

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/05/2026
NAME OF PROVIDER OR SUPPLIER Ascension Living Carroll Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 725 Buchanan St., NE Washington, DC 20017	
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interviews, facility staff failed to ensure that a resident's food plan was followed and met her nutritional needs and preferences. This was evident for 1 of 3 sampled residents (#13). The findings included: A review of Resident #13's medical record revealed the resident was admitted to the facility on [DATE] with multiple diagnoses that included: Status Post Reverse Arthroplasty of Left Shoulder, Asthma, Hypertension and Gastroesophageal Reflux Disease. A Physician's Order Reconciliation dated 11/02/25 documented, in part: Medicinal Allergies: Shellfish Derived. A History and Physical dated 11/03/25 documented in part, Allergies: Shellfish. An admission Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '15,' indicating the resident was cognitively intact. A care plan dated 12/24/25 documented, in part: Nutritional Status: [Resident #13's name] has risk of altered nutrition status . Interventions: Provide diet as prescribed. Note shellfish allergy. Provide nourishment/supplement as ordered. Honor resident's food preferences. A review of the facility's dinner menu dated 12/26/25 documented, in part: Penne [pasta] with Spinach and Shrimp. A Complaint Intake [#2705985] submitted to the State Agency on 12/31/25 at 3:17 PM documented, in part: [Resident #13] has a documented shellfish allergy and the replacement food offered consisted of a peanut butter and jelly sandwich, a ham sandwich, and two bags of potato chips. This is not a nutritionally appropriate dinner for an elderly patient and Subsequent attempts to remedy the situation included three small pieces of chicken served in a plastic container, followed later at approximately 7:03 PM by a container of cold spinach. Due to the continued inadequacy of the response, I was forced to reorder a meal on [Resident #13's] behalf. During an observation by the State Surveyor conducted on 01/02/26 at approximately 09:00 AM, Resident #13's meal ticket was observed with the following documentation: Allergies: Shellfish Mollusks, Shellfish Crustaceans Allergen, Shellfish Allergen and a red circular sticker was affixed to the meal ticket. During a face-to-face interview conducted on 01/02/26 at approximately 2:15 PM, Employee #6 (Chef Manager) stated that, The food is plated by the pantry workers, the server/pantry worker places the resident's meal ticket on each individual tray. After the hot plate is plated with food it's given to residents in the dining area, or the food tray will go onto the hot box (silver food cart) then the nurse takes it and delivers to the residents. The nurse is the last to see the food tray before giving it to the resident. All food allergies are listed on the ticket. Pantry workers are supposed to read the ticket and only give food specific for the residents and nurses are supposed to read ticket and ensure food is correct before handing [it] to the resident. We stick to the policy. There's a red sticker [for patients with allergies] on the meal ticket and the server knows what food goes on the tray. I don't understand how it wasn't caught by the pantry worker when the food was plated, or by the nurse that served the food with shellfish. During a telephone interview conducted on 01/02/26 at</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 095034	If continuation sheet Page 1 of 3

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>approximately 2:30 PM, Employee #4 (Dietary Services/Pantry Worker) stated that, Yes, I worked that day [of the incident on 12/26/25]. My job is to put the food on the plate, and I put the food on the plate based on what the ticket said like regular or mechanical [diet]. On the old ticket you could see the allergies right away, but on the new ticket the allergies are listed much smaller. They (nursing staff) just asked me if she (Resident #13) could get something else [to eat for dinner], but the nurses never said it was because she had seafood on her plate. I think if I would've gotten better training, I probably wouldn't have made that mistake. During a face-to-face interview conducted on 01/02/26 at approximately 3:00 PM, Employee #5 (Certified Nursing Assistant) stated that, I came in [day of incident, 12/26/25] it was dinner time and I served her food. [Resident #13's] daughter and granddaughter were there when I got the tray, and the daughter assisted me and immediately the daughter looked at the food and said my mom is allergic to shrimp. I said [I was] sorry and took the food to the kitchen and gave it to the dietary staff. The dietary person went downstairs [to the kitchen] and got the resident something else [to eat] and took it to the resident. I think it was a sandwich but I'm not sure. What I usually do, I sit the tray on the table and then take the dome cover off [of the plate] to check what is on the ticket, but I didn't do it that day because the daughter assisted and she reached for the tray when I went in the room and grabbed it from me that's when she opened the cover and said she can't have this she is allergic. So, I took the tray back to the kitchen. I received the training about paying close attention to the ticket and the meal, but it's very visible on the meal ticket, you can see it [list of allergies]. During a telephone interview conducted on 01/02/26 at approximately 3:32 PM, Employee #3 (Dietary Director) acknowledged the findings and stated that, We are to provide meals per the policy. As far as the employee [who plated the food] it was an isolated incident; it was disappointing because we do so much training quarterly but because of the incident, we just did another training on 12/30/25 and 12/31/25; we took immediate action when it happened. The system is if it's not allowed or if not on the ticket, then the resident shouldn't get it [be served that food item]. The associate [Pantry Worker] who plated the food was counseled. During a face-to-face interview conducted on 01/05/26 at approximately 11:32 AM, Employee #2 (Director of Nursing) acknowledged the findings and stated that, When I was made aware, I followed up with nursing staff to go assess the resident and called daughter to get what happened. The staffing educator started the education with the nursing staff on 12/31/25 and the education is still ongoing. This issue was filed as a grievance rather than an incident because it falls under system breakdown and was reported to Quality Assurance and Performance Improvement. It was [Employee #5's name] that delivered the tray containing the shrimp.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, medical record review and staff interviews, facility staff failed to provide a resident with food prepared by methods that conserve nutritive value, flavor, appearance, and that is palatable, attractive, and at a safe and appetizing temperature. This was evident for 1 of 3 resident sampled. (Resident #13) The findings included: A review of a facility policy titled Resident Food Services, Resident Meal Service with a revised date of January 2024 documented, part: Provide each resident with a nourishing, palatable, well-balanced, attractive meal, at a safe and appetizing temperature that meets their daily nutritional needs. A review of Resident #13's medical record revealed Resident #13 was admitted to the facility on [DATE] with multiple diagnoses that included: Status Post Reverse Arthroplasty of Left Shoulder, Asthma, Hypertension and Gastroesophageal Reflux Disease. A History and Physical dated 11/03/25 documented in part, Allergies: Shellfish. An admission Minimum Data Set (MDS) assessment dated [DATE] documented: facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '15,' indicating the resident was cognitively intact. A care plan dated 12/24/25 documented, in part: Nutritional Status: [Resident #13's name] has risk of altered nutrition status . Interventions: Provide diet as prescribed. Note shellfish allergy. Provide nourishment/supplement as ordered. Honor resident's food preferences. A review of the facility's dinner menu dated 12/26/25 documented, in part: Penne [pasta] with Spinach and Shrimp. A Complaint Intake [#2705985] submitted to the State Agency on 12/31/25 at 3:17 PM documented, in part: [Resident #13] has a documented shellfish allergy and the replacement food offered consisted of a peanut butter and jelly sandwich, a ham sandwich, and two bags of potato chips. This is not a nutritionally appropriate dinner for an elderly patient and Subsequent attempts to remedy the situation included three small pieces of chicken served in a plastic container, followed later at approximately 7:03 PM by a container of cold spinach. Due to the continued inadequacy of the response, I was forced to reorder a meal on [Resident #13's] behalf. During a telephone interview conducted on 01/02/26 at approximately 3:32 PM, Employee #3, (Dietary Director) acknowledged the findings and stated that, We have an 'Always Available Menu' (hot and cold menu items separate from the daily menu) that the resident can order from if they can't eat, or don't want what's on the menu for lunch and dinner and there's no cut-off time. It's served on a plate, logged as a special request, and is made to order. I am aware that the alternative food item [served to the resident] was cold, but not aware of how she would've received it in a to-go container.</p>		