass of white wine with dinner." On May 6, 2015, at approximately 2:35 p.m., interview with the DON revealed that Resident#2 is supervised in the dining room when he/she consumes the one glass of white wine with dinner, however, the resident does have alcohol delivered directly to his/her apartment. At the time of the survey, the ALR failed to provide evidence that Resident #2 was consistently " extremely closely supervised " when consuming alcohol. 2. Review of Resident #2's record on May 7,	ION (X3) DATE S COMPL	
GRAND OAKS ASSISTED LIVING (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) R 292 Continued From page 8 provide evidence that Resident #1 received the recommended monitoring services as indicated. B. 1. On May 4, 2015, at approximately 11:35 a.m., review of Resident #2's record revealed a history and physical dated April 28, 2010. The history and physical dated April 28, 2010. The history and physical dated April 28, 2010. The history and physical dated April 28, 2010 and MARS dated from January 2015 through April 2015 that revealed that Resident #2 had diagnoses that include chemical dependency/abuse. On May 6, 2015, at approximately 10:35 a.m., review of Resident #2's ISPs dated October 5, 2014 and April 15, 2015, indicated that according to the resident 's history and physical; the resident "should not have alcohol unless [he/she] is closely monitored." Also, the aforementioned ISPs indicated that the resident "may have one glass of white wine with dinner." On May 6, 2015, at approximately 2:35 p.m., interview with the DON revealed that Resident#2 is supervised in the dining room when he/she consumes the one glass of white wine with dinner, however, the resident does have alcohol delivered directly to his/her apartment. At the time of the survey, the ALR failed to provide evidence that Resident #2 was consistently" extremely closely supervised "when consuming alcohol. 2. Review of Resident #2 's record on May 7,	05/08	3/2015
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) R 292 Continued From page 8 Provide evidence that Resident #1 received the recommended monitoring services as indicated. B. 1. On May 4, 2015, at approximately 11:35 a.m., review of Resident #2's record revealed a history and physical dated April 28, 2010. The history and physical documented that, "[Resident #2] had a tendency to over use ETOH and should not drink unless extremely closely supervised." Further review of the record revealed POSs and MARs dated from January 2015 through April 2015 that revealed that Resident #2 had diagnoses that include chemical dependency/abuse. On May 6, 2015, at approximately 10:35 a.m., review of Resident #2's ISPs dated October 5, 2014 and April 15, 2015, indicated that according to the resident 's history and physical; the resident "should not have alcohol unless (he/she] is closely monitored." Also, the aforementioned ISPs indicated that the resident "may have one glass of white wine with dinner." On May 6, 2015, at approximately 2:35 p.m., interview with the DON revealed that Resident#2 is supervised in the dining room when he/she consumes the one glass of white wine with dinner, however, the resident does have alcohol delivered directly to his/her apartment. At the time of the survey, the ALR failed to provide evidence that Resident #2 was consistently "extremely closely supervised" when consuming alcohol. 2. Review of Resident #2 's record on May 7,	Æ	
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consistently "extremely closely supervised" when consuming alcohol. 2. Review of Resident #2 's record on May 7,	sent to respective	
Review of Resident #2 's record on May 7, 2015, at approxymately 3:15 p.m., revealed.	providers for review.	
2. Review of Resident #2 's record on May 7,	Falla manuantian tool	
12015 at approximately 3:15 p.m. royalad	Falls prevention training	
2015, at approximately 3:15 p.m., revealed	will be conducted by	
Resident #2 sustained a fall on September 30,		
h Regulation & Licensing Administration E FORM 8899 UBKC11		

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF THE PE

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ALR-0006 05/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW **GRAND OAKS ASSISTED LIVING** WASHINGTON, DC 20016 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R 292 Continued From page 9 R 292 2014. On the same day, the nurse documented Director of Nursing on a "Post/Fall Evaluation/ Huddle Tool" and a (DON), or designee, to " 72 Hour Observation " form that the resident Grand Oaks team should be monitored every two hours. Further members. Falls review of the record, revealed "72 Hour Observation " forms dated September 30, 2014. Prevention training will October 31, 2014, November 1, 4, and 7, 2014. utilize the curriculum of All of which indicated that the resident had fallen Senior Living University on the aforementioned dates and that the resident should be monitored every two hours. via supplemental DVD The resident 's record however failed to provide training. This training evidence that monitoring every two hours had will take an been conducted. interdisciplinary Interview with the Executive Director on May 1. approach. Grand Oaks 2015, at approximately 2:39 p.m., revealed "We will partner with its don't have the staff in an ALR to do two hour PT/OT provider to monitoring, " conduct this training. Note: Resident #2 sustained a total of nineteen (19) falls from Grand Oaks will schedule May 10, 2014 through April 18, 2015. In eight (8) a Falls awareness seminar of the falls, the resident experienced an injury. for residents, families. (e.g. skin tears , a right hip hematoma and a facial contusion). and POAs to improve awareness of fall At the time of the survey, the ALR failed to prevention. This seminar provide evidence that Resident #2 received the will be conducted in recommended monitoring as indicated. partnership with PT/OT C. On April 28, 2015, at approximately 11:30 provider to educate using a.m., review of Resident #5's clinical record an interdisciplinary revealed that the resident had fallen on January approach. 28, 2015, December 2, 2014, and December 11, 2014. Review of the corresponding Post Fall Evaluation/Huddle Tools revealed that the nurse III. Systemic Changes documented that thirty (30) minutes checks would The Grand Oaks Fall be conducted to ensure the resident's safety. Review of the 72-hour observation sheets dated Management Policy will December 3, December 4, December 5, 2014, Health Regulation & Licensing Administration

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STATEME	Regulation & Licensin NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		ALR-0006	B. WING	1	05/0	8/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GRAND	OAKS ASSISTED LIV	DING	CARTHUR BL STON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
R 292	Continued From pa	ge 10	R 292			
	2014, also revealed documented that chevery 30 minutes as Continued record reapproximately 11:45 ISP dated December	eview on April 28, 2015 at 5 a.m., revealed an updated er 2, 2014. The ISP		be updated to augmente current strategie addressing falls in the community. Fall Management tools with the community of the community of the community of the community of the current of	s he vill be	
	documented new interventions that include positioning and environment checks every minutes. Review of the record failed to pro evidence that "thirty minutes checks" had conducted.			assisted living stand and ensure interdisciplinary tea involvement.		
	2015, at approximat	with the DON on May 7, ely 2:30 p.m., the DON stated es checks" had not been		Grand Oaks will util the Shared responsib agreement to augme resident ISPs and re-	oility nt	
	two (2) of which rest hematoma to the fac Resident #5 was see further evaluation of At the time of the su that "thirty minute ch D. On May 6, 2015, a review of Resident # an ISP dated Novem documented "hourly implemented to ensu	through January 28, 2015, alted in injury (skin tear and a se). The record indicated that en in the emergency room for the facial hematoma. The record indicated that en in the emergency room for the facial hematoma. The record hematoma. The record revealed be a series of the record revealed be a series of the resident's safety. The record failed to provide the checks' had been		interventions. A Weekly interdisciplinary med will be conducted to review residents with recent care changes. meeting will include minimum the DON, Coordinator, and Rehabilitative representative or appropriate designee	eting h This at a Oasis	
	On May 6, 2015, at a review of Resident "7	pproximately 1:00 p.m., "s 72 Hour Observation		designee, will conduc		

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ND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		E CONSTRUCTION		E SURVEY PLETED
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		OTTLETTE	CARTHUR BL			
KANU	OAKS ASSISTED LIV		STON, DC 20			
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R 292	Continued From pa	age 11	R 292			-
	revealed that Residence two hours for review of the recordence that the retwo hours as indicated that the retwo hours are indicated that the retwo hours as indicated that the retwo hours are indicate				weekly idings, ding	
	2015, at approximated on't have the staff rounds." Interview of at approximately 2: rounds had not been not not been not not not not not not not not not no	nad a total of fourteen (14) er 27, 2014 through April 7, nich were after the ids were to be implemented. alls, the resident experienced ears, bruise, head laceration).		Oaks will offer sem annual educational seminars for provid professionals and contracted services review skilled nursi versus assisted livin language to reinford appropriate recommendations at orders.	seminars for providing professionals and contracted services to review skilled nursing versus assisted living language to reinforce appropriate recommendations and	
t t t f	2015, at approximate resident sustained a the same day, the number of the control	hat the resident should be hours. The record, however, lence that the monitoring		partner monthly wit reviewing pharmaci identify recommend that may require additional nursing support. This will continue for the nex months, at which tin process will be		

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STATEME AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0006	1	E CONSTRUCTION	СОМІ	SURVEY PLETED 08/2015
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S CARTHUR BL STON, DC 20		1 001	00/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
	don't have the staff monitoring. " Note: Resident #8 s (13) falls from December 11, 2014 four (4) of the falls, injury (e.g. bruising the injuries required further evaluation. At the time of the suprovide evidence the recommended monitorial forms of the clinical Resident #9 had fall 10, 2014 through Ma Post Fall Evaluation 15, 2014 and Augus documented to monthirty (30) minutes to precautions. Further revealed a documented to monthirty (30) minutes to precaution sheet ". sheets dated April 13 and September 24, 2 the resident closely of for safety precaution Interview conducted 2014, at 2:05 p.m., reaforementioned check with the ED on the second content of the second content in the second conte	tely 3:30 p.m., revealed "We in an ALR to do two hour sustained a total of thirteen through April 29, 2015. In the resident experienced an and/or c/o pain). One (1) of a transfer to the ER for except, the ALR failed to at Resident #8 received the itoring services as indicated. beginning at 2:08 p.m., I records revealed that en seven (7) times from May ay 7, 2015. According to the "/Huddle Tool " dated August t 25, 2014, the nurse itor the client closely every on hour for safety review of the records also at called the "72-hour The 72-hour observation 5, 2015, December 12, 2014 2014, all indicated to monitor every 30 minutes to an hour s.	R 292	IV. Monitoring Procedure DON, or designed partner monthly reviewing pharm identify recommendate that may require additional nursing support. This was continue for the months, at which the process will reevaluated. Quality Assurant Nurse, or designed conduct weekly fall management guidelines for c	ee, will with the nacist to endations of ill next 6 in time it be ce (QA) ee, will review of empletion enext 90 onthly	08/01/2015

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If continuation sheet 14 of 28

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		ALR-0006	B. WING		05/08/2015
IAME OF	PROVIDER OR SUPPLIER	onizz m	DDRESS, CITY, S		
RAND	OAKS ASSISTED LIV		CARTHUR BL GTON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLE
R 292	Continued From pa	age 13	R 292		
	documented evide monitored as requi	nce that Resident #9 was red.			
		to ensure that residents e services as identified in policy d:			
:	A. On April 27, 2015, at approximately 10:00 a.m., review of the facility's "Unwitnessed Injury Policy" dated July 7, 2014, revealed the resident's primary physician will be notified by telephone call and fax of an unwitnessed injury.				
	observation of the Resident #11 was s was noted to have a above his/her left e interview with the O approximately 1:50 ascertain the cause the coordinator the	at approximately 11:45 a.m. Oasis unit revealed that itting in a common area and a bruise on his/her forehead ye. It should be noted that asis RN Coordinator at p.m. was conducted to of the injury. According to cause of injury was uncertain speculated that the resident to a door.			
	review of Resident a nursing note dated a documented, " Res above left eye, ice p review of the record	t approximately 12:30 p.m., #11's record revealed a April 21, 2015. The nurse ident noted with a small bump ack applied" Further failed to provide evidence hysician had been made essed injury.			
i	nterview with the Crevealed that she wa	t approximately 1:50 p.m., Dasis RN Coordinator as unable to verify if the had been made aware of the			-

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STATEME AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		E CONSTRUCTION		SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE		
GRAND	OAKS ASSISTED LIVI	NG	CARTHUR BL GTON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D RE	(X5) COMPLETE DATE
R 292	Continued From page	ge 14	R 292			
	unwitnessed injury.)			
	It should be noted the been cited on June of resident incidents the submitted plan of 2014, the assisted I procedures would be following as stipulate Unwitnessed Injury For The resident's primby telephone and factors. B. On May 1, 2015, a review of Resident # an OT note dated Oct.	nat the facility had previously 4, 2014 for the management According to the review of of corrections dated July 10, iving residence indicated that is implemented including the ed in the facility's " Policy":				
	2014, while attempting the floor. The OT not	ng to pick up something from				
1	observation of Reside the resident was in his	pproximately 2:22 p.m., ent #1's room revealed that is/her bed, but, the "reacher" not within Resident #1's				
1	May 1, 2015, at appro ascertain why the "rea ADON stated that Re assistance when he/s "reacher". Interview w	vith the DON on the same sident #1 can use the "				

Health Regulation & Licensing Administration

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		ALR-0006	B. WING		05/08/2015
NAME O	F PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	00/00/2013
GRANI	OAKS ASSISTED LIV	ING	CARTHUR BL STON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
R 29	Continued From pa	ge 15	R 292		
	reacher " safely inc	lependently.			
	At the time of the su that the resident had "reacher".	urvey, there was no evidence d immediate access to the			
	review of Resident a resident had fallen of Further review of the February 9, 2015, the	at approximately 10:45 a.m., #2's record revealed that the on February 7, 8, and 9, 2015. The record revealed that on the resident sustained a right pruising as a result of the fall.			
	review of Resident # dated February 9, 26	approximately 11:30 a.m., #2' s record revealed a POS 015, which ordered a PT/OT he falls and the resident's			
	review of Resident # 9, 2015, revealed that included a person weakness and joint that Resident #2's cuincluded, "stand by reach patient if assis Berg Balance test acpart of the assessme performed at a score that the resident was high risk for falls. Co revealed OT progres 2015 and April 6, 2019 #2's current functions mobility with contact patient due to unsteas	approximately 1:15 p.m. 12's OT POC dated February at Resident #2 had diagnoses onal history of falls, muscle pain. Further review revealed arrent functional level assistance (close enough to it needed)". Additionally, the diministered to Resident #2 as ent revealed that Resident #2 a for 15/56 which indicated is wheelchair bound and a ntinued review of the record is notes dated March 23, 15 that revealed Resident all level included, "bed guard assist (contact with idiness)" and "transfer to by assistance (close enough sist needed)".			

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B. WING. ALR-0006 05/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW GRAND OAKS ASSISTED LIVING WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R 292 Continued From page 16 R 292 Interview with the DON on May 4, 2015, at approximately 2:50 p.m., revealed that the nursing staff did not provide Resident #2 with contact guard assistance as recommended by OT. Interview with Resident#2 on May 6, 2015, at approximately 2:00 p.m., revealed that he/she had fallen several times and he/she uses a wheelchair. Note: Resident #2 sustained two (2) additional falls (March 5, 2015 and April 18, 2015) which were after the aforementioned OT recommendation. At the time of the survey, there was no documented evidence that the nursing staff provided Resident #2 with contact guard assistance as recommended by OT. D. On May 5, 2015, at approximately 11:00 a.m., review of Resident #3's clinical record revealed a physician order dated September 11, 2014. The document indicated that Resident #3 needed a " PDA 24/7 " to ensure resident safety, following a fall on September 7, 2014 where he/she sustained a fractured wrist. Review of Resident #3' s record failed to provide evidence that 24-hour PDA services were implemented. During an interview with the DON on May 7, 2015, at approximately 2:00 p.m., the DON stated that Resident #3 was only receiving eight (8) hours of PDA services due to family request. Note: Resident #3 sustained a fall on July 16, 2014 and sustained a fractured left wrist, Resident #3 also fell on September 7, 2014 and fractured his/her left wrist. Each of the injuries required a transfer to the ER for further

Health Regulation & Licensing Administration

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STATEME	Requiation & Licensia NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		ALR-0006	B. WING		05/	08/2015
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3RAND	OAKS ASSISTED LIV	ING	CARTHUR BL GTON, DC 20			
(X4) ID		TEMENT OF DEFICIENCIES	ID 1	PROVIDER'S PLAN OF CO	RRECTION	(X5)
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R 292	Continued From pa	ge 17	R 292			
	evaluation.					
	At the time of the su	urvey, the ALR failed to				
	provide evidence th ordered supportive	at Resident #3 received the				
	E. On May 6, 2015,	at approximately 1:45 p.m.,				
	review of Resident a	#7's clinical record revealed	+ +			
		s to receive PT/OT services care Services which was to				
	start on January 6, 2	2015, following a fall				
	sustained on Decen	nber 18, 2014. Further review				
	PT/OT services wer	o provide evidence the e provided.	1			
	at approximately 2:0	with the PT on May 7, 2015, 00 p.m., the PT indicated that				
		rehabilitation notes for on January 6, 2015.				
	At the time of the su provide evidence the provided to Residen	rvey, the ALR failed to at PT/OT services were t #7.				
ř	IV. The ALR failed to from the pharmacist Resident #2:	ensure a recommendation had been addressed for				
10	review of Resident #	approximately 12:35 p.m., 2's record revealed a				
	pnarmacist consult of The consult indicated	ated December 12, 2014. If that the resident had a				
	"history of polysubsta	ance abuse" and had an				
- 4	order for Lunesta 2m	g po qhs. Further review of	1			
	the aforementioned o	consult revealed that the				
	pharmacist recomme	ended decreasing the				
	MARs from Decemb	hs. Review of the POSs and er 1, 2014 through May 6,				
	2015 revealed that th	ie Lunesta 2mg po qhs had				
+ (continued to be order	red by the physician and				

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A BUILDING: B WING **ALR-0006** 05/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW GRAND OAKS ASSISTED LIVING WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R 292 Continued From page 18 R 292 administered by the facility's nurses. 604b Individualized Service Plans On May 7, 2015, at approximately 3:15 p.m., The ISP shall include the services to interview with the DON revealed that the pharmacist is to fax his/her recommendation be provided, when and how often the directly to the resident's PCP. Further interview services will be provided, and how revealed that the ALR had not received any and by whom all services will be verbal or written communication from the provided and accessed. resident's PCP addressing the pharmacist's recommendation. I. Corrective Action At the time of the survey, there was no Resident #1, #2, #6, #10 documented evidence that the pharmacist's consult was presented to the PCP. 07/01/2015 ISPs have been reviewed and updated to reflect the R 481 Sec. 604b Individualized Service Plans R 481 frequency of the current (b) The ISP shall include the services to be PT/OT services (Resident #7 provided, when and how often the services will be has since passed away). provided, and how and by whom all services will be provided and accessed. Based on record review and interview, the ALR II. How to Identify Other failed to ensure residents' ISPs detailed specific Residents/Staff information regarding the provision of PT and/or The current residents OT services, for five (5) of seventeen (17) residents in the sample. (Residents' #1, #2, #6, receiving therapy services #7 and #10) will have their ISPs updated to include the following The findings include: information: when and how 1. On May 4, 2015, at ften imately 10:45 a.m., the services will be ıpprox review of Resident, #1/110/17/1/record revealed dinio. 'lea, ana 'now ana by that Resident #1 recei OT services from Legacy Healthcare Sevhom or difficulty walking red PT ν all services will be vices f and muscle weaknesdrovic started on October led and assessed. which 6, 2014. Further revie v of the e record revealed ISP's dated Septembe ollov 114, October 2, 23. 20 ving admission of a 2014 and November 2 The ISP's, however, failed to proveside, specific 2014. nt to Grand Oaks, if the de any Health Regulation & Licensing Administra STATE FORM UBKC11 If continuation sheet 19 of 28

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Health F	Regulation & Licensin	g Administration			FORM APPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		ALR-0006	B WING		05/08/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
GRAND	OAKS ASSISTED LIV	N(s	CARTHUR E		
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R 481	Continued From pa	ge 19	R 481		
	information regarding would be provided. During an interview 2015, at approxima indicated that PT/O meetings, but going they would docume provided. At the time of surve that Resident #1's Is information regarding services. 2. On May 4, 2015, review of Resident #2 receives Healthcare Services falls, muscle weaking started on February the record revealed and April 15, 2015, provide any specific services that would During an interview 2015, at approximate confirmed that he/sh Further interview review receiving OT services On May 6, 2015, at a interview with the Or Resident #2 was received. At the time of survey week.	with the DON on May 4, tely 2:00 p.m., the DON T are not apart of the ISP forward, they would be and int all PT/OT services to be y, the ALR failed to ensure SPs documented detailed by the provision of PT/OT at approximately 10:45 a.m., f2's record revealed that d OT services from Legacy to due to a personal history of ess, and joint pain which in 9 2015. Further review of ISP's dated October 5, 2014, The ISP's, however, failed to information regarding the OT be provided. with Resident #2 on May 4, ely 1:57 p.m., it was be had fallen several times. We had fallen several times are had fallen several times. We had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times. We had fallen several times are had fallen several times are had fallen several times.	17.401	PT/OT evaluation indiappropriateness for cast the ISP will be updated the services provided. III. Systemic Changes A Weekly interdisciple meeting will be conducted review residents with care changes. This meeting will include at a minimate Director of Nursin Oasis Coordinator, and Rehabilitative represers or appropriate designe. For the next year, Gran Oaks will offer seminated educational seminars for providing professional contracted providers to review skilled nursing assisted living language reinforce appropriate recommendations and orders. Executive Director, or designee, will conduct	inary icted to recent eting num g, d ntative es. nd nnual for s and verses te to
	that Resident #2's IS	Ps documented detailed g the provision of OT		monthly leadership me to review interdisciplin	

Health Regulation & Licensing Administration

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GRAND (X4) ID	PROVIDER OR SUPPLIER OAKS ASSISTED LIV SUMMARY STA	TING 5901 MAC WASHING	DRESS, CITY CARTHUR STON, DC			(X5)
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	3. On May 6, 2015, review of Resident that Resident #6 re Legacy Healthcare weakness and a pe started on April 10, record revealed ISF March 11, 2015. Th provide any specific PT/OT services tha On May 7, 2015, at interview with Residence and indicated that PT/OT meetings, but going they would document provided. At the time of survey that Resident #6's ISF	at approximately 1:20 p.m., #6's clinical record revealed ceived PT/OT services from Services due to muscle ersonal history of falls which 2015. Further review of the 20's dated October 6, 2014, and e ISP's, however, failed to information regarding the t would be provided. approximately 2:30 p.m., lent #6 revealed that he/she vices "several times a week". with the DON on May 4, tely 2:00 p.m., the DON T are not apart of the ISP forward, they would be and all PT/OT services to be	R 481	findings, to include caseload and service provided. IV. Monitoring Process QA Nurse, or design conduct weekly revensure therapy case reflected on the ISF 90 days and then mathereafter. QA Nurdesignee, will report compliance at week interdisciplinary med. V. Date of Completion August 1, 2015	es since, will view to cload is of for next onthly se, or tally eeting.	08/01/201
	4. On May 6, 2015, at approximately 1:45 p.m., review of Resident #7's clinical record revealed that Resident #7 was to receive PT/OT services from Legacy Healthcare Services which was to start on January 6, 2015, following a fall sustained on December 18, 2014. Further review of the record revealed ISP's dated August 15, 2014, and November 20, 2014. The ISP's, however, failed to provide any specific information regarding the PT/OT services that would be provided.			The ISP shall be reviewed 3 after admission and at least months thereafter. The ISP updated more frequently if t significant change in the res condition. The resident and necessary, the surrogate shall invited to participate in each reassessment. The review sl	0 days every 6 shall be here is a ident's , if	

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NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	. j dan	00/2015
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		WASHIN	GTON, DC	20016		
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R 481	Continued From pa	ge 21	R 481			
	2015, at approxima indicated that PT/O meetings, but going	with the DON on May 4, tely 2:00 p.m., the DON T are not apart of the ISP forward, they would be and nt all PT/OT services to be		conducted by an interteam that includes the healthcare practitione the resident's surrogate and the ALR.	e resident's er, the resident,	
	that Resident #7's It information regarding services. 5. On May 5, 2015, review of Resident #10 resident #10's Information regarding services.	with the DON on May 4, ely 2:00 p.m., the DON are not apart of the ISP forward, they would be and it all PT/OT services to be the ALR failed to ensure SPs documented detailed the provision of PT/OT		#8, and #1 reviewed a include the interdiscip involved (and #7 hav away). II. How to Ide Residents/ ISPs for cu will be rev updated wi interdiscip involved u after 30 da every 6 mc	11, #2, #3, #6, 0 ISPs will be and updated to e necessary blinary team Residents #5 we since passed entify Other Staff arrent residents iewed and ith the linary team pon admission, ys and at least boths.	07/01/2015
K 483	Sec. 604d Individuali (d) The ISP shall be	zed Service Plans reviewed 30 days after	R 483		rrent resident	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER IDENTIFICATION NUMBER		(X2) MULTIPL	(X3) DATE SURVEY		
	OF COUNTED HON	DENTIFICATION NUMBER	A, BUILDING:		COMPLETED
		ALR-0006	B WING	<i>y</i>	05/08/2015
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
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R 483			R 483	annuan fata un in	
	The ISP shall be up is a significant char The resident and, if shall be invited to p reassessment. The an interdisciplinary	east every 6 months thereafter, odated more frequently if there age in the resident's condition. Indicate a surrogate articipate in each review shall be conducted by team that includes the re practitioner, the resident,		appropriate review healthcare practiti Grand Oaks will e Medical Director review outstandin	oner. engage to
	the resident's surrous ALR. Based on record refailed to ensure ISP and documented signs of the sample of the sampl	gate, if necessary, and the view and interview, the ALR s's were reviewed as required gnificant changes in a resident ht (8) of seventeen(17) nple. #3 #5, #6, #7 #8 and #10) at approximately 10:45 a.m., #1's clinical record revealed seived PT/OT services from Services for difficulty walking		III. Systemic Changes DON, Associate II of Nursing (ADO) Oasis Coordinator designee will cond reviews with the interdisciplinary conteam upon admiss after 30 days and a every 6 months.	Director N), , or luct ISP are ion,
	and muscle weakne 6, 2014. Further rev ISPs' dated Septem 2014 and November provide evidence the PT/OT. Additionally, failed to provide evidence the reviewed by Resider surrogate.	muscle weakness, which started on October 1014. Further review of the record revealed 1014. Further review of the record revealed 1014. Further review of the record revealed 1014. Further review of the review of 2, 2014 which failed to 1014 which failed to 1015 vide evidence they had been reviewed by 1015. Additionally, the aforementioned ISPs 1015 red to provide evidence that they had been 1015 ewed by Resident #1 and Resident #1's 1015 regate. Ing an interview with the DON on May 4, 1015 an approximately 2:00 p.m., the DON		IV. Monitoring Proces Wellness Nurse, or designee, will cond monthly review of ensure they have b reviewed by all appropriate interdisciplinary providers.	duct ISPs to
l.	indicated that the PT/OT are not a part of the ISP meetings. At the time of the survey, the ALR failed to provide evidence that Resident #1 's ISP had been reviewed as required.			DON, or designee, conduct random mandits for the next	onthly

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY MPLETED
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	B. On May 4, 2015, review of Resident; Resident #2 receives Healthcare Services muscle weakness, a Februay,9 2015. For revealed ISP's date 15, 2015; which failed they had been review the aforementioned evidence that they had been review 2015, at approximate confirmed that the Coreviewed the aforementioned OT and Resident #2. C. On May 4, 2015, review of Resident #2. C. On May 4, 2015, review of Resident #2. C. On May 4, 2015, review of Resident #2. C. On May 4, 2015, review of Resident #2. During an interview of Resident #2. During an interview was a surrogate. During an interview was a surrogate.	at approximately 10:45 a.m., #2's record revealed that a OT services from Legacy for personal history of falls, and joint pain which started on urther review of the record of October 5, 2014 and April and to provide evidence that wed by the OT. Additionally, ISPs' failed to provide and been reviewed by with the DON on May 4, ely 2:50 p.m., the DON or and the resident had not tentioned ISPs. At the time of s no documented evidence ISP's were reviewed by the start approximately 11:40 a.m., 3's clinical record revealed and the resident #3 and the sesident #3 and the with the DON on May 7, ely 2:00 p.m., the DON or wentions should be updated also indicated that OT had a part of the ISP meetings to	R 483	months to en have been rechealthcare pr V. Date of Com August 1, 20	viewed by actitioner. pletion	08/01/2015
	At the time of the sur					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
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R 483	Continued From pa	age 24	R 483			
	documented evide ISP had been revie the resident's surro	nce that the aforementioned wed by OT, Resident #3 and ogate.				
	review of Resident that Resident #6 su after a fall on Marc	, at approximately 1:00 p.m., #6's clinical record revealed ustained a fractured right hip h 21, 2015. Further review of I an ISP, dated March 11,				
	2015, which failed the change (right hip from aforementioned ISF) ordered." The ISP,	to evidence the significant acture). Further review of the P documented "PT/OT as however, failed to provide an reviewed by the PT/OT and				
	2015, at approxima that all interventions ISP. The DON also been a part of the IS	with the DON on May 7, tely 2:00 p.m., the DON stated is should be updated on the stated that the PT/OT had not SP meetings, but going a part of the ISP meetings to ces.				
	(right hip fracture) o Additionally, there w	ce of the significant change in the aforementioned ISP. was no documented evidence in a ISP had been reviewed by				
i i f	review of Resident # an ISP dated Noven documented PT/OT mplemented. The a ailed to provide evic	services would be forementioned ISP, however, lence that it had been OT, Resident #7 and the				

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: COMPLETED B. WING ALR-0006 05/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW **GRAND OAKS ASSISTED LIVING** WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 483 Continued From page 25 R 483 During an interview with the DON on May 7. 2015, at approximately 2:00 p.m., the DON indicated that all interventions should be updated on the ISP. The DON also indicated that the PT/OT had not been a part of the ISP meetings, but going forward, they will be a part of the ISP meetings to ensure all PT/OT services are documented. At the time of the survey, there was no documented evidence that the aforementioned ISP had been reviewed by the PT/OT, Resident #7 and the resident's surrogate. F. On May 7, 2015, review of Resident 8's clinical record at approximately 11:30 a.m., revealed that Resident #8 received PT/OT services from Legacy Healthcare Services for difficulty walking and muscle weakness, which started on May 21, 2014. Further review of the record revealed the ISP dated February 5, 2015 and the update of the ISP on February 25, 2015 that failed to provide evidence they had been reviewed by PT/OT. During an interview with the DON on May 4. 2015, at approximately 2:00 p.m., the DON indicated that the PT/OT are not a part of the ISP meetings. At the time of the survey, the ALR failed to provide evidence that Resident #1 's ISP had been reviewed as required. G. On May 5, 2015, at approximately 10:45 a.m., review of Resident #10's clinical record revealed an ISP dated October 11, 2014. Further review of the ISP failed to provide evidence it had been reviewed by Resident #10 and/or the resident's surrogate. During an interview with the DON on May 7. 2015, at approximately 2:00 p.m., the DON was Health Regulation & Licensing Administration

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R 483	Continued From pa	ge 26	R 483		
	been reviewed by F resident's surrogate At the time of this s provide evidence th	urvey, the ALR failed to at the aforementioned ISP by Resident #10 and/or the		701f Staffing Standar Employees shall be requannual basis to documen from tuberculosis in a communicable form.	ired on an
R 602	a.m., review of Res revealed an ISP dar failed to provide evi a healthcare practit During an interview 2015, at approxima made aware that the been reviewed by a At the time of the sudocumented eviden ISP had been review practitioner. Sec. 701f Staffing S (f) Employees shall basis to document frommunicable form Based on interview determined that the employee annually tin a communicable form.	with the DON on May 7, tely 2:00 p.m., the DON was a aforementioned ISP had not healthcare practitioner. Invey there was no ce that the aforementioned wed by a health care tandards. be required on an annual reedom from tuberculosis in a leand record review, it was ALR failed to ensure that an ested free from tuberculosis orm, for one (1) of sixteen ple. [Care Manager #4]	R 602	I. Corrective Action CM #4 will receive tuberculosis screen include document the team member from tuberculosis communicable for II. How to Identify Caracteristics Residents/Staff Human Resource Department, or downward conduct a reviteam members to appropriate document that all are free from tuberculosis in a communicable for III. Systemic Changes HR Department was monthly reviews of upcoming tuberculosis and processors.	ve annual ening to tation that is free in a rm. Other (HR) esignee, view of all ensure mentation om rm.

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R 602	On April 28, 2015, review of CM #4's employee 's date Further review of the provide evidence the tuberculosis after Market During an interview President of Human Resources General approximately 2:50 inform the facility s	at approximately 2:20 p.m., employee file revealed the of hire was April 14, 2014, he employee file failed to hat CM #4 had been tested for	R 602	notification leadershing compliant document members tuberculor community. IV. Monitoring HR Department will condite team mer appropriate that all artuberculor community. HR Department has all artuberculor community and the partment of t	on to Grand Oaks p team to initiate ace. Grand Oaks p team will ensure ace to include tation that team are free from asis in a icable form. Ing Process rement, or designee, act a review of all abers to ensure ate documentation active free from asis in a cable form. In the free from active free free from ac	08/01/20

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