	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(90.11.0.5				
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER ALR-0002		(X2) MULTI	TE SURVEY				
		A BUILDING	G				
		B WING		08/05/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADD				DDRESS CITY STATE, ZIP CODE			
		2402 144	STERN AVE				
LISNER	LOUISE DICKSON HUR	I HOME	GTON, DC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	D BE COMPLETE		
	An annual licensure survey was conducted on 08/03/2022, 08/04/2022, and 08/05/2022, to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 8 residents and employed 10 personnel, to include professional and administrative staff. A total of 8 resident records and 10 employee records were reviewed. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, and resident, family, and staff interviews. R 981 Sec. 1004a General Building Interior (a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and interviews, the Assisted Living Residence (ALR) failed to ensure the kitchen ceiling was maintained free of heavy scaling paint in			Scaling paint - kitchen walk-in refrigerator storage area 1. Immediate Response: Maintenance scraped all scaling paint from the kitchen walk-in refrigerator storage area. 2. Risk Identification: Maintenance checked all other kitcher ceiling areas for any scaling paint. 3. Systemic Changes: Maintenance & dietary staff in-service as to the necessity of inspecting the ceilings and reporting and fixing any			
	located. Findings included:	*		scaling paint. 4. Monitoring:			
	On 08/03/2022, beginning at 11:48 AM, the Director of Maintenance and the food service manager accompanied the surveyors to conduct observations in the kitchen. Observations of the ceiling in the area where the walk-in refrigerator was located showed a large area of heavy scaling paint. Interview with the Director of Maintenance during			The Facility Manager will conduct monthly audits to ensure that kitchen ceilings are free of scaling paint and report the findings at the quarterly QA meetings.	8/31/22		

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

STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0002		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		08/05/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADD			DORESS, CITY, STATE, ZIP CODE			
SNER	LOUISE DICKSON HUR		STERN AVENU			
		WASHING	STON, DC 200	15		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE DATE		
R 000	Initial Comments	185	R 000			-
	0000 Initial Comments					
	08/03/2022, 08/04/20 determine compliance (DC Official Code § 4 Living Residence Residence Residents and Expensional Living Residents and Expensional Living Residents and Expensional Living Resident Re	survey was conducted on 022, and 08/05/2022, to e with the Assisted Living Law 14-101.01 et seq) and Assisted gulations, Title 22-B DCMR edicine) Chapter 101. The dence (ALR) provided care for oyed 10 personnel, to include hinistrative staff. A total of 8 10 employee records were as of the survey were based on ut the facility, clinical and review, and resident, family,				
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Hea LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Healt	n Regulation & Licensin	g Admi. ation		1 1	FORM	APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/ IDENTIFI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING:			(X3) DATE SURVEY COMPLETED	
		ALR-0002			08/05/2022		
NAME O	F PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	00/05/2022			
LISNE	R LOUISE DICKSON HUF	=	TERN AVENU				
		WASHING	TON, DC 200				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) RE	(X5) COMPLETE DATE	
R 98	the walk-through revicaused by a flood or located above the kit renovation of the are sometime after 10/01. On 08/05/2022 at 2:5 Maintenance superviduring a follow-up was Observation of the cerefrigeration was located that as much owas removed, however the scaling paint must renovation. Through interview with (CEO) at 3:05 PM, it was usual significant when a broken sprink the upper floor. The Cleadership was engage affected areas of the bury.	ealed that the scaling paint was a the second floor, which was othen. He further stated that a a was scheduled to commence 1/2022. 22 PM, the Director of sor accompanied the surveyors alk-thru of the kitchen. Filling of the area where the sted showed the scaling paint the maintenance supervisor of the scaling paint as possible er any further work to address to be postponed until the scaling paint the Chief Executive Officer was confirmed that the building water damage in July 2020 for pipe, caused flooding on EO stated that the facility's ed in plans to renovate the building.	R 981				

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