Health R	Regulation & Licensing	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ALR-0042	B. WING		10/2	20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		
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R 000	Initial Comments		R 000			
18.	Health (DOH), Healt Administration (HLR Division (State Surve Coordinator, receive Executive Director (I Residence (ALR) inc	08 PM, the Department of the Regulation and Licensing A), Intermediate Care Facilities ey Agency) Complaint at a telephone call from the ED) of the Assisted Living dicated that Resident #1 was at seen in the facility on		Please start typing your response	s here:	
	Agency (SSA) initiate 10/18/2023 at 9:30 a with the ALR Regula 44-101.01" and Title Medicine) Chapter 1 investigative findings professional staff and	e of the call, the State Survey ed an on-site investigation on am, to determine compliance atory Act of 2000, "DC Code § 22-B DCMR (Public Health and 01 attendant regulations. The swere based on interviews with d management staff, and a tive records, including facility d policies.				
		ation obtained during the owing was determined:				
	to the Administrator a promptly followed by hours or the next bus to implement its police	port the missing person timely and the State Agency (DOH) written notification within 24 siness day. The ALR staff failed cies on Unusual Incident Resident, and Alcohol Use.				
R 390	(b)(1) An ALR, emplo person who believes subjected to abuse, r	Neglect, and Exploitation. Dyee of an ALR, or other that a resident has been neglect, or exploitation shall also neglect or exploitation.	R 390			

STATE FORM

Health Regulation & Licens LABORATORY DIRECTOR'S

Executive Director

12/19/2023

(X6) DATE

R REPRESENTATIVE'S SIGNATURE

Health F	Regulation & Licensing	Administration				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMF	SURVEY PLETED
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R 390	immediately to the a shall take appropriat The ALR shall reporneglect, or exploitating Mayor and the Adult administered by the of the Department of Based on interview a Assisted Living Resin Director of incidents residents; promptly residents; promptly residents; promptly residents from within two business day for all in affects the residents the sample (Resident 11, 12, 13, 14, 15, 16). Findings included: On 10/19/2023 beging the facility's incident complaints, fall report following: 1. A review of incident complaints, fall report following: 1. A review of incident complaints, fall report following: 1. A review of incident the facility prior to the survey showed the survey s	e action to protect the resident. any allegation of abuse, on brought to its attention to the Protective Services Program, Family Services Administration Human Development. and record reviews, the dence (ALR) failed to notify the that substantially affects the notifies the Department of ephone and follow up by written enty-four hours or the next incidents that substantially for 23 of the 22 residents in its #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 6, 17, 18, 19, 20, 21 and 22). Ining at 11:00 am, the review of reports which included its, and elopement showed the ents that were self-reported by a complaints/investigative bellowing incidents for Resident 10:20 am, an interview was d Living Administrator (ALA), eveyors that Resident #1 was on 10/12/2023. When asked if a reported to DOH, she replied, at approximately 5:00 pm." dent report submitted to DOH	R 390	1. Corrective Action to Examined incident reporting occurrences, addressed miss situations, and discussed the staff, ensuring updates align characteristics of our facility 2. Measures Implement not recur We have created a checklist to based on the incident report providing additional training when to make reports. We have implemented a new midnight daily census check resident's presence in the fact timely notification to the AL in case of a missing resident 3. QA Program Action compliance with corrective range of all incident report heir required reporting will monthly reporting which is in monthly QA review. 4. Date Completed 12/19/2023	g for unusing resider alcohol greated to ensemble ted to ensemble ted to ensemble ted to ensemble to ensemble to ensemble to Monitor energy to ensemble to ensembl	sual ent policy with needs and s. sure it does y staff y and are , what, and or the s ensures the DON ency. or

PRINTED: 11/14/2023 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 390 Continued From page 2 R 390 resident was last seen in the facility on 10/12/2023. Per the report, the Metropolitan Police was called, and a missing person report was completed. Also, a thorough search of the building was conducted and a few of the local hospitals were called. The DOH was notified of the incident on 10/12/2023 via the DOH on-line incident report form. b). The review of an incident report dated 06/12/2023 at 10:58 pm, showed Resident #1 had a purple area and hematoma on the left side of his face, and on top of his scalp. Per the report, the resident stated he fell on the sidewalk earlier that day. Emergency Medical Services (EMS) was called, but he refused to go to the local emergency room. An ice pack and Tylenol were given. The report showed that DOH was notified of the incident on 06/30/2023 (18 days later) via the DOH on-line incident report form. c). The review of an incident report dated 07/30/2023, showed that the resident reported that he fell while walking outside. The resident sustained a laceration and was sent to the emergency room. The report showed that the DOH was notified of the incident on 08/09/2023 (10 days later) via DOH on-line incident report form. 2. The review of self-reported incidents by the facility prior to the investigation survey showed the following for Resident #2:

The staff attempted to lift the

a). A review of an incident report dated 05/30/2023 at 3:55 pm, showed Resident #2 was found lying on the floor in her closet with two pillows under her head. When asked, the resident said she was looking for something to wear and lost her balance.

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-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 390 Continued From page 3 R 390 resident but was unable, and so the Emergency Medical Service (EMS) was called, but the resident refused to go the local hospital. The report showed that DOH was notified of the incident on 06/30/2023 (30 days later) via DOH on-line incident report form. b). A review of an incident report dated 06/05/2023 at 6:30 pm, showed Resident #2 was observed lying on the floor in her bathroom on her left shoulder. with vomit like food contents in her mouth. The resident was assessed, EMS was called, and the resident was transferred to a local hospital. The report showed that DOH was notified of the incident on 06/30/2023 (25 days later) via DOH on-line incident report form. c). The review of an incident report dated 06/07/2023 at 5:02 PM, showed Resident #2 was found lying on the floor under the couch, screaming and complaining of pain all over her body. EMS was called and the resident was taken to a local hospital. The report showed that DOH was notified of the incident on 06/30/2023 (23 days later) via DOH on-line incident report form. d). The review of an incident report dated 06/20/2023 at 9:33 pm, showed Resident #2 was noted with discoloration on her left breast and upper inner arm area. The resident reported that she spilled coffee on her body at 3:00 am. EMS was called, and the Resident was transferred to a local emergency room. The report showed that DOH was notified of the incident on 06/30/2023 (10 days later) via DOH on-line incident report form. e). The review of an incident report dated 09/09/2023 at 10:30 am, showed Resident #2 was heard screaming for help, and was found

Health Regulation & Licensing Administration

Health R	Regulation & Licensing	Administration			FORM	APPROVED
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R 390	Continued From page 4		R 390			
	sitting on the floor in happened, the reside caught on the wheel her buttocks. The re to go to the hospital. noted, and the reside floor to her recliner. DOH was notified of days later) at 11:49 a report form. f). The review of an incomplaining on the floor by happened, the reside up and slid to the floor esident denied pain assisted by three stanotified of the incided days later) via DOH g). The review of an incomplaining of pain inc	wher room. When asked what ent stated that her jacket got of her walker and she fell on sident denied injury and refused. On assessment, no injury was ent required assistance from the The report showed that the the incident on 09/12/2023 (3 am via DOH on-line incident incident report dated am, showed that during ration, Resident #2 was found wher recliner. When asked what ent said she was trying to get or. Upon assessment, the or discomfort, and was aff to her recliner. The DOH was not on 09/06/2023 at 8:41 am (2 on-line incident report dated pm, showed Resident #2 was ng in a prone position under the was yelling, screaming, and under her neck and entire body. The pain level at 10/10. Staff put eck for comfort, and called int was taken to the local cotified of the incident on the incidents by the inceported incidents by the invey revealed the following for				

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 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 OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 390 Continued From page 5 R 390 06/14/2023 at 7:35 pm, showed Resident #3 fell outside in the courtyard. The Staff went out and found the resident lying on her right should. When asked the resident said she lost her balance. The resident was assessed by staff and a cut was noted on her finger, and a bandage was applied. The report showed that DOH was notified of the incident on 06/30/2023 (16 days later) via DOH on-line incident report form. b). The review of an incident report dated 06/22/2023, showed that Resident #3 reported that she fell and had pain in her lower back, and a head-to-toe assessment was done. The DOH was notified of the incident on 06/30/2023 (8 days later) at 10:56 pm via DOH on-line incident report form. c). The review of an incident report dated 07/10/2023 at 7:00 pm, showed that Resident #3 was inebriated on Georgia Avenue. The residents indicated that she tripped and fell, hurting her knees. The DC Fire Department arrived, and EMS was called, and the resident was transported to the local hospital, and was kept overnight. The resident was discharged around 10:45 am the next morning with a diagnosis of alcohol intoxication with delirium and acute cystitis without hematuria. A further review of the incident report indicated that a care plan meeting was scheduled for 07/12/2023. However, there was no documentation provided. The report showed that the DOH was notified of the incident on 07/12/2023 via DOH on-line incident report form. d). The review of an incident report dated 09/12/2023, showed Resident #3 was found outside the ALR building in a sitting position on the ground and appeared intoxicated. Per the

Health R	Regulation & Licensing	Administration					
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R 390	report, the resident seresident was then as an assessment was that DOH was notified (34 days later) via Del. The review of an 08/17/2023, showed walking and holding resident was intoxical was assisted from the assessment was conthe DOH was notified (11 days later) via Del. The review of an incident on 07/25/2023, showed on the ground outsider report, the resident was lacohol. The resident was report, the resident was report showed the incident on 08/09/20 on-line incident report (4). The review of sefacility prior to the surincidents for Resider a). The review of an 07/06/2023 at 8:15 positting on the edge of the nurse performed	stated that she did not fall. The sisted back to her room where completed. The report showed and of the incident on 10/16/2023 OH on-line incident report form. incident report dated the resident "was falling while the rails on the first floor." The ated but said she was ok and are floor to her room where an impleted. The report showed that dof the incident on 08/28/2023 OH on-line incident report form. Incident report dated the resident was found sitting le, next to the bench. Per the was intoxicated and smelled of the was unable to walk and was lichair and taken to her room. The the DOH was notified of the 23 (15 days later) via DOH incident report dated in the DOH was notified of the complete incidents by the incident report dated in the stated that Resident #4 was find the bed and slid to the floor. It is a range of motion exercises did the resident was able to	R 390				

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-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 7 R 390 R 390 07/25/2023, showed that the resident was observed on the floor. Per the report the resident fell on the floor and landed on her right side. When asked, the resident stated, "I tried to change my pull-up, felt dizzy and fell." The resident was assisted back in bed and was administered Tylenol for pain. c). The review of an incident report dated 07/25/2023, showed that the resident was observed on the floor. When asked the resident stated that she slid from the chair. The resident was assisted back to the bed where an assessment was completed. (5). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #5. a). An incident report dated 07/11/2023 at 11:16 am, showed that Resident #5 had blood on his right temple due to an unwitnessed fall in his bedroom. When asked the resident said he lost his balance when coming from the bathroom. The resident was assessed by the licensed practical nurse (LPN) and EMS was called; however, he refused to go to the local hospital. The report showed that DOH was notified of the incident on 08/09/2023 (29 days later) via DOH on-line incident report form. b). An incident report dated 06/28/2023 (no time indicated), showed that the LPN received a report that Resident #5 was not feeling well. Per the LPN's report, the resident said, "I am very weak", and had slurred speech. The LPN completed a head-to-toe assessment and noted that the residents blood sugar was low (55). The LPN attempted to give the resident orange juice to boost his sugar levels; however, the resident

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incidents for Resident #6.

scheduled facility. However, he was

a). An incident report dated 07/14/2023 at 3:58 pm showed Resident #6 is diagnosed with End Stage Renal Disease and required dialysis three times per week. It was further noted that he had not received dialysis services since 06/30/2023 at his regularly

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-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 390 R 390 Continued From page 9 seen in the emergency room frequently where he received dialysis. There was no evidence that DOH had been notified. b). An incident report dated 08/22/2023, showed Resident #6 called 911 for shortness of breath, stating he could not breathe. An assessment was completed, and EMS was called, and the resident was transported to the local hospital. The DOH was notified of the incident on 08/28/2023 (6 days later) via DOH on-line incident report form. (7). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #7. a). An incident report dated 02/07/2023 at 9:38 am, showed Resident #7 informed staff that his body was sore from falling twice the previous day. EMS was called, but the resident refused to go to the emergency room. Per the incident report the DOH was notified on 06/30/2023 at 7:48 pm (more than four (4) months after the incident). b). An incident report dated 06/24/2023 at 6:18 pm, stated that the LPN found the Resident #7 in his room sitting in a chair leaning forward. The resident stated he felt weak and wanted to go back to bed. An assessment was completed, and his vital signs were found to be "very low." EMS was called and the resident was taken to a local hospital for evaluation. c). An incident report dated 03/04/2023 at 3:19 pm. showed staff went to Resident #7's room, and he said he felt dizzy and fell in the bathroom. The resident further indicated that he was able to get himself up by holding and leaning on his cane. The DOH was notified of the incidents on 06/30/2023 (more than three months after the

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	incident) via DOH or	a-line incident report	form					
	mondone, the Bott of	Time moracine report						
	(8). The review of inc	cidents self-reported	by the					
	facility prior to the su				ľ.			
	incidents for Resider	•	9					
	An incident report da	ated 06/28/2023 at 1	1:18 pm,					
	showed the LPN fou	nd the resident on th	e floor					
	lying in a supine pos	ition. Per the report,	the					
	resident stated, "I trij							
	fell to the floor". A he	ead-to-toe assessme	nt was					
	initiated with no appa	arent injury noted. Th	ne resident					
	was assisted back to	her bed by two staf	f members.					
	The DOH was notified	ed of the incident on	06/30/2023					
	(2 days later) via DO	H on-line incident re	port form.					
	(9). The review of inc							
	facility prior to the su		llowing					
	incidents for Resider	nt #9.						
	-> A - 1 - 1 - 1 - 1							
	a). An incident report							
	showed Resident #9							
	floor with blood on he							
	asked the resident sa bed and fell to the flo							
	and able to move all							
	discomfort.	evirennines miniont c	any pani of					
	b). An incident report	t dated 03/28/2023 a	t 11·00					
	pm, showed Resider							
	and the resident was							
	asked the resident sa							
	and fell to the floor.							
	checked, and her oxy							
	was called, and oxyg							
- 1	level still remained lo							
	to a local hospital. Th							
	incident reporting on							
	months after the incid							
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incidents for Resident #12.

a). According to an incident report dated

08/25/2023, Resident #12 was heard yelling and screaming. When the staff entered the resident's bedroom, the resident was found on the floor lying on her right side. When asked the resident

Health R	egulation & Licensing	Administration			FORM	APPROVED
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R 390	transfer to the wheethe incident on 08/26 incident report form. b). An incident report that Resident #12 was upright next to her was reported that she slid self-transfer to her was isted to the wheethe completed. The DOF 08/21/2023 (over 33 incident report form. (13). The review of infacility prior to the suincidents for Resident and Per an incident ream, Resident #13 was foot in a painful man said she was trying the feeling sleepy and the floor and landed on the notified of the incident via DOH on-line incident wia DOH on-line incident was and the resident was The DOH was notified and the resident was The DOH was notified of the selection of the pain level and the resident was The DOH was notified to the was notified to the model of the pain level and the resident was The DOH was notified to the was notified and the resident was The DOH was notified to the was notified to the was notified and the resident was The DOH was notified to the was notified to the was notified and the resident was The DOH was notified to the was not the was not the was not the was not the wa	down to the floor while trying to lichair. The DOH was notified of 8/2023 (3 days) via DOH on-line of the dated 07/18/2023, showed as observed sitting on the floor wheelchair. The resident of the floor while trying to wheelchair. The resident was elchair and an assessment was of was notified of the incident on days later) via DOH on-line on the following of the	R 390			

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-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 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 OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 390 Continued From page 13 R 390 (14). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #14. An incident report dated 03/05/2023 at 11:57 am. showed Resident #14 fell in the bathroom and hit his head. When asked, the resident said that after taking a shower he slipped and fell, hitting his head on the wall, the resident was assessed from head to toe; there were no bumps or injury found to his head, range of motion was performed to all extremities and were within normal limits. Resident denied any pain or discomfort. EMS was called and the resident was taken to the hospital for a scan of the head. The DOH was notified of the incident on 06/30/2023 (over 3 months later) via DOH on-line incident report form. (15). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #15. a). An incident report dated 02/24/2023 at 4:02 pm, showed Resident #15 had her morning breakfast in the dining room at 8:00 am and returned to her room at 8:45 am. The resident was noted with bruises and swelling on her face but denied any pain or discomfort at that time. An ice pack was applied for swelling and bruising. b). An incident report dated 05/15/2023 at 7:50 pm, showed Resident #15 was found in her room sitting in an upright position on the floor near the bathroom door. The resident was unresponsive but was breathing and a pulse was present. The LPN did a head-to-toe assessment and no apparent injury noted, skin intact, no bruises, no redness, and no hematoma. Two staff members assisted the resident in a chair. EMS was called

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-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 390 Continued From page 14 R 390 and the resident was taken to a local hospital. The DOH was notified of the incident on 06/30/2023 (46 days later) via DOH on-line incident report form. (16). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #16. a). An incident report dated 01/19/2023 at 6:49 pm. revealed that Resident #17 left (eloped) from the facility and was returned (no date of the incident was indicated on the incident report). b). An incident report dated 01/29/2023 at 4:43 pm states Staff observed Resident #16 fall to the floor. landed on his left side and rolled over to his back. The Staff assisted the resident into a sitting position. The LPN completed a head-to-toe assessment. The resident complained of pain in his left arm. The EMS was called, and the resident was transported to a local hospital. The DOH was notified of the incident on 06/30/2023 (6 months later) via DOH on-line incident report form. 17. The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #17. a). An incident report dated 08/07/2023 at 9:30 am, showed Resident #17 was observed in her bathroom sitting on the floor with feces "everywhere". When asked what happened, the resident said she slid from the toilet to the floor. Upon assessment, no fall related injury was noted. The residents was cleaned and made comfortable. The DOH was notified on 08/09/2023.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
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R 390	Continued From pag	ge 15	R 390			
	h) An incident renor	t dated 09/06/2023 at 5:03 pm,				
		7 was found on the floor in her				
		ne position. When asked the				
		lid from the wheelchair to the				
		assessment was completed no bruises, no complaint of				
		id she denied hitting her head.				
		assisted in transferring the				
		elchair. DOH was notified on				
		on-line incident reporting				
	system.					
	c). An incident repor	t dated 09/30/2023 at 9:05 PM,				
		7 was found sitting upright on				
		d. A head-to-toe assessment				
		ne LPN, and swelling was noted eck. She complained of pain.				
		ng or bruises noted. EMS was				
		ent was taken to the local				
	emergency room. Do	OH was notified on 10/03/2023				
	via tile on-inie nicide	ant reporting system.				
		t dated 10/15/2023 at 3:15 pm,				
		eived a report that Resident				
		l weakness, confusion and nk. The LPN found the resident				
		ner bed. The resident informed				
		weak. An order was given to				
		the emergency room due to a				
		atus and weakness. EMS was				
		ent was transferred to a local				
		vas notified of the incident on OOH on-line incident report				
	form.	. C G. III III III III III III III III I				
		ncidents self-reported by the				
	incidents for Resider	rvey revealed the following				
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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING ALR-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 390 Continued From page 16 R 390 An incident report dated 08/19/2023, showed that the resident reported that she lost her balance and fell while trying to open the door. The resident was assisted to bed and a complete assessment was done. The DOH was notified of the incident on 08/28/2023 (9 days later) via DOH on-line incident report form. (19). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #19. An incident report dated 07/28/2023, showed the resident reported that he was feeling dizzy. After an assessment was completed, EMS was called, and the resident was transported to the hospital. The DOH was notified of the incident on 08/09/2023 (12 days later) via DOH on-line incident report form. (20). The review of an incident report dated 10/13/2023, showed that Resident #20 was taken to the emergency room and admitted for suicidal thoughts. The DOH was notified of the incident on 10/16/2023 (3 days later) via the DOH on-line incident report form. 21. The review of an incident report dated 10/13/2023, showed that Resident #21 complained of "cramping pain all over his body, headache and polyuria." An assessment was completed and showed elevated blood sugars, thirty minutes later the levels remained elevated. EMS was called and the resident was taken to the emergency room for high blood sugar and keystones. DOH was notified of the incident on 10/16/2023 via DOH on-line incident report form. 22. The review of an incident report dated 07/10/2023 at 9:00 am, showed the Trained

Health Regulation & Licensing Administration						IAPPROVED
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R 390	Continued From pag	ge 17	R 390			
K 390	Medication Employer Resident #22 had shis vitals. The reside emergency room, bus hortness of breath outside to the patio. resident was taken the DOH was notified of 10:57 am, via DOH of 10:57 am, vi	ee (TME) observed that hortness of breath while taking ent initially refused to go to the ut later agreed to go when the persisted the resident walked. The EMS was called, and the to the emergency room. The f the incident on 07/11/2023 at on-line incident report form. 0:20 am, the Executive Director garding their process, and ting incidents to the DOH. The incidents that interfere with the eafety should be reported to the cafety should be reported to the policy, dated 07/10/2023 g instruction: The DOH of any unusual antially affect a resident. Or their designee will contact the inpuly and shall follow-up with a dia email within 24 hours or the carvey, the ALR failed to promptly elephone of all incidents that dia resident, followed by written	K 390			
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED		
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ABRAM	HALL AL OPCO, DBA A	ABRAM ASSITED		N DRIVE, WA TON, DC 20	SHINGTON, DC20012 0012		
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R 000	Initial Comments			R 000			
	0000 Initial Commer On 10/17/2023 at 5:0 Health (DOH), Health Administration (HLR. Division (State Surve Coordinator, receive Executive Director (EResidence (ALR) incomissing, and was last 10/12/2023.	08 PM, the Department Regulation and Lick A), Intermediate Carey Agency) Complaired a telephone call from ED) of the Assisted Ledicating that Resident steen in the facility	ensing e Facilities of t om the iving t #1 was		Please start typing your response	s here:	
	Based on the nature of the call, the State Survey Agency (SSA) initiated an on-site investigation on 10/18/2023 at 9:30 am, to determine compliance with the ALR Regulatory Act of 2000, "DC Code § 44-101.01" and Title 22-B DCMR (Public Health and Medicine) Chapter 101 attendant regulations. The investigative findings were based on interviews with professional staff and management staff, and a review of administrative records, including facility incidents reports and policies.						
	Based on the information investigation, the following						
	The ALR failed to rep to the Administrator a promptly followed by hours or the next bus to implement its polic Reporting, Missing R	and the State Agenc written notification was ness day. The ALR cies on Unusual Incid	y (DOH) vithin 24 staff failed lent				
R 383	10125.4a Reporting (Complaints To The D	Director	R 383			
	unusual incident that	shall notify the Direct substantially affects ns of unusual incider	a				
ealth Regula	tion & Licensing Administra	tion					

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Health Regulation & Licensing Administration

OD PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

Executive Director

12/19/2023

(X6) DATE

Health F	<u>requiation & Licensing</u>	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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R 383	be made by contacting phone promptly, and notification to the sail hours or the next bus Based on interviews Assisted Living Residents; promptly residents; promptly realth (DOH) by telenotification within two business day for all in affects the residents, the sample (Resident 11, 12, 13, 14, 15, 16). Findings included: On 10/19/2023 beging the facility's incident complaints, fall report following: 1. A review of incident the facility prior to the survey showed the facility prior to the facility prior to the survey showed the facility prior to the survey showed the facility prior to the facility prior t	ng the Department of Health by shall be followed up by written ne within twenty-four (24)	R 383		e accomfor unusing residently lith the residents of to ensure facility and a con how, implement acility. The and/or or emergo Monito easures, is and the includer of the control of the co	ual nt olicy with needs and are it does staff based re what, and ented a new is to verify This ensures DON in gency. or e status of ed in the
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Health R	regulation & Licensing	Administration						
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R 383	Continued From pag	je 2		R 383				
	hospitals were called	cted and a few of the lod. d. The DOH was notifing the DOH on-ling the DOH on-line the DOH on	ied of the					
	06/12/2023 at 10:58 purple area and hem face, and on top of h resident stated he fe day. Emergency Mec called, but he refuser room. An ice pack ar report showed that D	incident report dated pm, showed Resident natoma on the left sidents scalp. Per the report on the sidewalk early dical Services (EMS) and to go to the local emond Tylenol were given DOH was notified of the lays later) via the DOH	e of his ort, the lier that was nergency i. The lie incident					
	he fell while walking a laceration and was The report showed the	that the resident repo outside. The resident s sent to the emergend hat the DOH was notif 23 (10 days later) via	sustained cy room. fied of the					
		-reported incidents by vestigation survey sho nt #2:						
	at 3:55 pm, showed If the floor in her closet head. When asked, the looking for something The staff attempted to unable, and so the En (EMS) was called, but	cident report dated 05/ Resident #2 was found t with two pillows under the resident said she want g to wear and lost her to lift the resident but want mergency Medical Se to the resident refused the port showed that DOF	d lying on er her was balance. was ervice					

Health R	Regulation & Licensing	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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R 383	incident on 06/30/20 on-line incident reports on the floor in her bawith vomit like food oresident was assess resident was transfer report showed that Don 06/30/2023 (25 doincident report form. c). The review of an 06/07/2023 at 5:02 Found lying on the floand complaining of particular complaining complaining of particular complaining	23 (30 days later) via DOH rt form. cident report dated 06/05/2023 Resident #2 was observed lying athroom on her left shoulder, contents in her mouth. The ed, EMS was called, and the rred to a local hospital. The DOH was notified of the incident ays later) via DOH on-line incident report dated PM, showed Resident #2 was not under the couch, screaming pain all over her body. EMS was not was taken to a local hospital. The DOH was notified of the 23 (23 days later) via DOH rt form. incident report dated m, showed Resident #2 was ion on her left breast and upper resident reported that she body at 3:00 am. EMS was lent was transferred to a local e report showed that DOH was not on 06/30/2023 (10 days later) ident report form. incident report dated am, showed Resident #2 was help, and was found sitting on When asked what happened, at her jacket got caught on the and she fell on her buttocks.	R 383			
	The resident denied i	rijury and				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
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R 383	Continued From pag	je 4	R 383			
R 303	refused to go to the injury was noted, an assistance from the showed that the DOI 09/12/2023 (3 days on-line incident report). The review of an incident report of the fooresident denied pain assisted by three stanotified of the incident days later) via DOH g). The review of an 16/07/2023 at 10:20 found on the floor lyicouch. The resident complaining of pain in the resident rated that pillow under her need the pain assisted by three stanotified of the incident complaining of pain in the resident rated that pillow under her need the p	hospital. On assessment, no d the resident required floor to her recliner. The report H was notified of the incident on later) at 11:49 am via DOH rt form. Incident report dated am, showed that during ration, Resident #2 was found wher recliner. When asked what ent said she was trying to get or. Upon assessment, the or discomfort, and was aff to her recliner. The DOH was not on 09/06/2023 at 8:41 am (2 on-line incident report form. Incident report dated pm, showed Resident #2 was ng in a prone position under the was yelling, screaming, and under her neck and entire body he pain level at 10/10. Staff put eck for comfort, and called not was taken to the local otified of the incident on m (23 days later) via DOH rt form. Freported incidents by the rivey revealed the following for				

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-0042 B. WING 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 383 Continued From page 5 R 383 resident was assessed by staff and a cut was noted on her finger, and a bandage was applied. The report showed that DOH was notified of the incident on 06/30/2023 (16 days later) via DOH on-line incident report form. b). The review of an incident report dated 06/22/2023, showed that Resident #3 reported that she fell and had pain in her lower back, and a head-to-toe assessment was done. The DOH was notified of the incident on 06/30/2023 (8 days later) at 10:56 pm via DOH on-line incident report form. c). The review of an incident report dated 07/10/2023 at 7:00 pm, showed that Resident #3 was inebriated on Georgia Avenue. The residents indicated that she tripped and fell, hurting her knees. The DC Fire Department arrived, and EMS was called, and the resident was transported to the local hospital, and was kept overnight. The resident was discharged around 10:45 am the next morning with a diagnosis of alcohol intoxication with delirium and acute cystitis without hematuria. A further review of the incident report indicated that a care plan meeting was scheduled for 07/12/2023. However, there was no documentation provided. The report showed that the DOH was notified of the incident on 07/12/2023 via DOH on-line incident report form. d). The review of an incident report dated 09/12/2023, showed Resident #3 was found outside the ALR building in a sitting position on the ground and appeared intoxicated. Per the report, the resident stated that she did not fall. The resident was then assisted back to her room where an assessment was completed. The report showed that DOH was notified of the incident on

Health F	Regulation & Licensing	Administration						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUM			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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R 383	Continued From pag	je 6		R 383				
	10/16/2023 (34 days report form.	later) via DOH on-line	incident					
	08/17/2023, showed walking and holding resident was intoxica was assisted from the assessment was conthe DOH was notified (11 days later) via Dof. The review of an intoxication of the ground outside report, the resident walcohol. The resident wassisted into a wheel the report showed the serious intoxication of the serious and the s	the resident was found e, next to the bench. P was intoxicated and sme t was unable to walk ar lchair and taken to her nat the DOH was notified 23 (15 days later) via D	or." The ok and ere an owed that 28/2023 ort form. I sitting er the elled of and was room.					
		If-reported incidents by rvey revealed the follow t #4:						
	sitting on the edge of The nurse performed	incident report dated m, stated that Residen f the bed and slid to the I a range of motion exe d the resident was able	floor. rcises					
	on the floor. Per the r	that the resident was o report the resident fell o her right side. When asl	on the					
							1 1	

nealth F	Regulation & Licensing	Administration			
STATEMEN	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0042	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
ABRAM I	HALL AL OPCO, DBA A	ABRAM ASSILED	N DRIVE, WA	SHINGTON, DC20012 0012	
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
	was assisted back in Tylenol for pain. c). The review of an 07/25/2023, showed on the floor. When a she slid from the cha	elt dizzy and fell." The resident is bed and was administered incident report dated that the resident was observed sked the resident stated that hir. The resident was assisted re an assessment was			
	(5). The review of incidents for Resider a). An incident report am, showed that Resident when coming from the assessed by the licely EMS was called; how local hospital. The renotified of the incider via DOH on-line incider via DOH on-line incident resident #5 was report, the resident sugar was low (55). Tresident orange juice however, the resident was his blood sugar incre	t dated 07/11/2023 at 11:16 sident #5 had blood on his right witnessed fall in his bedroom. dent said he lost his balance he bathroom. The resident was insed practical nurse (LPN) and wever, he refused to go to the port showed that DOH was int on 08/09/2023 (29 days later)			

Health F	Regulation & Licensing	Administration				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ALR-0042	B, WING		10/2	20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE		
ABRAM	HALL AL OPCO, DBA	ABRAM ASSILED	N DRIVE, WASTON, DC 2	ASHINGTON, DC20012 00012		
(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 383	Continued From pag	ge 8	R 383			
	the DOH was notified	now". The report showed that d of the incident on 06/30/2023 DH on-line incident report form.				
	Resident #5 was not "left lateral planter for odorous, unstageable the area with wound gauze, and the reside The report showed the incident on 10/16/20 on-line incident reports."					
	showed Resident #5 When asked, the res feet, fell, and landed denied any pain or in his own. Upon the LF no bleeding, or hema was notified of the in	t dated 10/07/2023 at 2:00 pm, fell on the first-floor hallway. Sident said he tripped over his on his buttocks. The resident njury and was able to get up on PN assessment, no skin injury, atoma were noted. The DOH icident on 10/12/2023 (5 days e incident report form.				
		cidents self-reported by the survey revealed the following at #6.				
	showed Resident #6 Renal Disease and re week. It was further r dialysis services sinc scheduled facility. Ho emergency room free	t dated 07/14/2023 at 3:58 pm is diagnosed with End Stage equired dialysis three times per noted that he had not received the 06/30/2023 at his regularly owever, he was seen in the quently where he received no evidence that DOH had been				

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-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 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 PRÉFIX **PREFIX** OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 383 Continued From page 9 R 383 b). An incident report dated 08/22/2023, showed Resident #6 called 911 for shortness of breath. stating he could not breathe. An assessment was completed, and EMS was called, and the resident was transported to the local hospital. The DOH was notified of the incident on 08/28/2023 (6 days later) via DOH on-line incident report form. (7). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #7. a). An incident report dated 02/07/2023 at 9:38 am, showed Resident #7 informed staff that his body was sore from falling twice the previous day. EMS was called, but the resident refused to go to the emergency room. Per the incident report the DOH was notified on 06/30/2023 at 7:48 pm (more than four (4) months after the incident). b). An incident report dated 06/24/2023 at 6:18 pm, stated that the LPN found the Resident #7 in his room sitting in a chair leaning forward. The resident stated he felt weak and wanted to go back to bed. An assessment was completed, and his vital signs were found to be "very low." EMS was called and the resident was taken to a local hospital for evaluation. c). An incident report dated 03/04/2023 at 3:19 pm. showed staff went to Resident #7's room, and he said he felt dizzy and fell in the bathroom. The resident further indicated that he was able to get himself up by holding and leaning on his cane. The DOH was notified of the incidents on 06/30/2023 (more than three months after the incident) via DOH on-line incident report form. (8). The review of incidents self-reported by the facility prior to the survey revealed the following

Health F	<u>regulation & Licensing</u>	Administration						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION		(X2) MULTIPLE CONSTRUCTION A, BUILDING:			(X3) DATE SURVEY COMPLETED	
		ALR-0042		B. WING			10/2	20/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
ADDAM	HALL AL ODCO DRA	ADDAM ACCITED	1320 MAIN	I DRIVE, WA	SHINGTON, DC20012			
ADRAW	HALL AL OPCO, DBA	ABRAIN ASSITED	WASHING	TON, DC 2	0012			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCI BE PRECEDED BY FULL NTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD TO THE APPROPR	BE	(X5) COMPLETE DATE
R 383	Continued From pag	je 10		R 383				
	incidents for Resider	nt #8.						
	An incident report da showed the LPN fou lying in a supine pos resident stated, "I trij fell to the floor". A he initiated with no appays was assisted back to The DOH was notified (2 days later) via DOM (9). The review of incidents for Resider a). An incident report showed Resident #9 floor with blood on he asked the resident showed and fell to the floor and able to move all discomfort. b). An incident report pm, showed Resident was asked the resident was asked the resident sand fell to the floor. To checked, and her oxigate and the resident stand fell to the floor. To checked, and her oxigate and the resident stand fell to the floor. To checked, and her oxigate alled, and oxyglevel still remained lot to a local hospital. The incident reporting on months after the incidence of the suit incidents for Resident standing or residents for Resident for Res	ated 06/28/2023 at nd the resident on ition. Per the report poped on myself and ead-to-toe assessman arent injury noted. To her bed by two stated of the incident of the on-line incident of the floor. The resident was found in her of the resident was at the or. The resident was at the or. The resident was at the or. The resident's vital of the on-line incident of the resident's vital of the on-line of the on-	the floor t, the d accidentally lent was The resident aff members n 06/30/2023 report form. d by the following at 8:28 am, loom on the floor. When to get out of las assessed any pain or at 11:00 o her room When in her bed signs were The EMS ed but the t was taken d via than three ne incident by the	8				

Health Regulation & Licensing Administration

Health R	Regulation & Licensing	Administration						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION		(X2) MULTIPL A, BUILDING:	E CONSTRUCTION		(X3) DATE S	SURVEY PLETED
		ALR-0042		B. WING			10/2	20/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
ABRAM I	HALL AL OPCO, DBA	ABRAM ASSITED		N DRIVE, WA	SHINGTON, DC20012 0012			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCII BE PRECEDED BY FULL F NTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD THE APPROPE	BE	(X5) COMPLETE DATE
R 383	An incident report dashowed Resident #1 hypoglycemia and wasupine position. Who did not eat lunch". Publood sugar was low orange juice to raise later his sugar levels notified of the incidential DOH on-line incidential DOH on-line incidents for Resident #11 was for in front of the bed. The toget up to use the lacarpet in front of her buttocks. Per the replaceration on her left the incident on 09/23 on-line incident report (12). The review of in facility prior to the suincidents for Resident #108/25/2023, Residential Policy Polic	ge 11 ated 09/21/2023 at a 0 had symptoms of as found lying on the en asked the reside er the report the reside er the report the reside this blood sugar. The were elevated. DC ant on 09/23/2023 (2 dent report form. Incidents self-reported the first #11. Ident report dated 08 und on the floor, or the resident said she and landed on bort, the resident such that the continuous (2 days) via art form. Incidents self-reported the first #12. Incident report dated the first #12. Incident report dated the first #12 was heard years affected the resident was found on the len asked the resident the floor while trying the DOH was notified the DOH was notifie	3:15 pm, for the bed in a ant stated, "I sident's id was given nirty minutes of the ollowing onto the her stained a as notified of the DOH is ident's infloor lying ent stated ag to transfer id of the of the ollowing in the ollowing in the pollowing in the pollo	R 383				
	that she slid down to	the floor while trying the DOH was notified	ng to transfer d of the					

Health Regulation & Licensing Administration

Health F	Regulation & Licensing	Administration						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBE	R:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		ALR-0042		B. WING			10/2	20/2023
NAME OF P	ROVIDER OR SUPPLIER	ST	REET ADD	RESS, CITY, ST	ATE, ZIP CODE			
ABRAM	HALL AL OPCO, DBA	ABRAM ASSITED 13	20 MAIN		SHINGTON, DC20012			
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R 383	Continued From pag	je 12		R 383			=	
	that Resident #12 was upright next to her was reported that she slid self-transfer to her was sisted by the whee completed. The DOH 08/21/2023 (over 33 incident report form. (13). The review of infacility prior to the suincidents for Resider		vas nt was lent on ine the					
	am, Resident #13 was foot in a painful man said she was trying t feeling sleepy and th floor and landed on h	eport dated 08/27/2023 at as observed dragging her ner. When asked, the res o turn her alarm off while at she slid from her bed t her right knee. The DOH v nt on 08/28/2023 at 12:18 dent report form.	right sident still to the was					
	Resident #13 was ob When asked the resi bathroom, she lost he buttocks and hit her i resident's pain level wand the resident was The DOH was notifie (2 days later) via DO (14). The review of in	t dated 09/25/2023, show observed sitting on the floodent said while going to the repair balance and "landed oright knee." Per the report was high. The EMS was at taken to the emergency and of the incident on 09/27. Hon-line incident report incidents self-reported by the reverse revealed the following the #14.	or. he he n her t, the called, room. 7/2023 form.					

AND PLAN OF CORRECTION IDENTIFICATION NUMBERS	P) MULTIPLE CONSTRUCTION BUILDING:	(X3) DATE SURVEY COMPLETED
ALR-0042 B. W.	MING	10/20/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS,	S, CITY, STATE, ZIP CODE	
ABRAM HALL AL OPCO, DBA ABRAM ASSITED 1320 MAIN DRIV	RIVE, WASHINGTON, DC20012 I, DC 20012	
	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
An incident report dated 03/05/2023 at 11:57 am, showed Resident #14 fell in the bathroom and hit his head. When asked, the resident said that after taking a shower he slipped and fell, hitting his head on the wall. the resident was assessed from head to toe; there were no bumps or injury found to his head, range of motion was performed to all extremities and were within normal limits. Resident denied any pain or discomfort. EMS was called and the resident was taken to the hospital for a scan of the head. The DOH was notified of the incident on 06/30/2023 (over 3 months later) via DOH on-line incident report form. (15). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #15. a). An incident report dated 02/24/2023 at 4:02 pm, showed Resident #15 had her morning breakfast in the dining room at 8:00 am and returned to her room at 8:45 am. The resident was noted with bruises and swelling on her face but denied any pain or discomfort at that time. An ice pack was applied for swelling and bruising. b). An incident report dated 05/15/2023 at 7:50 pm, showed Resident #15 was found in her room sitting in an upright position on the floor near the bathroom door. The resident was unresponsive but was breathing and a pulse was present. The LPN did a head-to-toe assessment and no apparent injury noted, skin intact, no bruises, no redness, and no hematoma. Two staff members assisted the resident in a chair. EMS was called and the resident was taken to a local hospital. The DOH was notified of the incident on 06/30/2023 (46 days later) via DOH on-line incident report form.	383	

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-0042 10/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 MAIN DRIVE, WASHINGTON, DC20012 ABRAM HALL AL OPCO, DBA ABRAM ASSITED WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 383 Continued From page 14 R 383 (16). The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #16. a). An incident report dated 01/19/2023 at 6:49 pm, revealed that Resident #17 left (eloped) from the facility and was returned (no date of the incident was indicated on the incident report). b). An incident report dated 01/29/2023 at 4:43 pm states Staff observed Resident #16 fall to the floor, landed on his left side and rolled over to his back. The Staff assisted the resident into a sitting position. The LPN completed a head-to-toe assessment. The resident complained of pain in his left arm. The EMS was called, and the resident was transported to a local hospital. The DOH was notified of the incident on 06/30/2023 (6 months later) via DOH on-line incident report form. 17. The review of incidents self-reported by the facility prior to the survey revealed the following incidents for Resident #17. a). An incident report dated 08/07/2023 at 9:30 am, showed Resident #17 was observed in her bathroom sitting on the floor with feces "everywhere". When asked what happened, the resident said she slid from the toilet to the floor. Upon assessment, no fall related injury was noted. The residents was cleaned and made comfortable. The DOH was notified on 08/09/2023. b). An incident report dated 09/06/2023 at 5:03 pm, showed Resident #17 was found on the floor in her room, lying in a supine position. When asked the Resident said she slid from the

Health Regulation & Licensing Administration

nealth R	regulation & Licensing	g Administration				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:	·	COMPLETED	
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		ALR-0042	B. WING		10/20/2023	
NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	FATE ZIP CODE		
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			GTON, DC 2	<u>!0012 </u>		_
(X4) ID		TATEMENT 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 383	Continued From pag	ge 15	R 383	T .		
	whoelchair to the flo	oor. A head-to-toe assessment				
		no noted injury, no bruises, no				
	complaint of pain no	o bleeding and she denied				
	hitting her head. Tw	o staff members assisted in				
		dent to her wheelchair. DOH				
		12/2023 via the on-line incident				
	reporting system.	ZIZUZO VIA LITE OTI-IIITO ITTOIACTI,				
	Teporting ayatom.					
	a) An incident repor	rt dated 09/30/2023 at 9:05 PM,				
		17 was found sitting upright on				
		ed. A head-to-toe assessment				
		he LPN, and swelling was noted				
		neck. She complained of pain.				
		ling or bruises noted. EMS was				
		ent was taken to the local		1		
		OH was notified on 10/03/2023				
		ent reporting system.		1		
	Via the on mis	ant reporting byotom.		1		
1	d) An incident repor	rt dated 10/15/2023 at 3:15 pm,	1	1		
- 1		ceived a report that Resident	1	1		
- 1		d weakness, confusion and		1	1	
		nk. The LPN found the resident				
		her bed. The resident informed	1	1		l
		t weak. An order was given to				-
-		the emergency room due to a				
		atus and weakness. EMS was	1			
	called and the reside	ent was transferred to a local				
		vas notified of the incident on		1		
		DOH on-line incident report				
	form.					
			I /			
	(18). The review of ir	ncidents self-reported by the	Ĭ.			
		urvey revealed the following	1			
	incidents for Residen		1			
						1
	An incident report da	ated 08/19/2023, showed that	1			
		d that she lost her balance and	1			
		en the door. The resident was	1 /			
	assisted to bed and a		1			
			1			
1			1		d)	1

Health Regulation & Licensing Administration					FORIVI	APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S	SURVEY PLETED
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		ALR-0042	B. WING		10/2	20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
ABRAM I	HALL AL OPCO, DBA	ABRAMASSILED	I DRIVE, WA TON, DC 2	ASHINGTON, DC20012 0012		
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R 383	Continued From pag	e 16	R 383			
	assessment was do	ne. The DOH was notified of the 23 (9 days later) via DOH				
		ncidents self-reported by the rvey revealed the following nt #19.				
	resident reported that assessment was corthe resident was trandoor DOH was notified of	ated 07/28/2023, showed the at he was feeling dizzy. After an appleted, EMS was called, and asported to the hospital. The the incident on 08/09/2023 (12 on-line incident report form.				
	10/13/2023, showed the emergency room thoughts. The DOH v	n incident report dated that Resident #20 was taken to and admitted for suicidal was notified of the incident on ater) via the DOH on-line				
	10/13/2023, showed of "cramping pain all polyuria." An assess showed elevated blo the levels remained the resident was take high blood sugar and	incident report dated that Resident #21 complained over his body, headache and ment was completed and od sugars, thirty minutes later elevated. EMS was called and en to the emergency room for keystones. DOH was notified '16/2023 via DOH on-line				
	Medication Employee Resident #22 had sh	m, showed the Trained e (TME) observed that ortness of breath while taking nt initially refused to go to the				

Health F	Regulation & Licensing	Administration			I OIN	IAFFROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	1220 MAII	DRESS, CITY, ST	SHINGTON, DC20012		
ABRAM	HALL AL OPCO, DBA	ADRAM ASSILED	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
R 383	Continued From pag	je 17	R 383			
R 383	when the shortness walked outside to the and the resident was The DOH was notific at 10:57 am, via DOI On 10/18/2023 at 10 was interviewed regaprocedure for reporti administrator said inclients' health and sa DOH. On 10/18/2023 at 10 "Incident Reporting" showed the following showed the following the Administrator o DOH by phone prom written notification via next business day. At the time of the surnotify the DOH by tel	of breath persisted the resident e patio. The EMS was called, is taken to the emergency room. It is a to the incident on 07/11/2023 H on-line incident report form. It is 20 am, the Executive Director arding their process, and ing incidents to the DOH. The cidents that interfere with the afety should be reported to the instruction: It is a review of the ALR's policy, dated 07/10/2023 instruction: It is DOH of any unusual intially affect a resident. In their designee will contact the ptly and shall follow-up with a are email within 24 hours or the line of all incidents that it a resident, followed by written in the instruction of the incidents that it a resident, followed by written in the incidents that it is a resident, followed by written in the incidents that it is a resident, followed by written incidents that it is a resident, followed by written incidents that it is a resident, followed by written incidents that it is a resident, followed by written incidents that it is a resident, followed by written incidents that it is a resident, followed by written incidents that it is a resident, followed by written incidents that it is a resident, followed by written incidents that it is a resident, followed by written incidents that it is a resident incident incidents that it is a resident incident incidents that it is a resident incident incident incident incidents that it is a resident incident	R 383			

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