STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095014	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Washington Ctr for Aging Svcs	2601 18th Street NE Washington, DC 20018

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Number of residents sampled: Number of residents cited: (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observations and staff interviews, the facility staff failed to: 1) post the results of its most recent survey in a place readily accessible to residents, family members, and resident representatives and 2) have reports from the three preceding years, including certification surveys, complaint investigations, and any plan of correction in effect with respect to the facility available upon request for any individual to review. The findings included: During an observation on 08/03/25, upon entrance into the facility at approximately 6:00 AM, the surveyor observed a sign posted on the window at the front security desk that read: [Name of Facility] Survey Book Available Upon Request. During a telephone interview on 08/11/25 at 2:09 AM with [Name of Resident 199#s Representative/President of Family Council] stated that on 08/24/24, when she was visiting the Resident, she asked the Employee # former front desk security guard staff for the most recent survey results, she was handed a binder that contained a 2567 report from 06/21/22. [Resident# 199's representative] also emailed a picture of the binder to the state agency on 08/19/25. During an observation and a face-to-face interview on 08/20/25 at approximately 9:16 AM, the surveyor observed a sign posted on the window at the front security desk that read: [Name of Facility] Survey Book Available Upon Request. Sitting at the front desk was Employee # Front Door/Entrance Security Officer. The surveyor asked the Employee # for the facility's survey book. The Employee searched the security front desk area, and after checking several binders at the front desk. The Employee stated he could not locate the survey book. He then asked the surveyor to check with the Administrator. During a face-to-face interview on 08/20/25 at 9:35 AM, Employee #1 (Administrator) stated that the 2024 survey report was located at the front desk. When asked if the facility had any reports, including certification surveys, complaint investigations, and any plan of correction in effect with respect to the facility from the three preceding years available, the Administrator acknowledged that the facility did not have the reports available at that moment, but stated that the staff could look for them and provide them. During the time of the observations and staff interviews, there was no evidence that the facility had posted in a place that was readily accessible to residents, family members, and resident representatives, the results of its most recent survey. In addition, the facility failed to have available upon request its survey reports, including certification surveys, complaint investigations, and any plan of correction in effect from the three preceding years available for review by any individual, and failed to have the reports in areas that were easily accessible to the public. On 08/20/25 at approximately 9:39 AM, Employee # provided a binder to the surveyor. A review of the binder revealed that it contained only the survey report for 2024. On 08/20/25 at 1:31 PM, Employee #, (Administrator Liaison), provided a binder that included reports from 2022, 2023, and 2024 and stated that moving forward, one binder with the reports will be kept in the Administrator's office and another at the front entrance security desk.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: Number of residents cited: Based on record view, staff interview and family interview, the facility failed to implement its discharge planning process to ensure a safe discharge for one (1) of three (3) sampled residents that were discharged home. (Resident #221)The findings included:Resident #221 was admitted to the facility on [DATE] multiple diagnoses including Chronic Respiratory Failure, Morbid Obesity, and Sleep Apnea.A policy titled, Discharge Planning with an Interdisciplinary Team review date of 01/03/24 documented, The social worker (discharge planning coordinator) will counsel resident and family about available .services. An admission Minimum Data Set assessment dated [DATE] documented that the resident had a Brief Interview for Mental Status summary score of 15 indicating the resident had an intact cognitive status. The resident was coded for using a wheelchair, requiring substantial to maximum assistance with upper body, total assistance for lower body, partial to moderate assist with mobility, total assist with bathing, and incontinent of both bowel and bladder. The resident was also coded for receiving physical therapy, occupational therapy, and oxygen therapy. A nursing Discharge summary dated [DATE] documented in part, Resident completed rehab therapy successfully and is scheduled for discharge on Saturday 06/07/25. Resident will continue to receive Physical Therapy/Occupational Therapy/Home Health services in the community. Resident continues on oxygen therapy at 2 liters per minute via nasal cannula for shortness of breath. A discharge nursing progress note dated 06/07/25 at 3:37 PM documented, Resident discharge home this morning at 12 noon. She was signed off by her daughter. Medication and discharge teaching provided patient verbalized understanding of teaching. She went home with facility oxygen cylinder daughter promise to return cylinder. A District of Columbia complaint intake dated 06/24/25 documented in part, My mother [Resident #221's name] was discharged from rehab. The rehab didn't even have operable transport oxygen for her to go home with. The social worker.stopped answering our call after my mom was discharged . She assured us that she would have wrap around services to help with our mom after discharge. During a telephone interview at 1PM on 08/07/25, the complainants stated that because Employee #41 did not coordinate home care services, physical therapy services, and occupational therapy services prior to their mother's discharge on [DATE]s. The employee told them she would make sure the resident receives those services. However, the services were never provided. They also stated they called the employee several times, but she failed to return their calls. The complainants said that they were using an oxygen concentrator that their mom had from 2 years ago. Additionally, the complainants stated that their mother needed the services because the family member that was providing care for her was wheelchair bound, and the mother has had a couple of falls without injury since discharge. During a face-to-face interview at 12:09 PM on 08/11/25, Employee #41 (Social Worker/Discharge Coordinator) stated that she verbally requested home care services with a local home care agency that frequently comes into the facility. However, she did not have documented evidence of that correspondence or if the homecare agency accepted or denied services for the resident. Additionally, the employee stated that she did not coordinate continuous oxygen therapy services because she was not aware the resident needed oxygen. During a telephone interview at 2:57 PM on 08/11/25, the representative from the local home care agency stated that he verbally informed Employee #41 that his agency could not provide services for the resident, but he could not remember the specific date. Additionally, the representative stated that he did not have documented evidence of the denial of services.