Health R	tequiation & Licensing	Administration			
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		ALR-0006	B. WING		07/05/2023
		ALK-0000			0110012023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
		5901 MAC	ARTHUR BL	.VD NW	
GRAND	DAKS ASSISTED LIVIN	IG WASHING	TON, DC 2	0016	
4444	CUMMADV CT	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	
(X4) ID PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	OR LSC IDE	NTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE DATE
				BEI IGIEROT)	
D 000	Initial Comments		R 000		
K 000	miliai Comments		K 000	1	
	   N= =================================				
		survey was conducted on	i		
	06/28/2023, 06/29/2	023. 06/30/2023, 07/03/2023			
	and 07/05/2023 to d	etermine compliance with the		1	
		dence (ALR) regulations, Title		Please start typing your response	s here:
		Health and Medicine) Chapter and Living Law DC ST	1		
		dent census was 128 and 145			
		loyed by the ALR to include		1	
		rofessional, and administrative			
	staff A sample of co	ore 24 residents and an		Grand Oaks is filing this respon	rse for
		ents were added to the sample		the sole purpose of confirming	,
		arding incident reporting. Also,			۳ ا
	15 employee record			compliance with requests of DC	
	. •			Health in receipt of the survey	-
	The findings of the s	urvey were based on		related to the survey conducted	
		hout the facility, including a		28 -July 5, 2023. This response	is not
		ration pass, clinical and		an admission of liability or stat	
		i review, and resident, family,		of agreement with respect to iss	
	and staff interviews.			1 0 0	
				identified in discussions with th	
				agency but is submitted to demo	onstrate
0.000				regulatory compliance.	
R 293	Sec. 504.2 Accomm	odation of Needs.	R 293		
	(6) 7				
		o appropriate health and social		1 P 202 See FOA 2 Assessments	aion of
	services, including s	ocial work, home health,		1. R 293 Sec. 504.2 Accommoda	LION OI
	dietery counseling	e, hospice, medical, dental, and psychiatric services in		Needs	
		intain the highest practicable		(2) To have access to appropriat	e health
		psychosocial well-being.		and social services, including soc	ial
		, , x		work, home health, nursing,	
	Based on record root	iews and interviews, the		rehabilitative, hospice, medical,	dental.
		dence (ALR) failed to ensure		dietary, counseling, and psychia	
		ts in the facility had access to		l l	
		health services, and physical		services in order to attain or ma	930
		esidents #4, 9, 10, 15, 17, 18,		the highest practicable physical,	mental,
	19, 20, 23 and 30).	, , , , , , , , , , , , , , , , , , , ,		and psychosocial well-being.	
				Based on record reviews and	
	Findings included:			interviews, the Assisted Living	
				interviews, the Masiated Living	

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

8899

Health F	kegulation & Licensing	Administration				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE S COM	SURVEY PLETED
		ALR-0006	B, WING		07/0	5/2023
NAME OF F	PROVIDER OR SUPPLIER	OTOFET ABO	RESS, CITY, ST	ATE ZID CODE		
NAME OF P	-ROVIDER OR SUPPLIER					
GRAND (	OAKS ASSISTED LIVIN	iG	ARTHUR BL			
			TON, DC 2	1		
(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) COMPLETE DATE
R 293	Continued From pag	je 1.	R 293			
	1. On 07/03/2023 at	3:34 pm, a review of Resident				
		nowed an order on 04/14/2023		Residence (ALR) failed to ensure		
		or Dysphasia. There was no		the 24 residents in the facility ha	d	
		ce in the record showing that		access to appropriate medical/h	ealth	
		en by a speech therapist.  d falls on 04/10/2023,		services, and physical therapy se	rvices.	
		023, 06/03/2023, 06/07/2023		(Residents #4, 9, 10, 15, 17, 18,	19, 20,	
	and 06/23/2023. Eac	ch time a fall occurred, there		23 and 30).		
		sical and occupational therapy		I. Corrective Action		
		There was no documented at the resident was assessed by		1. In response to Finding #1 (res	ident	
	physical and occupa			#4): Resident received speech th		
				(ST) eval on 04/13/23, 04/21/23	• •	
		2:28 pm, a review of Resident		06/02/23 and is currently receiv		
		he resident had falls on		Resident was screened for both	_	
		023, 04/14/2023 and ne a fall occurred, there was an				
		d occupational therapy to		OT and services were not indicate	.eu at	
		ere was no documented		the time.		
		at the resident was assessed by		2. In response to Finding #2 (res		
	physical and occupa	tional therapy.		#9): Resident had PT eval on 04/	10/23	
	3 On 07/03/2023 of	10:15 am, a review of Resident		and has been receiving PT since		
		the resident had falls on		04/10/23. Received OT from 03/	23/23 -	
		023, 05/12/2023 and		05/18/23 and is currently receiv	ing OT	
	05/22/2023. Each tin	ne a fall occurred, there was an		again.		
		d occupational therapy to		3. In response to Finding #3 (res	ident	
		ere was no documented		#10): Resident received PT servi		
	physical and occupa	at the resident was assessed by		04/19/23-06/15/23.		i
	,, and ###################################			4. In response to Finding #4 (res	ident	
		11:49 am, a review of Resident		#15): Resident has been discharg		
		the resident had falls on		from the community.	, . <del></del>	
		023, 03/19/2023, 03/24/2023, 023 and 04/29/2023. Each		5. In response to Finding #5 (res	dent#	
		there was an order for physical		17): Resident was screened for F		
		rapy to assess and treat. There		OT on 05/09/23. Resident recei		
	was no documented	evidence to show that the				
	resident was assesse	ed		from 05/09/23-07/05/23 and 01	irom	
				05/09/23-07/05/23.		

STATEMEN	Regulation & Licensing IT OF DEFICIENCIES OF CORRECTION	Administration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0006	B WING		07/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
GRAND	OAKS ASSISTED LIVIN	IG .	ARTHUR BL TON, DC 2		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	1011, DO 2	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
R 293	Continued From pag	ge 2.	R 293		
	#17 records showed 05/09/2023. After the physical and occupatreat. There was no that the resident was occupational therapy 6. On 06/29/2023 at #18 records showed 06/14/2023. After the order for physical an assess and treat. The evidence to show the physical and occupatreat and occupatreat. There was also treat and evaluate or documented evidence assessed by physical therapy.  8. On 06/29/2023 at #20 records showed 10/22/2022, 11/12/20 05/23/2023. Each tim order for physical and assess and treat. The per the movement clin odocumented evidence assessed evidence assessed and treat. The per the movement clin odocumented evidence assessed evidence assessed and treat. The per the movement clin odocumented evidence assessed evidence assessed evidence assessed and treat. The per the movement clin odocumented evidence assessed evidence a	10:58 am, a review of Resident the resident had a fall on a fall, there was an order for ational therapy to assess and documented evidence to show a assessed by physical and a sasessed by physical and a fall on a fall occurred, there was an ad occupational therapy to ere was no documented at the resident was assessed by tional therapy.  1:19 pm, a review of Resident the resident had a fall on a fall, there was an order for tional therapy to assess and a speech therapy order to a 03/13/2023. There was no se to show that the resident was all, occupational or speech		6. In response to Finding #6 (resi #18): Resident was on current the caseload the date of the fall. Revereeived therapy services 05/23-7. In response to Finding #7 (resi 19): Resident admitted on 03/29 fall in the community on 02/09/8. In response to Finding #8 (resi #20): Resident was screened for OT services on 10/14/22 and 12/Resident received OT services 1/12/07/23 and 12/15/23-02/09/29. In response to Finding #9 (resi #23): Resident fell on 03/31/23 a 04/10/23. Resident received OT screening on 04/03/23 and PT sc on 04/04/23. Resident received O4/11/23-06/08/23, PT 04/11/23 07/07/23 and is currently on OT services that started on 04/03/2 10. In response to Finding #10 (residents #23 and #30 medicationerror):  • Meeting held with Pharm Team on 06/13/23 to remedication errors, duplinerrors involving same nate review medication trans and updates in Main Fra System, Matrix Care and Assist. Pharmacy complete	nerapy sident -06/30. ident# 0/23, no 23. ident PT and /15/23. /14/23- 23. ident and creening ST 3- 3. on macy view cates, ime to cription me   Care

	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SU	IRVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	' '		COMPL	
		ALR-0006	B, WING		07/05	/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, ST	ATE, ZIP CODE		
		5901 MAC	ARTHUR BL			
GRAND (	DAKS ASSISTED LIVIN	G	TON, 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)	BE	(X5) COMPLETE DATE
PREFIX	Continued From page 9. On 06/30/2023 at #23 records showed 09/31/2023 and 04/10 occurred, there was occupational therapy was also a speech the evaluate on 03/22/20 evidence to show the physical, occupation 10. On 07/03/2023 facility's incident reprored for Residents #23 and documented that two (Hydrochlorothiazide 1000 mcg tablet) we Resident #23. The self-ydrochlorothiazide 1000 mcg tablet) we #30's medical record birth, the doctor's na further review of the pharmacy noted the notified the facility's incident record birth, the doctor's na further review of the pharmacy noted the notified the facility's incident Record following:  a). At 3:20 pm, a record following:  a). At 3:20 pm, a record possible pm, a record following:  a). At 3:20 pm, a record possible pm, a record following:	ge 3.  9:20 am, a review of Resident the resident had falls on 10/2023. Each time a fall an order for physical and to assess and treat. There herapy order to treat and 10:23. There was no documented at the resident was assessed by all or speech therapy.  at 2:30 pm, a review of the 10:13 pm, a review of the 10:15 pm tablet and Vitamin B-12 10:15 pm tablet and Vitamin B-12 11:16 pm tablet and Vitamin B-12 12 pm tablet and Vitamin B-12 13 pm tablet and Vitamin B-12 14 pm tablet and Vitamin B-12 15 pm tablet and Vitamin B-12 16 pm tablet and Vitamin B-12 17 pm tablet and Vitamin B-12 18 with Resident #23's date of 19 pm, and room number. A 10 incident report showed that the 10 discrepancy on 05/01/2023 and 10 nursing station.  10 pm, a review of Resident #23's 11 pm tablet #23's 12 pm tablet #23's 13 pm tablet #23's 14 pm tablet #23's 15 pm tablet #23's 16 pm tablet #23's 17 pm tablet #23's 18 pm tablet #23's 19 pm tablet #23's 10 pm tablet #23's 11 pm tablet #23's 12 pm tablet #23's 12 pm tablet #23's 13 pm tablet #23's 14 pm tablet #23's 15 pm tablet #23's 15 pm tablet #23's 16 pm tablet #23's 16 pm tablet #23's 16 pm tablet #23's 16 pm tablet #23's 17 pm tablet #23's 18 pm tablet #23's 18 pm tablet #23's 18 pm tablet #23's 19 pm tablet #23's	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	nd old d. ews are exicians oper on  ff. I to ing daily on and leam ted ew or 24	COMPLETE
	everyday by mouth for	or Supplement.		as ordered.  In response to Hydrochlorothiazide, nu supervisor evaluated an assessed resident with e	rsing d	

**FORM APPROVED** Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0006 07/05/2023 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 (X4) ID PREFIX (X5) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R 293 Continued From page 4. R 293 Hydrochlorothiazide 25 mg by mouth once a day at BP and called NP who gave new 9:00 am for 3 days starting on 03/25/2023 with a blood pressure of 166/70, 03/26/2023 with a blood orders effective 05/03/23. pressure of 146/69, 03/27/2023 with a blood Resident received new order on pressure of 142/65. 5/3/2023 for c). At 3:35 pm, a review of Resident #23 physician Hydrochlorothiazide 25 mg po I order dated 03/27/2023 showed an order to -tab po daily, check Vital Signs 2 discontinue Hydrochlorothiazide. times daily x 2 weeks by NP for d). At 3:40 pm, a review of Resident #23's MAR elevated BP. Since 05/03/23 showed that starting on 03/25/2023, Resident #23 physician has reviewed received Vitamin B 12 1,000 mcg once daily by mouth and was discontinued on 04/20/2023. The medication and resident MAR also showed that the resident also received an remains on this medication additional (Cyanocobalamin) Vitamin B 12 1,000 mcg once a day at 9:00 am for 22 days, making it currently. two times the prescribed dose. This medication was Staff was educated to check started on 03/29/2023 and was discontinued on BP/HR for BP meds. 04/21/2023. In response to resident #30 e). At 3:45 pm, a continued review of Resident medication error. #23's medical records showed a new POS dated hydrochlorothiazide 25 mg po Q 05/03/2023 for Hydrochlorothiazide 25 mg to be administered by mouth every day, and to check vital Day was discontinued on signs two times daily for 2 weeks. 5/1/2023 and Vitamin B-12 I f). At 3:55 pm, a review of Resident #23's May 2023 000 mcg po was discontinued MAR failed to show any documented evidence that on 5/2/2023. MD/NP/RP the resident received Hydrochlorothiazide 25 mg by notified of error and labs mouth every day for Hypertension, as ordered for the month of May. The record also failed to show drawn. evidence that vital signs were checked twice daily for 2 weeks, as ordered. II. How to Identify Other The Director of Nursing, DON, or II. Starting at 4:00 pm, a review of Resident #30's designee, will conduct an audit of all Physician Orders Sheet (POS)s and Medication Administration Records (MAR)s showed the current therapy orders to ensure

following:

MI6N11

residents are receiving services as ordered. Any services omitted from the

Health F	Regulation & Licensing	Administration				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE S COM	URVEY PLETED
		ALR-0006	B. WING		07/0	5/2023
	PROVIDER OR SUPPLIER	5901 MAC	RESS, CITY, ST ARTHUR BL TON, 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 APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
R 293	a). At 4:00 pm, a rec POS dated 03/24/20 Hydrochlorothiazide Hypertension and Vi everyday by mouth f b). At 4:05 pm, a rev records showed an o discontinue Hydroch dated 05/02/2023 to mcg every day by mouth c). At 4:15 pm, a rev showed that Resider Cyanocobalamin (Vi by mouth once daily 35 days starting on 0 was discontinued on showed that Resider Hydrochlorothiazide once daily at 9:00 pm	ord review of Resident #30's 23 showed an order for 25 mg by mouth every day for tamin B-12 1000 mcg tablet	R 293	documentation on the ISP will be to the ISP addendum page. The I designee, will complete 45- day medication reviews on all reside ensure no duplicate medications listed. The pharmacy completed audit of orders and removed any duplicates noted in the pharmac mainframe.  III. Systemic Changes The Rehab Director, or designee add documentation to the ISP addendum pages detailing discipand frequency of services. The V Nurse, Nurse Supervisor, or designed will complete an overnight 24-box	nts to a re a full y will line Vellness gnee our	
	04/30/2023. No blood the MAR.  During interview on 0 DON and Employee Resident #30 receive Hydrochlorothiazide that resident #23 only Hydrochlorothiazide said that a name aler system for both resid acknowledged that R diagnosis of Hypertei	d pressure reading noted on 17/03/2023 at 5:15 pm, the #1, both confirmed that ed Resident #23's tablet 25 mg for 34 days and y received the for 3 days in March. The DON thas been put in the electronic ents. The DON also esident #30 did not have a nsion, and that Resident #23 dose prescribed for Vitamin B		chart check to review all new and discontinued orders to ensure the appropriately documented on the eMAR. The Wellness Nurses, Nurses, Nurses, and/or designees work complete a community wide POS review.  IV. Monitoring Process The DON or designee, will condumentally random audits of thereservice documentation for the new days (and periodically thereafter ensure completion of an assessment of the service documentation of the service do	ney are lie rse lill sct py ext 90 ct) to	

ordered. The DON will also conduct

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

A BUILDING:

ALR-0006

B. WING

07/05/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **GRAND OAKS ASSISTED LIVING**

## 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016

	WASHING	TON, DC	20016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 293	Continued From page 6.  said that she will file an incident report. The DON further acknowledged that the May MAR did not contain any documented evidence that Resident #23 was taking Hydrochlorothiazide as ordered but that she will check the electronic system to see if the medication was administered.  At the time of the survey, the ALR failed to ensure that all residents in the ALR had access to appropriate medical and health services.	R 293	monthly random audits of new and discontinued medications to ensure they are appropriately documented on the eMAR. Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.  V. Date of Completion	
R 421	Sec. 602a Resident Agreements  (a) A written contract must be provided to the resident prior to admission and signed by the resident or surrogate, if necessary, and a representative of the ALR. The nonfinancial portions of the contract shall include the following:	R 421	September 30, 2023 and ongoing	
	Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to obtain a written agreement, for one of the 24 residents in the sample prior to admission (Resident #10).  Findings included:  On 07/03/2023 at 10:15 am, a review of Resident		2. R 421 Sec. 602.2A Resident Agreements This citation was reviewed with the survey team on 07/3 1/2023. Resident admitted on 06/03/22, resident	
	#10's clinical record revealed that the resident was admitted on 06/03/2022. The record showed that the Resident's Agreement was signed by the resident on 06/03/2022, the same day the resident moved in.  On 07/05/2023 at 2:45 pm during the exit interview, the above finding was discussed with the Executive Director, who confirmed during the interview that the resident agreement was not signed prior to the resident admission, as required.		agreement signed on 05/14/22. Citation abated per the survey team.	

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration				7 01/11/11/11/07/20	
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING	:	COMPLETED
		ALR-0006	B WING		07/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE	
CDAND	DAIZE ACCIETED I II.	5901 MAC	ARTHUR B	LVD NW	
GRAND	DAKS ASSISTED LIVIN	WASHING	TON, DC	20016	
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES ID 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 APPROPI	
				DEFICIENCY)	
R 421	Continued From page	ge 7.	R 421		
	At the time of the su	rvey, the ALR failed to ensure			
		greement was signed prior to		=	
	the resident's admis			3. R 471 Sec. 604a1 Individualize	ed
				Service Plans	_
R 471	Sec. 604a1 Individu	alized Service Plans	R 471	(a)(1) An ISP shall be developed	for
	(-)(4) A- 100 I. II			each resident prior to admission	
	prior to admission.	be developed for each resident		on interviews and record review	
	The state of the s	and record reviews, the		Assisted Living Residence (ALR) f	1
		idence (ALR) failed to develop		develop Individualized Service Pi	
		ce Plans (ISP) for all residents		(ISP) for all residents prior to adr	
		determine the service needs,		to determine the service needs,	
		dents in the sample (Residents , 14, 15, 17, 18, 19, 20, 21, and		of the 24 residents in the sample	
	23).	, 11, 10, 11, 10, 10, 20, 21, 414		(Residents #3,4,5,6,9, 10, 13, 14,	1
				18, 19,20,21, and 23).	23, 1,,
	Findings included:			10, 13,20,21, 4,14 25,	
	On 06/28/2023 throu	ugh 07/03/2023, beginning at		I. Corrective Action	
		of Residents #3, 4, 5, 6, 9, 10,		In response to residents #3, 4, 5,	6, 9,
		9, 20, 21 and 23's records dents were admitted between		10, 13, 14, 17, 18, 19, 20, 21 and	23,
		ay 2023. There was no		residents had ISPs created prior	to
		ce that the ALR's Registered		admission. Current electronic sys	
		ed Individualized Service Plans mentioned residents prior to		dates the ISP the day of move in.	ISPs
		he facility, to determine their		are created as a function of the	
	service needs.	•		assessment and completed prior	to the
	Ear avample:			admission. There is no time stam	pon
	For example:			the regulation or the ISP to clarif	y the
	On 06/30/2023 at 9:-	42 am, a review of Resident		documentation. In response to re	esident
	#3's medical record	showed that the resident was		#15, resident has been discharge	d.
		022. An ISP was initiated on			
	I I/UZIZUZO, THE SAM	e day of the admission.		II. How to Identify Other	
		on 06/28/2023 at 3:15 pm, the		The Director of Nursing, DON, or	
		ED) and the Director of Nursing		designee, will conduct an audit o	
	(DON) both confirme	ed that the KN nad		assessments for move in the last	6

Health R	Regulation & Licensing	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	E CONSTRUCTION	(X3) DATE S COM	SURVEY PLETED
		ALR-0006	B. WING		07/0	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST.	ATE, ZIP CODE		
COAND	NAVE ASSISTED I NAV	5901 MAC	ARTHUR BL	.VD NW		
GRAND	DAKS ASSISTED LIVIN	WASHING	TON, DC 2	0016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I 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	(X5) COMPLETE DATE
R 471	Continued From pag	je 8.	R 471			
	above-mentioned restated that the ALR's not allow for docume admitted and that a sto document the pre-On 07/03/2023 at 4: ISP policy dated 03/Director of Nursing (an ISP for each residuccordance with DC At the time of the suithat ISPs were developed and the Albert ISPs were developed and the Alb	P prior to admission for the sidents. Both the ED and DON is electronic record system didentation before the resident is manual form would be created ISP findings.  10 pm, a review of the ALR's 16/2021, showed that the (DON), or designee, develops dent prior to admission in Health Regulations.  Invey, the ALR failed to ensure sloped prior to admission to be needs for each resident.		months to confirm that the ISP we developed prior to admission.  III. Systemic Changes The Director of Nursing, Director Resident Services, Oasis RN Coordinator, or designee will printle blank copy of the ISP form to be completed in tandem with the in assessment. Pre-ISP will then be electronically entered into the electronic health system the day move in prior to the admission.	of nt a itial	
	surrogate, and a reprint Based on interviews Assisted Living Resident all Individualized signed by the resident representative of the sampled (Residents and 22).  Findings included:  1. On 07/03/2023 at #1's medical record similated on 06/26/202 no documented evide by the resident or a similated on a similated or a simi	pe signed by the resident, or resentative of the ALR. and record reviews, the dence (ALR) failed to ensure discribed service Plans (ISP's) were not or a surrogate and a ALR, for 11 of the 24 residents #1, 2, 5, 8, 9, 10, 12, 13, 14 15, 1:55 pm, a review of resident showed that an ISP was 22 and 06/03/2023. There was ence that the ISP's were signed	R 475	IV. Monitoring Process The Executive Director, or design conduct monthly random audits handwritten pre-ISPs for the nex days to ensure completion (and periodically thereafter). Monthly results will be reviewed during the interdisciplinary QA meeting each month.  V. Date of Completion September 30, 2023 and ongoing  4. R 475 Sec. 604a5 Individualized Service Plans (5) The ISP shall be signed by the	of t 90 y audit ne h	
	z. On oriusizuza at i	+.uu pitt, a review or resident		resident, or surrogate, and a		

	Regulation & Licensing					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION	(X3) DATE :	SURVEY IPLETED
		ALR-0006	B. WING	17-18	07/0	05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	FATE, ZIP CODE		
	0.440 4.0010	5901 MAC	ARTHUR BL			
GRAND	OAKS ASSISTED LIVIN	IG WASHING	TON, 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 APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
R 475	Continued From pag	re 9.	R 475			
	#2's medical record	showed that an ISP was				
	initiated on 01/02/20	23, 04/26/23, and 04/28/23.		representative of the ALR. Based	on	
		nented evidence that the ISP's		interviews and record reviews, the		
	were signed by the r	esident or a surrogate.		Assisted Living Residence (ALR) f		
	3. On 07/03/2023 at	12:07 pm, a review of Resident		ensure that all Individualized Ser		
	#5's medical record :	showed that an ISP was		Plans (ISP's) were signed by the r		
		22, 02/02/2023 and 06/24/23. nented evidence that the ISP's		or a surrogate and a representat		
		esident or a surrogate.		the ALR, for 11 of the 24 residen		
		•		sampled (Residents #1, 2, 5, 8, 9,	, 10, 12,	
		4:44 pm, a review of resident		13, 14, 15, and 22).		
		showed that an ISP was 22, 05/08/2022, 11/04/2022				
		re was no documented		I. Corrective Action		
	evidence that the ISF	o's were signed by the resident		In response to residents #1, 2, 5,		
	or a surrogate.			0, 12, 13, 14, and 22 ISPs have be		
	5. On 06/30/2023 at	2:28 pm, a review of Resident		signed by resident or surrogate.		
	#9's medical record s	showed that an ISP was		response to resident #15, residen	nt has	
		23 and 04/19/2023. There was		been discharged.		
	by the resident or a s	ence that the ISP's were signed				
	by the resident of a s	dirogate.		II. How to Identify Other		
		10:15 am, a review of Resident		The Director of Nursing, DON, or		
		showed that an ISP was		designee, will conduct an audit o	of all	
	no documented evide	23 and 05/23/2023. There was ence that the ISP's were signed		current ISPs for signatures.		
	by the resident or a s	urrogate,		III. Systemic Changes		
	7. On 07/03/2023 at	11:42 am, a review of resident		The Director of Nursing, Director	of	
	#12's medical record	showed that an ISP was		Resident Services, Oasis RN		
		23. There was no documented by the resident		Coordinator, or designee will brid	ng a	
	or a surrogate.	o more digited by the reside/It		printed copy of the ISP for imme	diate	
				signature to all ISP meetings.		
	8. On 07/03/2023 at 1	l:56 pm, a review of Resident spowed that an ISP was				
	initiated on 09/19/202			IV. Monitoring Process		
				The Executive Director, or design	iee, will	
				conduct monthly random audits		

Health F	Regulation & Licensing	Administration				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SI	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	PLETED
		ALR-0006	B. WING		07/0/	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AND	RESS, CITY, ST	ATE ZIP CONE		
	THE PIPELL SIT SELL TELEST		ARTHUR BL	•		
GRAND	OAKS ASSISTED LIVIN	G	TON, DC 2			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	u I	0(5)
PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
TAG	OK EGO IDE	INTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPA DEFICIENCY)	MAIE	Brite
R 475	Continued From pag	je 10.	R 475			
	documented evidend	ce that the ISP's were signed by				
	the resident or a sur			for appropriate signature the ne	xt 90	
				days to ensure completion (and		
		9:58 am, a review of resident dishowed that an ISP was		periodically thereafter). Month	ly audit	
		23. There was no documented		results will be reviewed during t	he	
		P's were signed by the resident		interdisciplinary QA meeting ead	ch	
	or a surrogate.			month.		
	40 0= 00/00/0000 =			V. Date of Completion		
	10. On 06/29/2023 at 11:49 am, a review of Resident #15's medical record showed that an ISP			September 30, 2023 and ongoin	g	
		30/2023. There was no		, ,		
	documented evidend	ce that the ISP's were signed by				
	the resident or a sur	rogate.				
	11 On 07/03/2022 o	at 12:38 pm, a review of resident				
		d showed that an ISP was				
		22 and 01/06/2023. There was				
		lence that the ISP's were signed				
	by the resident or a	surrogate.				
	On 06/30/2023 at 2::	38 pm, the above findings were				
		Director of Nursing (DON). The				
		that the ISP's were not signed			1	
		or responsible party, as				
	required.					
	On 07/03/2023 at 4:	10 pm, a review of the ALR's				
1	ISP policy dated 03/	16/2021 showed that a current				
		s ISP, signed by the resident arty is retained in the resident's				
	record.	arry is retained in the residents		F 0 404 C-+ CC-+ 11 11 11 11		
				5. R 481 Sec. 604b Individualized	<u>a</u>	
		rvey the ALR failed to ensure all		Service Plans		
	ISPs were signed by representative of the	a resident or surrogate and a		(b) The ISP shall include the serv		
	representative of the	ALN.		be provided, when and how ofte		
				services will be provided, and ho		
D 404	0		D 464	by whom all services will be prov		
K 481	Sec. 604b Individual	ized Service Plans	R 481	and accessed. Based on record r		
				and interviews, the Assisted Livi	ng	1

Health R	egulation & Licensing	Administration				
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		ALR-0006	B. WING		07/0	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
		5901 MAC	ARTHUR BL	.VD NW		
GRAND	DAKS ASSISTED LIVIN	G WASHING	TON, DC 2	0016		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLETE DATE
R 481	Continued From pag	ge 11.	R 481			
	(b) The ISP shall in	clude the services to be				
		how often the services will be		Residence (ALR) failed to update	the	
	provided, and how a	nd by whom all services will be		resident's ISP to include PT, OT a	nd	
	provided and access			Speech services to be provided,		
		lews and interviews, the		and how often the services will be		
		dence (ALR) failed to update include PT, OT and Speech		provided, and how and by whom		
		led, when and how often the		services will be provided and acc		
		ided, and how and by whom all		for 9 of 24 residents in the core		
		ided and accessed, for 9 of 24		(Residents' #4, 9, 10, 15, 17, 18,		
		sample (Residents' #4, 9, 10,		1 .	15, 20	
	15, 17, 18, 19, 20 an	ia 23).		and 23).		
	Findings included:			I. Corrective Action		
				In response to residents #4, 9, 10		
		3:34 pm, a review of Resident		17, 18, 19, 20 and 23, PT, OT and	IST	
		nowed an order on 04/14/2023		services have been added as		
	documented evidend	or dysphasia. There was no		appropriate to their respective IS	SPs.	
		n by a speech therapist. I falls on 04/10/2023,		II. How to Identify Other		- 1
1		23, 06/03/2023, 06/07/2023 and		The Director of Nursing, DON, or		
		ne a fall occurred, there was an		designee, will conduct an audit of		- 1
		d occupational therapy to		current therapy orders to ensure		1
		urther review of the records				1
		nented evidence in the ISPs to and OT services to be provided.		residents are receiving services a		- 1
		the services will be provided,		ordered. Any services omitted fr	- 1	- 1
		m all services will be provided		documentation on the ISP will be	added	- 1
	and accessed.			to the ISP addendum.		1
	2. On 06/30/2023 at 2	2:28 pm, a review of Resident		III. Systemis Changes		
- 1	#9 records showed th	ne resident had falls on		III. Systemic Changes		
	03/19/2023, 04/07/20			The Rehab Director, or designee,	Will	
		ne a fall occurred, there was an		add documentation to the ISP		
		d occupational therapy to There was no documented		addendum pages detailing discip	line	
		to include PT and OT services		and frequency of services.		
	will be provided, whe					
				IV. Monitoring Process		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALR-0006  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  GRAND OAKS ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES  ID  PROVIDER'S PLAN OF CORRECTION  (X2) MULTIPLE CONSTRUCTION A. BUILDING:  (X2) MULTIPLE CONSTRUCTION A. BUILDING:  (X2) MULTIPLE CONSTRUCTION A. BUILDING:  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) ID  PROVIDER'S PLAN OF CORRECTION (X5)	Health R	Regulation & Licensing	Administration				
ALR-0006  ALR-00	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		
MANE OF PROVIDER OR SUPPLIER  GRAND DAKS ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MIST BE RESCRED BY EUL REQUIATORY DEFICIENCY MIST BE RESCRED BY EUL REQUIATORY TAG  R 481  Continued From page 12.  Services will be provided, and how and by whom all services will be provided and accessed.  3. On 07/03/2023 at 10:15 am, a review of Resident #10 records showed the resident had falls on 10/09/2022, 03/26/2023, 05/12/2023 and 05/22/2023. Each time a fall occurred, there was no documented evidence in the ISPs to include PT and OT services to be provided, and how and by whom all services will be provided and accessed.  4. On 06/29/2023 at 11:49 am, a review of Resident #15 records showed the resident had falls on 03/05/2023, 03/14/	MID FEMI	OF GORREOTION	IDENTIFICATION NOMBER.	A. BUILDING:		551	
PREFIX TAG  PREFIX (EACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG)  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PRECEDED BY FULL REGULATORY TAG  REACH DEPICIENCY WIST BE PROVIDED BY TAG  REACH CORRECTIVE ACTORS  REACH DEPICIENCY WIST BE PROVIDED BY TAG  REACH CORRECTIVE ACTORS  REACH DEPICE ACTORS  THE EXECUTIVE DIRECTOR, OF designee, will conduct monthly random audits of ISPs for appropriate documentation of therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how offen the services will be provided, when and how offen the services to be provided, when and how offen the services will be provided and accessed.  8. On 08/29/2023 at 10:58 am, a review of Resident #17 records showed the resident had a fall on DISOPA/2023. ASTENDANT AND			ALR-0006	B. WING		07/0	05/2023
CALLED DAYS ASSISTED LIVING   CACH DEPICIENCES   CACH DEPICIENCES   CACH DEPICIENCY WIST SEPRECEDED BY FULL REGULATORY TAG   CACH DEPICIENCY WIST SEPRECEDED BY FULL REGULATORY TAG   CACH DEPICIENCY WIST SEPRECEDED BY FULL REGULATORY TAG   CACH CORRECTIVE ACTION SHOULD BE CACH DEPICIENCY WIST SEPRECEDED BY FULL REGULATORY TAG   CACH CORRECTIVE ACTION SHOULD BE CACHES WIll be provided, and how and by whom all services will be provided and accessed.  3. On 07/03/2023 at 10:15 am, a review of Resident #10 records showed the resident had falls on 10/09/2022, 03/26/2023, 05/12/2023 and 05/22/2023, Each time a fall occurred, there was no order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services to be provided, when and how often the services will be provided and accessed.  4. On 06/29/2023 at 11:49 am, a review of Resident #15 records showed the resident had falls on 03/05/2023, 03/14/2023, 03/19/2023, 03/24/2023, 03/28/2023, 03/29/2023, 03/29/2023 and 04/29/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the services will be provided, when and how often the services will be provided, when and how often the services to be provided, and how and by whom all services will be provided, when and how often the services to be provided, when and how often the services to be provided, and how and by whom all services will be provided, when and how often the services to be provided, and how and by whom all services will be provided, when and how often the services to be provided, and how and by whom all services will be provided, when and how often the services to be provided, and how and by whom all services will be provided, when and how often the services to be provided, and how and by whom all services will be provided, when and how often the services to be provided	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
WASHINGTON, DC 20018  SUMMARY STATEMENT OF DEPTICIENCIES  PREFIX (EACH DEPTICIENCY MUST BE PRECEDED BY PULL REGULATORY TAG CROSS-REFERENCE OT THE APPROPRIATE DEPTICIENCY)  R 481  Continued From page 12.  services will be provided, and how and by whom all services will be provided and accessed.  3. On 07/03/2023 at 10:15 am, a review of Resident #10 records showed the resident had falls on 10/09/2022, 03/26/2023, 05/12/2023 and 05/22/2023. Each time a fall occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services to be provided, when and how often the services will be provided and accessed.  5. On 06/29/2023 at 10:58 am, a review of Resident #17 records showed the resident had falls on 03/05/2023, 03/14/2023, 03/14/2023, 03/18/2023, 03/14/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023, 03/18/2023 at 05/58 am, a review of Resident #17 records showed the resident had a fall on 05/09/2023. After the fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services to be provided, when and how often the services will be provided, when and how often the services will be provided, when and how often the services to be provided, when and by whom all services will be provided, when and how often the services will be provided, when and how often the services will be provided, when and how often the services will be provided, when and by whom all services will be provided, when and how often the services to be provided, when and how often the services to be provided, when and how often the services to be provided and accessed.  8. On 06/29/2023 At 8.3 48 PM, a review of Resident #18 records showed the resident had a fall on	CDAND	DAVE ACCIOTED I RUL	5901 MAC	ARTHUR BL	.VD NW		
R 481  Continued From page 12.  services will be provided, and how and by whom all services will be provided and accessed.  3. On 07/03/2023 at 10:15 am, a review of Resident #10 records showed the resident had falls on 10/03/2022, 03/28/2023, 03/12/2023 and 05/22/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, and how and by whom all services will be provided and accessed.  4. On 08/29/2023, 03/14/2023, 03/14/2023, 03/24/2023, 03/28/2023, 03/2	GRAND	JAKS ASSISTED LIVIN	WASHING	TON, DC 2	0016		
services will be provided, and how and by whom all services will be provided and accessed.  3. On 07/03/2023 at 10:15 am, a review of Resident #10 records showed the resident had falls on 10/09/2022. 03/26/2023. D61/2/2023 and 05/22/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services to be provided, when and how often the services will be provided and accessed.  4. On 06/29/2023 at 11:49 am, a review of Resident #15 records showed the resident had falls on 03/05/2023, 03/29/2023, 03/29/2023, 03/29/2023 and 04/29/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the services will be provided.  5. On 06/29/2023 at 10:58 am, a review of Resident #17 records showed the resident had a fall on 05/09/2023. After the fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the services to be provided, when and how often the services will be provided, when and how often the services will be provided, when and how often the services to be provided, and how and by whom all services will be provided and accessed.  6. On 06/29/2023 at 3:48 PM, a review of Resident #18 records showed the resident had a fall on the resident had a fall on the provided and accessed.	PREFIX	(EACH DEFICIENCY MUST	FBE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
services will be provided, and how and by whom all services will be provided and accessed.  3. On 07/03/2023 at 10:15 am, a review of Resident #10 records showed the resident had falls on 10/09/2022. 03/26/2023. D61/2/2023 and 05/22/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services to be provided, when and how often the services will be provided and accessed.  4. On 06/29/2023 at 11:49 am, a review of Resident #15 records showed the resident had falls on 03/05/2023, 03/29/2023, 03/29/2023, 03/29/2023 and 04/29/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the services will be provided.  5. On 06/29/2023 at 10:58 am, a review of Resident #17 records showed the resident had a fall on 05/09/2023. After the fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the services to be provided, when and how often the services will be provided, when and how often the services will be provided, when and how often the services to be provided, and how and by whom all services will be provided and accessed.  6. On 06/29/2023 at 3:48 PM, a review of Resident #18 records showed the resident had a fall on the resident had a fall on the provided and accessed.	R 481	Continued From page	ne 12.	R 481			
order for physical and occupational		services will be proviservices will be provided.  3. On 07/03/2023 at #10 records showed 10/09/2022, 03/26/2 05/22/2023. Each tirorder for physical ar evaluate and treat. The evidence in the ISPs to be provided, when the provided and according to the provided and the provided and treat. The provided and treat and treat are provided and according to the provided an	rided, and how and by whom all rided and accessed.  10:15 am, a review of Resident I the resident had falls on 023, 05/12/2023 and me a fall occurred, there was an ind occupational therapy to There was no documented is to include PT and OT services in and how often the services will we and by whom all services will ressed.  11:49 am, a review of Resident I the resident had falls on 023, 03/19/2023, 03/24/2023, 023 and 04/29/2023. Each time is was an order for physical and in to evaluate and treat. There evidence in the ISPs to include to be provided, when and how life to be provided, and how and by life to be provided, and how and by life to include and accessed.  10:58 am, a review of Resident the resident had a fall on the fall occurred, there was an occupational therapy to there was no documented to include PT and OT services and how often the services to wand by whom all services will essed.  3:48 PM, a review of Resident the resident had a fall on a fall occurred, there was an and occupational therapy to fall occurred, there was an and by whom all services will essed.	R 481	conduct monthly random audits for appropriate documentation of therapy services for the next 90 (and periodically thereafter). Manual results will be reviewed durinterdisciplinary QA meeting each month.  V. Date of Completion	of ISPs of days onthly iring the	

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 07/05/2023 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 13. R 481 therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the services to be provided, and how and by whom all services will be provided and accessed. 7. On 06/30/2023 at 1:19 pm, a review of Resident #19 records showed the resident had a fall on 02/09/2023. After the fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was also a speech therapy order to treat and evaluate on 03/13/2023. There was no documented evidence in the ISPs to include PT and OT services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed. 8. On 06/29/2023 at 09:54 am, a review of Resident #20 records showed the resident had falls on 10/22/2022, 11/12/2022, 01/23/2023 and 05/23/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was also a speech therapy per movement clinic on 05/03/2023. There was no documented evidence in the ISPs to include speech, PT and OT services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed. 9. On 06/30/2023 at 9:20 am, a review of Resident #23 records showed the resident had falls on 09/31/2023 and 04/10/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was also a speech therapy order to treat and evaluate on 03/22/2023. There was no documented evidence in the ISPs to include speech, PT and OT services to be provided.

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 07/05/2023 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 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 14. R 481 R 481 when and how often the services will be provided, and how and by whom all services will be provided and accessed. During an interview on 07/03/2023 at 5:19 pm, the Director of Nursing acknowledged the findings. At the time of the survey, the ALR failed to update the residents ISP to include PT, OT, and Speech services to be provided, when and how often the 6. R 483 Sec. 604d Individualized services will be provided, and how and by whom the services will be provided and accessed. **Service Plans** (d) The ISP shall be reviewed 30 days after admission and at least every 6 R 483 Sec. 604d Individualized Service Plans R 483 months thereafter. The ISP shall be updated more frequently if there is a (d) The ISP shall be reviewed 30 days after significant change in the resident's admission and at least every 6 months thereafter. condition. The resident and, if The ISP shall be updated more frequently if there is a significant change in the resident's condition. necessary, the surrogate shall be invited The resident and, if necessary, the surrogate shall to participate in each reassessment. be invited to participate in each reassessment. The The review shall be conducted by an review shall be conducted by an interdisciplinary team that includes the resident's healthcare interdisciplinary team that includes the practitioner, the resident, the resident's surrogate, if resident's healthcare practitioner, the necessary, and the ALR. resident, the resident's surrogate, if necessary, and the ALR. Based on interviews and record reviews, the Based on interviews and record Assisted Living Residence (ALR) failed to ensure reviews, the Assisted Living Residence each resident's Individual Support Plan (ISP) was reviewed 30 days after admission, updated with (ALR) failed to ensure each resident's significant changes, and that the ISPs had been Individual Support Plan (ISP) was reviewed by the resident's healthcare practitioner, reviewed 30 days after admission. the resident and/or the resident's surrogate, for 20 of the 24 residents sampled (Residents #1, 2, 4, 5, updated with significant changes, and 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, that the ISPs had been reviewed by the 23 and 24). resident's healthcare practitioner, the resident resident's surrogate, for 20 of Findings included: the 24 residents sampled (Residents #1,

Health Regulation & Licensing Administration

STATE FORM

	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:  ALR-0006		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED 07/05/2023	
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R 483	Continued From pag	e 15.	R 483			
	a. On 07/03/2023 at #1's medical record admitted on 06/01/20 06/01/20/20. Althoug 07/26/2022 by the R Nurse Practitioner (Nevidence that the resparticipated in the resparticipated in the respanding of the condition of 11/25/2011/25/2022. Althoug 02/02/2023, 69 days	view.  12:07 pm, a review of Resident showed that the resident was 022 and an ISP was initiated on a review was conducted on after admission by the N), there was no documented sident or a surrogate		2, 4, 5, 7, 8, 9, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 23 and 24).  I. Corrective Action In response to residents #1, 5, 8, and 18, the ISPs have been reviewith the resident and/or their suin conjunction with their healther practitioner. In response to resident 15, resident has been discharged the community. In response to residents #2, 4, 7, 10, 11, 12, 14, 16, 17, 18, 19, 20, 23, and 24 the ISPs have been up with additional documentation reflective of falls and intervention	10, wed rrogate are lent # I from 8, 9, 21, 22, odated	
	#10's medical record admitted on 05/19/20 02/02/2023. Although 02/02/2023, 259 day and the NP who sign 06/30/2023, there was that the resident or a review.  d. On 06/29/2023 at #18's medical record admitted on 11/18/20 11/18/2022. Although 02/01/2023, 75 days	as no documented evidence surrogate participated in the 3:48 pm, a review of Resident showed that the resident was 122 and an ISP was initiated on a review was conducted on after admission by the RN, NP signed the document 123 and 06/18/2023		incorporated m their daily care of In response to resident #4. the IS been updated with current ST set In response to resident #19, the and nebulizer orders have been discontinued. In response to resident was screened four services were not indicated attime.  II. How to Identify Other The DON, or designee, will audit signatures to ensure participation the interdisciplinary team in the of the ISP 30 days after admissions.	SP has rvices. oxygen ident for ST, at the ISPs for in by review	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0006 07/05/2023 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 TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX OR LSC IDENTIFYING INFORMATION) DEFICIENCY) R 483 Continued From page 16. R 483 documented evidence that the resident or a significant change of condition and at surrogate participated in the review. least every 6 months thereafter. II. The ALR failed to review and update each resident's ISP after the resident experienced a **III. Systemic Changes** significant change, as evidenced bellow: The Director of Nursing, Director of a. On 07/03/2023 at 4:00 pm, a review of Resident Resident Services, Oasis RN #2's records showed that the resident fell on Coordinator, or designee will bring a 01/14/2023, 02/25/2023, 03/05/2023, and printed copy of the ISP for immediate 06/07/2023. A further review of the resident's records failed to show evidence that an ISP was signature to all ISP meetings to ensure updated and reviewed to reflect the resident's fall documentation of participation. with individualized service/assistance provisions to DON, DRS, Oasis RN Coordinator or prevent future falls. designee will update ISP as needed for b. On 07/03/2023 at 3:34 pm, a review of Resident significant changes in condition that #4 medical record showed an order dated affect plan of care. DON, DRS, Oasis RN 04/14/2023 for speech therapy for dysphasia. Coordinator or designee will update all Resident #4 had falls on 04/10/2023, 4/19/2023, 05/27/2023, 06/03/2023, 06/07/2023 and ISPs with falls and appropriate 06/23/2023. A further review of the resident's record interventions as needed. failed to show evidence that an ISP was updated and reviewed to reflect the resident's falls with **IV. Monitoring Process** individualized service/assistance provisions to prevent future falls or any interventions regarding The Executive Director, or designee. will dysphasia. conduct monthly random audits of ISPs for the next 90 days (and periodically c. On 06/30/2023 at 9:40 am, a review of Resident thereafter) for appropriate signatures #7's records showed that the resident fell on 05/17/2023 and 05/31/2023. A further review of the and updates related to any significant resident's record failed to show evidence that an changes in condition to ensure ISP was updated and reviewed to reflect the completion and documentation of resident's fall with individualized service/assistance provisions to prevent future falls. participation, interventions and therapy services. Monthly audit results will be d. On 07/03/2023 at 4:44 pm, a review of Resident reviewed during the interdisciplinary #8's records showed that the resident fell on QA meeting each month. 06/10/26/2023, 05/29/2023, 05/19/2023, V. Date of Completion

Health Regulation & Licensing Administration

September 30, 2023 and ongoing

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 07/05/2023 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 PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 483 Continued From page 17. R 483 04/24/2023, 04/23/2023, 04/22/2023, 03/17/2023, 02/02/2023, 01/23/2023, 11/08/2022, 11/03/2022, 10/16/2022, 10/14/2022, 10/14/2022, 10/11/2022, and 09/26/2022 for a total of 16 falls. A further review of the resident's record showed that the falls were listed on the ISP form dated 05/03/2023, however there was no documented evidence that the ALR reviewed the ISP with the resident or the resident's surrogate. e. On 06/30/2023 at 2:28 pm, a review of Resident #9's records showed the resident had falls on 03/19/2023, 04/07/2023, 4/14/2023 and 06/29/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls. f. On 07/03/2023 at 10:15 am, a review of Resident #10's records showed the resident had falls on 10/09/2022, 03/26/2023, 05/12/2023 and 05/22/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls. g. On 06/30/2023 at 1:35 pm, a review of Resident #11's records showed that the resident fell on 01/21/2023, 02/26/2023, 04/11/2023, 04/18/2023 and 05/26/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls. h. On 07/03/2023 at 11:42 am, a review of Resident #12's records showed that the resident

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. WNG ALR-0006 07/05/2023 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 (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 483 Continued From page 18. R 483 fell on 02/01/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls. i. On 06/29/2023 at 9:58 am, a review of Resident #14's records showed that the resident fell on 01/03/2023, 03/03/2023, 03/20/2023, 04/09/2023 and 05/07/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with service/assistance provisions to prevent future falls. j. On 06/29/2023 at 11:49 am, a review of Resident #15 records showed the resident had falls on 03/05/2023, 03/14/2023, 03/19/2023, 03/24/2023, 03/28/2023, 03/29/2023 and 04/29/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls. k. On 06/30/2023 at 2:30 pm, a review of Resident #16's records showed that the resident fell on 01/26/2023 and 12/19/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with service/assistance provisions to prevent future falls. I. On 06/29/2023 at 10:58 am, a review of Resident #17 records showed the resident had a fall on 05/09/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the

Health Regulation & Licensing Administration STATE FORM

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE	SURVEY MPLETED
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	resident's fall with in- provisions to preven	dividualized service/assistance t future falls.				
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	prevent future falls.  o. On 06/29/2023 at discharge summary of Resident's 19 had a mebulizer treatment for the record to show reviewed or updated  p. On 06/29/2023 at 0#20 records showed 10/22/2022, 11/12/2005/23/2023. There was dated 05/03/2023 ma Further review of the show evidence that a reviewed to reflect the individualized service	09:54 am, a review of Resident the resident had falls on 22, 01/23/2023 and as also a speech therapy order de by the movement clinic. resident's record failed to n ISP was updated and				

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speech therapy.					
#21's records showe 02/21/2023, 03/13/20 06/16/2023. A furthe failed to show evider and reviewed to refleindividualized service prevent future falls.  r. On 07/03/2023 at #22's records showe 06/08/2023, 05/10/20	ed that the resident fell on 023, 05/03/2023 and review of the resident's record nee that an ISP was updated ect the resident's fall with elassistance provisions to 12:38 pm, a review of Resident of that the resident fell on 023, 02/11/2023 and				
failed to show evider and reviewed to refle	nce that an ISP was updated ect the resident's fall with				
#23 records showed 09/31/2023 and 04/1 speech therapy orde 03/22/2023. A further failed to show eviden and reviewed to refle individualized services	the resident had falls on 0/2023. There was also a r to treat and evaluate on r review of the resident's record ace that an ISP was updated act the resident's fall with e/assistance provisions to				
#24's records shower 04/10/2023 and 10/2 resident's record faile ISP was updated and resident's fall with ind	d that the resident fell on 7/2022. A further review of the ed to show evidence that an I reviewed to reflect the fividualized service/assistance				
	ROVIDER OR SUPPLIER  DAKS ASSISTED LIVIN  SUMMARY ST/ (EACH DEFICIENCY MUST OR LSC IDE  Continued From pag speech therapy.  q. On 06/29/2023 at #21's records showe 02/21/2023, 03/13/206/16/2023. A further failed to show evider and reviewed to reflet individualized service prevent future falls.  r. On 07/03/2023 at #22's records showe 06/08/2023, 05/10/2008/24/2022. A further failed to show evider and reviewed to reflet individualized service/assistance prevent future falls on speech therapy orde 03/22/2023. A further failed to show evider and reviewed to reflet individualized service prevent future falls on speech therapist.  t. On 06/30/2023 at 1#24's records showed 04/10/2023 and 10/2 resident's record failed ISP was updated and resident's fall with increase of the service of the	ALR-0006  ROVIDER OR SUPPLIER  STREET ADD  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 20.  speech therapy.  q. On 06/29/2023 at 12:18 pm, a review of Resident #21's records showed that the resident fell on 02/21/2023, 03/13/2023, 05/03/2023 and 06/16/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.  r. On 07/03/2023 at 12:38 pm, a review of Resident #22's records showed that the resident fell on 06/08/2023, 05/10/2023, 02/11/2023 and 08/24/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident fell on 06/08/2023, 05/10/2023, 02/11/2023 and 08/24/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with service/assistance provisions to prevent future falls.  s. On 06/30/2023 at 9:20 am, a review of Resident #23 records showed the resident had falls on 09/31/2023 and 04/10/2023. There was also a speech therapy order to treat and evaluate on 03/22/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls or interventions made by the	TOP DEFICIENCIES OF CORRECTION  (X1) PROVIDER/SUPPLIER/CATION NUMBER.  ALR-0006  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, ST S901 MACARTHUR BL WASHINGTON, DC 2  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 20.  speech therapy.  q. On 06/29/2023 at 12:18 pm, a review of Resident #21's records showed that the resident fell on 02/21/2023, 03/13/2023, 05/03/2023 and 06/16/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident fell on 06/08/2023, 05/10/2023, 02/11/2023 and 08/24/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.  7. On 07/03/2023 at 12:38 pm, a review of Resident #22's records showed that the resident fell on 06/08/2023, 05/10/2023, 02/11/2023 and 08/24/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with service/assistance provisions to prevent future falls.  s. On 06/30/2023 at 9:20 am, a review of Resident #23 records showed the resident had falls on 09/31/2023 and 04/10/2023. There was also a speech therapy order to treat and evaluate on 03/22/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls or interventions made by the speech therapist.  t. On 06/30/2023 at 12:30 pm, a review of Resident #24's records showed that the resident fell on 04/10/2023 and 10/27/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the	TO DEPICIENCIES PECORRECTION  (X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER.  ALR-0006  ALR-0006  ALR-0006  BUNNG  ALR-0006  ALR-0006  ALR-0006  BUNNG  COMMITTIEL CONSTRUCTION  ALR-0006  BUNNG  SUMMARY STATEMENT OF DEFICIENCIES SOOT MACARTHUR BLVD NW WASHINGTON, DC 20016  CEACH DEFICIENCY MAST BE PRECEDED BY FILL REGULATORY ON LSC IDENTIFIEND ME FORMATION)  CONTINUED FOR DEPICIENCY ON LSC IDENTIFIEND ME FORMATION  CONTINUED FOR DEPICIENCY ON LSC IDENTIFIED ME FORMATION  CONTINUED FOR DEPICE ON LSC IDENTIFIED ME FORMATION  CONTINUED FOR THE FORMATION  CONTINUED FORMATION  CONTINUED FOR THE FORMATION  CONTINUED FOR THE FORMATION  CONTINUED FORMATION  CON	TOP DEPICIENCIES PE CORRECTION  ALR-0006  ALR-0006  ALR-0006  SUMMARY STATEMENT OF DEPICIENCIES  SUMMARY STATEMENT OF DEPICIENCIES  SUMMARY STATEMENT OF DEPICIENCIES  SUMMARY STATEMENT OF DEPICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)  COntinued From page 20.  Speech therapy.  Q. On 06/29/2023 at 12:18 pm, a review of Resident #21's records showed that the resident fell on 02/21/2023, 03/13/2023, 05/03/2023 and 07/10/2023 and 10/203, 02/11/2023 and 08/24/2022. A further review of the resident fell on 06/08/2023, 05/10/2023, 02/11/2023 and 09/34/2023, A further review of the resident stall with individualized service/assistance provisions to prevent future falls.  S. On 06/30/2023 at 9:20 am, a review of Resident #22's records showed that the resident fall with service/assistance provisions to prevent future falls.  S. On 06/30/2023 at 9:20 am, a review of Resident #23's records showed the resident's fall with service/assistance provisions to prevent future falls.  S. On 06/30/2023 at 9:20 am, a review of Resident #23's records showed the resident's fall with individualized service/assistance provisions to prevent future falls on 09/31/2023 and 04/10/2023. There was also a speech therapy order to treat and evaluate on 03/31/2023 and 04/10/2023. There was also a speech therapy order to treat and evaluate on 03/22/2023. A further review of the resident's record falled to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls or interventions made by the speech therapy order to treat and evaluate on 03/22/2023. A further review of the resident's record falled to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls or interventions made by the speech therapy order to resident's record falled to show evidence that an ISP was updated and reviewed to reflect the resi

Health R	<u>legulation &amp; Licensino</u>	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		ALR-0006	B. WING		07/05/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE ZIP CODE		
1411112 01 1	10 1,0 2,1 011 001 , 21211		ARTHUR BL			
GRAND (	GRAND OAKS ASSISTED LIVING WASHI					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORR		BE COMPLETE	
R 483	Continued From pag	e 21.	R 483			
	During an interview on 07/03/2023 at 3:28 pm, the Director of Nursing acknowledged the above findings.  At the time of the survey, the ISPs lacked documented evidence that they were reviewed either 30 days after admission and/or updated to address significant changes and that the ISPs had been reviewed by the resident's healthcare practitioner, the resident and/or the resident's surrogate.					
				7. R 705 Sec. 802b Medical, Rehabilitation, Psychosocial Ass (b) The ALR shall maintain reside information obtained from a	nt	
R 705	Assess.  (b) The ALR shall mobtained from a stan approved by the may include a description physical condition andefining care needs,	gnitive status, if so, indicated	R 705	standardized physician's statemed approved by the mayor. The information shall include a descript of the applicant's current physical condition and medical status related to defining care needs, and the applicant's psychological and constatus, if so, indicated during the medical assessment.	ription al evant gnitive	
	Assisted Living Resident's Intern Admission/Annual Maproperly completed winformation's, for six	and record reviews, the dence (ALR) failed to ensure mediate Care Facilities Division edical Certification form was with all the required of the 24 residents in the 3, 8, 12, 15, 16 and 22).		Based on interviews, and record reviews, the Assisted Living Resid (ALR) failed to ensure each resid Intermediate Care Facilities Divis Admission/Annual Medical Certiform was properly completed with a required information for six	dence ent's sion fication ith all	
:	Findings included:			the required information, for six 24 residents in the sample (Resid		
				#3, 8, 12, 15, 16 and 22).  I. Corrective Action In response to residents #3, 8, 12 and 22, the physician's statemer been updated by the medical direction.	nts have	

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration				·		
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETEU
	;	ALR-0006	B. WNG		07/05/2023	
		Finit www			0110	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
CDAND (	DAKS ASSISTED LIVIN	5901 MAC	ARTHUR BL	VD NW		
GIOTID	JARO AGGIOTED EIVIN	WASHING	TON, DC 20	0016		
(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) COMPLETE DATE
R 705	Continued From pag	ge 22.	R 705			
	1. On 06/30/2023 a	at 9:40 am, a review of Resident				
	#3's Intermediate Ca	are Facilities Division		In response to resident #15, resident	dent	
		ledical Certification form dated		has been discharged from the		
		the physician did not document		community.	- 1	
		r needed a prostate specific		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1	
	Antigen (PSA).			II. How to Identify Other	1	
	2 On 07/03/2023 s	at 4:44 pm, a review of Resident		-	ict an	
		are Facilities Division		The DON, or designee, will condu	- 1	
		ledical Certification form dated		audit of all physician assessment	- 1	
		the physician did not document		for completion on all residents w		
		ny hearing or dental issues. The		have moved in since June 1, 202	2.	
		to document the resident's				
	current medications	on the form.		III. Systemic Changes		
	3. On 07/03/2023 a	it 11:42 am, a review of		The Director of Nursing, Director	of	
		mediate Care Facilities Division		Resident Services, Oasis RN		
		ledical Certification form dated		Coordinator, or designee will rev	iew all	
		the physician did not document		physician assessment forms prio	- 1	
	if the resident had or	needed a PSA or dentures.				
	4 On 06/20/2022 a	at 11:49 am, a review of		admission for completion. The W		
		mediate Care Facilities Division		Nurse, or designee will provide a		
		edical Certification form dated		secondary double check all phys		
		the physician did not document		assessment forms for completio	n.	
	if the resident's temp	erature or respiration.				
	E 0-00/00/000			IV. Monitoring Process		
		t 2:30 pm, a review of Resident are Facilities Division		The Executive Director, or design	nee, will	
		edical Certification form dated		conduct monthly random audits	- 1	
		no documented the reason for		physician assessment forms for		
1		resident had or needed a		completion for the next 90 days	(and	
	mammogram or Papanicolaou (pap) test. The physician also failed to document if the resident needed to be screened for dementia or document the resident's tuberculosis status.			periodically thereafter). Monthl		
				results will be reviewed during t		
				——————————————————————————————————————		
	IOUMORICO CONDICT			interdisciplinary QA meeting each	JI	
				month.		
				V. Date of Completion		
				September 30, 2023 and ongoin	g	

	Regulation & Licensin				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	, ,	DATE SURVEY COMPLETED
			A. BUILDING	:	COMPLETED
		ALR-0006	B. WING	7074	07/05/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE	
CRAND	OAKS ASSISTED LINE	5004 HAO	ARTHUR B		
GRAND	OAKS ASSISTED LIVI	NG WASHING	TON, DC	20016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
				DEFICIENCY)	
R 705	Continued From pa	ge 23.	R 705		
	6 On 07/03/2023	at 13:38 pm, a review of			
	Resident #22's Inter	rmediate Care Facilities Division			
	Admission/Annual N	Medical Certification form dated			
	06/07/2022 showed	no documented evidence that			
	the physician docum	nented if the resident takes any			
	failed to document	edications. The physician also f the resident had or needed a			
		nicolaou (pap) test, PSA, or			
	colonoscopy.	modiada (pap) test, FSA, O			
	During an interview	on 07/03/2023 at 5:25 pm, the			
	Executive Director (	ED) and Employee #1		8. R 800 Sec. 903 On-Site Review	
	acknowledged the a	bove-mentioned deficiencies.		The ALR shall arrange for an on-site	
	At the time of the su	rvey the facility failed to ensure		review by a registered nurse every 4	15
	each residents' Inter	rmediate Care Facilities Division		days to:	
	Admission/Annual N	Medical Certification forms were		Based on interviews, and record	
	properly completed	with all the required information.		reviews, the Assisted Living Residen	60
				(ALR) failed to ensure the Registered	
B 800	Subheading On-Site	Paulau	D 000	Nurse (RN) conducted a review of ea	
17 000	Submeading On-Site	Review	R 800	resident's medication regimen every	/
	Sec. 903. On-site re	eview.		45-days to include changes in the	
1				medication regimen, for six of the 24	4
1	The ALR shall arrai	nge for an on-site review by a		residents in the sample (Residents #	1,
	registered nurse eve			4, 6, 9, 10 and 13).	
	Based on interviews	, and record reviews, the			
		dence (ALR) failed to ensure e (RN) conducted a review of		I. Corrective Action	
	each resident's medi	ication regimen every 45-days		In response to residents #1, 4, 6, 9, 1	10
	to include changes in	n the medication regimen, for		and 13, 45-day medication reviews h	
- 1	six of the 24 resident	ts in the sample (Residents #1,		been completed. In response to	
	4, 6, 9, 10 and 13).			residents #4, 6, 9, 10, and 13, a 45-d	av
	Findings included:			medication review has been comple	'
	i manga madada.	1		using the updated form created duri	
1	1. On 07/03/2023 at	1:55 pm, a review of Resident			- 1
	#1's clinical record sl	howed the nurse reviewed the		the survey process which captures the	те
	resident's medication	regimen on		appropriate information.	

Health Regulation & Licensing Administration

Health R	equiation & Licensing	Administration				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NORMEN,	A. BUILDING:			
			D WANG			
		ALR-0006	B, WING		07/0	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
GRAND (	DAKS ASSISTED LIVIN	IG	ARTHUR BL			
		WASHING	TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO!  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROP!  DEFICIENCY)	BE	(X5) COMPLETE DATE
R 800			R 800			
		ident was admitted June 1, There were no other medication		II. How to Identify Other		
	review forms availab			The DON, Wellness Nurse, or de	signee	
	0 0- 07/03/0000 -4	2.24in of Decident		will audit all resident charts to e		
		3:34 pm, a review of Resident howed a 45-day review		45-day medication review has be	een	
	medication for 04/17	7/2023. The document indicated		completed using the updated fo	rm.	
		hanges to the resident's				
	medication regimen. However, the review of a physician's order sheet dated 04/10/2023 showed			III. Systemic Changes		
		ily for 2 days for UTI was added		The community clinical team up		
	to the resident's regimen and Depakote was decreased to 250 mg by mouth 3 times a day.			the 45-day medication form the		
	GCC1CE36G (0 200 III	g by mouth 5 times a day.		evening of the survey to capture		
		3 at 11:15 am, a review of Resident		appropriate information. The DC		
		howed a 45-day review /2023. The document indicated		Wellness Administrative Assistan		
		hanges to the resident's		designee will create a monthly c to track all 45-day medication re		
		However, the review of a		to ensure completion.	:AICA52	
	that one of the resid	eet dated 03/02/2023 showed		to ensure completion.		
	cholestyramine was			IV. Monitoring Process		
	4 0- 00/00/0000 -4	0.00		The Executive Director, or design	nee. will	
		2:28 pm, a review of Resident howed a 45-day review		conduct monthly random audits		
1		/2023 and 05/29/2023. The		day medication reviews for com		
		that there were no changes to		for the next 90 days (and period		
		ation regimen. However, the n's order sheet (POS) dated		thereafter). Monthly audit resu		
	03/17/2023 showed	that the resident was started on		be reviewed during the interdisc	ciplinary	
		daily 17g/80 g, Preservision		QA meeting each month.		
		in the morning and 1 softgel in B-12 1,000 mcg daily, Vitamin				
	D 1,000 internationa	l units daily. A POS dated		V. Date of Completion		
		the resident was started on		September 30, 2023 and ongoin	g	
		250 mg capsule by mouth four s. Another POS dated				
	05/09/2023 showed	the resident was started on				
	Myrbetriq 50					

Health R	egulation & Licensing	Administration			1 01111	
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		CON	MPLETED
]						
		ALR-0006	B. WING	· · · · · · · · · · · · · · · · · · ·	07/	05/2023
NAME OF D	ROVIDER OR SUPPLIER	OTDEET ADD	DC00 AID/ 07	TTC ZID SODE		
I NAME OF P	NOVIDER OR SUFFLIER			ATE, ZIP CODE		
GRAND (	DAKS ASSISTED LIVIN	G	ARTHUR BI TON, DC 2			
	CUMMANUST					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	OR LSC IDE	NTIFYING INFORMATION)	TAG	" "		DATE
				DEI IOIENO()		
R 800	Continued From pag	je 25.	R 800			
	ma tablat 1 tablat bu					
	frequency of urination	mouth every day for increased				
	irequeries or uninauc					
	5. On 07/03/2023 at	10:15 am, a review of Resident				
	#10's clinical record	showed a 45-day medication	Ŋ.			
		2 and 06/03/2023. The				
		that there were no changes to				
		ation regimen. However, the n's order sheet dated				
		that Lasix 20 mg by mouth daily	ķ.			
		a was ordered. A POS on				
		an order for Ketotifen				1
		0.035% 2 gtts both eyes twice				
		S dated 05/09/2023 showed continued from the resident's				
		order, while Tobrasone eye				
		eye twice daily for 7 days was				
	added.					
	0.0.0710010000					
	6. On 07/03/2023 at	1:56 pm, a review of Resident				
		showed a 45-day review /2023 and 05/29/2023. The				
		that there were no changes to				
	the resident's medica	ation regimen. However, the				
	review of a physician	r's order dated 04/24/2023				
		s medication order for Senna				
		Intinued and changed to Senna				
		n Monday, Wednesday, and 04/18/2023 showed the				
	residents previous M				9	
	discontinued and sta	rted on a new dose of				
		y day. Another POS dated				
	Gabapentin order.	a change in the resident's				
	ocoapenan order.					
	It should be noted that	at Residents 2, 3, 5, 7, 8, 11,				
	12, 14, 15, 16, 17, 18	3, 19, 20, 21, 22, 24 and 24 had				
	similar issues with the	e 45-day medication review.				
		1				
		1				

Health R	Regulation & Licensing	Administration	,			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		ALR-0006	8, WING		07/05/2023	
NAME OF P	RÖVIDER OR SUPPLIER	STREET ADD	RESS CITY ST	ATE, ZIP CODE		
		5901 MAC	ARTHUR BL	·		
GRAND	DAKS ASSISTED LIVIN	G	TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETE DATE
R 800	Continued From pag	e 26.	R 800			
	Director of Nursing a Administrator acknown resident's drug regime 45-day medication rewould be modified to the medication change.  At the time of the surresidents' medication	vey, the ALR failed to ensure n regimen were reviewed every nanges in the resident's		9. R 833 Sec. 905b2 Medication Administration	dont	
R 833	Sec. 905h2 Medicati	on Administration	R 833	(2) Drugs prescribed for one resi shall not be administered to ano		
	Sec. 905b2 Medication Administration.  (2) Drugs prescribed for one resident shall not be administered to another resident.  Based on record review and interview, the Assisted Living Residence (ALR) failed to ensure that prescribed medications were administered appropriately, for two of the 128 residents in the ALR (Residents #23 and 30).		N 000	resident. Based on record review interview, the Assisted Living Research (ALR) failed to ensure that presomedications were administered appropriately, for two of the 128 residents in the ALR (Residents # 30).	v and sidence ribed	
	incident reports show Residents #23 and 30 documented that two (Hydrochlorothiazide 1000 mcg tablet) wer Resident #23. The sa (Hydrochlorothiazide 1000 mcg tablet) wer #30's medical records birth, the doctor's nan further review of the i	10 pm, a review of the facility's red medication errors for 10. The incident report medications 25 mg tablet and Vitamin B-12 e ordered on 03/25/2023 for time medications orders for 25 mg tablet and Vitamin B-12 e also observed in Resident is with Resident #23's date of the, and room number. A incident report showed that the discrepancy on 05/01/2023.		I. Corrective Action In response to residents #23 and medication error:  • Meeting held with Pharm Team on 06/13/23 to remedication errors, dupling errors involving same nate review medication transt and updates in Main Frastystem, Matrix Care and Assist. Pharmacy complemed-cart audits in both neighborhoods.	macy view cates, ime to cription me	

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING ALR-0006 07/05/2023 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 (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST HE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 833 R 833 Continued From page 27. and notified the facility's nursing station. Duplicate medications and old I. Starting at 3:20 pm, a review of Resident #23's treatments discontinued. Physician Orders Sheet (POS) and Medication Resident pharmacy reviews are Administration Records (MAR)s showed the following: ongoing and sent to physicians for review/response. a). At 3:20 pm, a record review of Resident #23's POS of 03/24/2023 showed an order for Staff re-educated on proper Hydrochlorothiazide 25 mg by mouth every day for medication administration Hypertension and Vitamin B-12 1000 mcg tablet process. everyday by mouth for Supplement. DON, DRS, and Oasis RN b). At 3:25 pm. a review of Resident #23's MAR completed medication showed that the resident received observations on LPN staff. Hydrochlorothiazide 25 mg by mouth once a day at 9:00 am for 3 days starting on 03/25/2023 with a Nursing blood pressure of 166/70, 03/26/2023 with a blood Staff in-serviced to monitor pressure of 146/69, 03/27/2023 with a blood eMAR/TAR during daily pressure of 142/65. medication administration and c). At 3:35 pm, a review of Resident #23 physician email nurse leadership team order dated 03/27/2023 showed an order to discontinue Hydrochlorothiazide. with errors to be corrected daily by NP/MD. d). At 3:40 pm, a review of Resident #23's MAR Nightly auditing of all new showed that starting on 03/25/2023, Resident #23 received Vitamin B 12 1,000 mcg once daily by physician orders for prior 24 mouth and was discontinued on 04/20/2023. The hours. MAR also showed that the resident also received an additional (Cvanocobalamin) Vitamin B 12 1.000 In response to resident #23, mcg once a day at 9:00 am for 22 days, making it resident received Vitamin B-12 two times the prescribed dose. This medication was as ordered. started on 03/29/2023 and was discontinued on 04/21/2023. In response to resident #30 medication error, e). At 3:45 pm, a continued review of Resident #23's medical records showed a new POS dated hydrochlorothiazide 25 mg po Q 05/03/2023 for Hydrochlorothiazide 25 mg to be Day was discontinued on administered by mouth every day, and to check 5/1/2023 and Vitamin B-12

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_ B. WING **ALR-0006** 07/05/2023 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 DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 833 R 833 Continued From page 28. vital signs two times daily for 2 weeks. 1000 mcg po was discontinued f). At 3:55 pm, a review of Resident #23's May 2023 on 5/2/2023. MD/NP/RP MAR failed to show any documented evidence that notified of error and labs the resident received Hydrochlorothiazide 25 mg by mouth every day for Hypertension, as ordered for drawn. the month of May. The record also failed to show evidence that vital signs were checked twice daily II. How to Identify Other for 2 weeks, as ordered. The Wellness Nurses, Nurse Supervisors and/or designees will complete a II. Starting at 4:00 pm, a review of Resident #30's Physician Orders Sheet (POS)s and Medication community wide POS review. Administration Records (MAR)s showed the following: III. Systemic Changes The Wellness Nurse, Nurse Supervisor a). At 4:00 pm, a record review of Resident #30's POS dated 03/24/2023 showed an order for or designee will complete a 24-hour Hydrochlorothiazide 25 mg by mouth every day for chart check inclusive of verification of Hypertension and Vitamin B-12 1000 mcg tablet correct order entry through comparison everyday by mouth for supplement. of paper order and electronic order in b). At 4:05 pm, a review of Resident #30's medical eMAR. records showed an order dated 05/01/2023 to discontinue Hydrochlorothiazide and a second order IV. Monitoring Process dated 05/02/2023 to discontinue Vitamin B-12 1000 The Director of Nursing, or designee, mcg every day by mouth for supplement. will conduct monthly random audits of c). At 4:15 pm, a review of Resident #30's MAR new medication orders for accuracy in showed that Resident #30 received Resident #23's the eMAR for the next 90 days (and Cyanocobalamin (Vitamin B 12) 1,000 mcg, 1 tablet by mouth once daily for Vitamin B 12 deficiency for periodically thereafter). Monthly audit 35 days starting on 03/27/2023 at 9:00 pm until it results will be reviewed during the was discontinued on 05/01/2023. The MAR also interdisciplinary QA meeting each showed that Resident #30 received Resident #23's Hydrochlorothiazide tablet 25 mg, 1 tablet by mouth month. once daily at 9:00 pm for Hypertension for 34 days starting on 03/27/2023 until it was discontinued on V. Date of Completion September 30, 2023 and ongoing

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE	SURVEY IPLETED
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R 833	Continued From pag	je 29.	R 833			
	04/30/2023. No bloo the MAR.	d pressure reading noted on				
:	LITE INICIA.					
	During an interview	on 07/03/2023 at 5:15 pm, the				
	Resident #30 receive	#1, both confirmed that ed Resident #23's				
	Hydrochlorothiazide	tablet 25 mg for 34 days and				
	that resident #23 onl	y received the for 3 days in March, The DON				
	Hydrochlorothiazide for 3 days in March. The DON said that a name alert has been put in the electronic					
	system for both resid	dents. The DON also				
	diagnosis of Hyperte	Resident #30 did not have a nsion, and that Resident #23				
	received double the	dose prescribed for Vitamin B				
	12 for 22 days. The I	DON said that she will file an DON further acknowledged that				
	the May MAR did not	t contain any documented				
	evidence that Reside	ent #23 was taking as ordered but that she will				ľ
1	check the electronic	system to see if the medication				
	was administered.					
	At the time of the sur	vey, the ALR failed to ensure				f
	that residents receive	ed medication as prescribed.				
				•		

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0006 07/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW **GRAND OAKS ASSISTED LIVING** WASHINGTON, DC 20016 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R 000 R 000 Initial Comments 0000 Initial Comments An annual licensure survey was conducted on Grand Oaks is filing this response for 06/28/2023, 06/29/2023, 06/30/2023, 07/03/2023, Rlease start typing your responses here: and 07/05/2023 to determine compliance with the compliance with requests of DC Assisted Living Residence (ALR) regulations, Title 22-B DCMR (Public Health and Medicine) Chapter Health in receipt of the survey report 101, and Assisted Living Law DC ST 44-101.01. related to the survey conducted June The resident census was 128, and 145 personnel 28 -July 5, 2023. This response is not were employed by the ALR to include professional, an admission of liability or statement para-professional, and administrative staff. A sample of core 24 residents and an additional five of agreement with respect to issues residents were added to the sample due to identified in discussions with the concerns regarding incident reporting. Also, a total agency but is submitted to demonstrate of 15 employee records were reviewed. regulatory compliance. The findings of the survey were based on observations throughout the facility, including a 10. R 154 Sec. 10113.5 Individual medication administration pass, clinical and Service Plans administrative record reviews, and resident, family, 10113.5A "post move-in" assessment and staff interviews. required by§ 604 of the Act (D.C. Official Code§ 44-106.04) shall be conducted by or on behalf of the ALR R 154 R 154 10113.5 Individualized Service Plans (ISPs) within seventy-two (72) hours of a 10113.5 A "post move-in" assessment required by § resident's admission. Based on 604 of the Act (D.C. Official Code § 44-106.04) shall interviews and record reviews, the be conducted by or on behalf of the ALR within Assisted Living Residence (ALR) failed to seventy-two (72) hours of a resident's admission. ensure the Registered Nurse (RN) performed a "post move-in" Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure assessment within 72 hours of the Registered Nurse (RN) performed a "post admission, for 21 of the 24 residents in move-in" assessment within 72 hours of admission. the sample (Residents #1, 2, 3, 4, 5, 6, 7, for 21 of the 24 residents in the sample (Residents 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, #1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22 and 23). 21, 22 and 23). Findings included:

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Health R	Health Regulation & Licensing Administration						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		ALR-0006	B. WING		07/0!	5/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE ZIP CODE			
		5904 MAC	ARTHUR BL				
GRAND	DAKS ASSISTED LIVIN	G	TON, DC 2				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY   PREFIX (EACH CORRECTIVE ACTION SHOULD BE		BE	(X6) COMPLETE DATE	
R 154	Continued From pag	e 1.	R 154				
	11:00 am, a review of 9, 10, 11, 12, 13, 14, 23's records showed admitted between Juwas no documented assessed the resider admission to the ALF For example:  On 07/03/2023 at 1:5 #1's records showed on 06/01/2022. There that the ALR's RN as hours of admission.  During an interview of Director of Nursing (I records showed no e assessed by the RN of their admission.  At the time of the sur the RN performed a "within seventy-two (7 required by § 604 of the seconds showed to the seconds and the RN performed a "within seventy-two (7 required by § 604 of the seconds showed to the seconds and the RN performed a "within seventy-two (7 required by § 604 of the seconds and the RN performed a "within seventy-two (7 required by § 604 of the seconds and	igh 07/03/2023, beginning at of Residents #1, 2, 3, 4, 5, 6, 7, 15, 16, 18, 19, 20, 21, 22 and that the residents were ane of 2022 to May 2023. There evidence that the ALR's RN into within 72 hours of their R.  65 pm, a review of Resident that the resident was admitted a was no documented evidence is essed the resident within 72 and 06/29/2023 at 3:10 pm, the DON) confirmed that the vidence that the residents were within seventy-two (72) hours every, the ALR failed to ensure post move-in" assessment 2) hours of admission, as the Act (D.C. Official Code §		I. Corrective Action In response to resident's# 1, 20, 23, post move in assessments we completed in tandem with the remove-in ISP via the MatrixCare in system within 72 hours. In response ident's # 2, 3, 4, 5, 6, 7, 9, 10, 13, 14, 16, 18, 19 and 22 post meassessments were completed in with the resident move-in but now within the 72-hour timeframe. In response to resident # 15, reside been discharged.  II. How to Identify Other The DON, RSD, or designee will a new move-ins for the last 6 monensure that they have a post moassessment with their move-in IS	ere esident ner onse to 11, 12, ove-in tandem ot n ent has		
R 330	44-106.04).  10122.1 On Site Medication Review		R 330	The DON, RSD, Oasis RN, or design will print the evaluation that corresponds to the post move-in assessment during survey process.			
	10122.1 The on-s registered nurse that forty-five (45) days, p (D.C. Official Code §	site medication review by a is arranged to occur every ursuant to § 903 of the Act 44-109.03), shall include		ensure understanding and documentation of the assessment process.			
- 1	documentation of any medication profile, inc any medications that	changes to the resident's cluding changes in dosing and have been added or		IV. Monitoring Process The ED, or designee, will conduct monthly random audits of move			

Health Regulation & Licensing Administration

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		DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			ALR-0006	B. WNG		07/05/2023	
NAM	E OF PROV	IDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
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R	330 Cc	ontinued From pag	e 2.	R 330			
	dis Ba As the earto six 4, Fir 1. #1' res res The ava 2. (#4' me that me phy Bac to t dec 3. (#6's meethat meethat cho 4. (**Company that the choice of the	scontinued. Ised on interviews sisted Living Resisted Living Resister Living Resister Programmer Pr	and record reviews, the dence (ALR) failed to ensure e (RN) conducted a review of cation regimen every 45-days in the medication regimen, for its in the sample (Residents #1, 1:55 pm, a review of Resident nowed the nurse reviewed the regimen on 06/30/2023. The document indicated anges to the resident's However, the review of a et dated 04/10/2023 showed by for 2 days for UTI was added nen and Depakote was by mouth 3 times a day.  1:15 am, a review of Resident nowed a 45-day review 2023. The document indicated anges to the resident's However, the review of a et dated 04/10/2023 showed by for 2 days for UTI was added nen and Depakote was by mouth 3 times a day.  1:15 am, a review of Resident nowed a 45-day review 2023. The document indicated anges to the resident's However, the review of a et dated 03/02/2023 showed int's medication, liscontinued.	R 330	to ensure there is a correspondir assessment for the next 90 days periodically thereafter). Monthly results will be reviewed during the interdisciplinary QA meeting each month.  V. Date of Completion September 30, 2023 and ongoing  11. R 330 Sec. 10122.1 On Site Medication Review The on-site medication review by registered nurse that is arranged occur every forty-five (45) days, pursuant to§ 903 of the Act (O.C. Official Code§ 44-109.03), shall in documentation of any changes to resident's medication profile, includently medication in decord reviews, the Assisted Living Resid (ALR) failed to ensure the Registe Nurse (RN) conducted a review of resident's medication regimen even 45-days to Include changes in the medication regimen, for six of the residents in the sample (Resident)	a a to aclude the uding ations nued. ence red feach ery	
	#9's	clinical record sh	owed a 45-day		4, 6, 9, 10 and 13).  I. Corrective Action	э п <i>±</i> ,	

FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WNG ALR-0006 07/05/2023 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 DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX OR LSC (DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 330 Continued From page 3. R 330 review medication for 04/17/2023 and 05/29/2023. In response to resident's # 1, 4, 6, 9, 10 The document indicated that there were no changes to the resident's medication regimen. However, the and 13, 45-day medication reviews have review of a physician's order sheet (POS) dated been completed using the new form 03/17/2023 showed that the resident was started on created during the survey process. Senna daily, Miralax daily 17g/80 g, Preservision AREDS 2; 1 softgel in the morning and 1 softgel in the evening, Vitamin B-12 1,000 mcg daily, Vitamin II. How to Identify Other D 1,000 international units daily. A POS dated The DON, Wellness Nurse, or designee 03/31/2023 showed the resident was started on will audit all resident charts to ensure a Cephalexin (keflex) 250 mg capsule by mouth four 45-day medication review has been times daily for 7 days. Another POS dated 05/09/2023 showed the resident was started on completed using the updated form. Myrbetriq 50 mg tablet 1 tablet by mouth every day for increased frequency of urination. III. Systemic Changes The community clinical team updated 5. On 07/03/2023 at 10:15 am, a review of Resident #10's clinical record showed a 45-day medication the 45-day medication form the first review for 11/18/2022 and 06/03/2023. The evening of the survey to capture the document indicated that there were no changes to appropriate information. The DON, the resident's medication regimen. However, the review of a physician's order sheet dated Wellness Administrative Assistant, or 11/01/2022 showed that Lasix 20 mg by mouth daily designee will create a monthly calendar for 1 week for Edema was ordered. A POS on to track all 45-day medication reviews 05/05/2023 showed an order for Ketotifen to ensure completion. Ophthalmic Solution 0.035% 2 gtts both eves twice daily x 5 days. A POS dated 05/09/2023 showed Vitamin D 3 was discontinued from the resident's **IV. Monitoring Process** medication regimen order, while Tobrasone eye The Executive Director, or designee, will drops 2 drops in left eye twice daily for 7 days was added. conduct monthly random audits of 45day medication reviews for completion 6. On 07/03/2023 at 1:56 pm, a review of Resident for the next 90 days (and periodically #13's clinical record showed a 45-day review thereafter). Monthly audit results will medication for 04/20/2023 and 05/29/2023. The document indicated that there were no changes to be reviewed during the interdisciplinary the resident's medication regimen. However, the QA meeting each month. review of a physician's order dated 04/24/2023

showed the resident's

V. Date of Completion

September 30, 2023 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 07/05/2023	
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R 330	OAKS ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		R 330				