STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095038	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Hills of DC	4901 Connecticut Avenue, NW Washington, DC 20008

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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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interview, the facility staff failed to inform residents when changes are made to Medicare covered items and services as soon as reasonably possible as evidenced by the Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123, was not given by the facility at least two days before the end of Medicare covered services for two (2) Medicare beneficiary residents in 33 sampled residents. (Resident #61, #68)The findings include:On 03/24/2026 approximately at 4:35 PM, review of the beneficiary notices revealed that Notices of Medicare Non-Coverage (NOMNC) were not sent at least two days before end of the covered services.A review of NOMNC sent to Resident #61's representative revealed the following:^^- Skilled Services Episode Start Date: 09/04/2025 ^- Last covered day of Part A Service: 09/25/2025^- NOMNC - Employee #5 (Social Worker) wrote on the Signature of Patient or Representative, [Resident Representative's name] acknowledged NOMNC via email on 09/24/2025 at 12:52 pm. The clinical record showed an email exchange dated 09/24/2025 at 10:14 AM between Employee #5 (Social Worker) and Resident #61's Representative (family) that read in part .Attached is a notice letting you know that [Resident's first name's] rehab services are ending tomorrow under this version of Medicare . This review revealed the NOMC was not sent to Resident #61 at least two days before the end of covered services.2. Review of the NOMNC sent to Resident #68 revealed the following:^^- Skilled Services Episode Start Date: 08/29/2025^- Last covered day of Part A Service: 09/22/2025^- NOMNC - on the signature line, Resident #68 printed full name and dated 09/22/2025. The NOMC was not sent to Resident #68 at least two days before the end of covered services.On 3/24/2026 approximately at 4:35PM, during a face-to-face interview, Employee #5 (Social Worker), affirmed that the Notices of Medicare Non-Coverage (NOMNC) were not sent to the two residents (Resident #61 and #68) 48 hours in advance the covered services end dates. Employee #5 added that the facility staff already understood not sending NOMNCs at least 48 in advance before covered services were ending was not a compliant practice and corrected it. Employee #5 said, we have been sending NOMNCs at proper notification time to residents since then.

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record reviews, and staff interviews, for two (2) of 33 sampled residents, the facility staff failed to ensure the licensed pharmacist conducted a monthly drug regimen review for one resident and the attending physician, or designee failed to respond to pharmacists' recommendations for one resident. Residents #6 and #26 The findings included: 1. A review of a facility policy titled 'Medication Review' with a review date of 02/11/2026 documented, in part: 6. The Consultant Pharmacist shall review each resident's medication regimen monthly. Resident #6 was admitted to the facility on [DATE] with a history of multiple diagnoses that included: Diabetes Mellitus, Dementia, Hypertension and Chronic Kidney Disease. A physician's order dated 08/25/25 documented, oxycodone HCl Oral Tablet 5 MG (milligram) (Hydrochloride - opioid analgesic controlled drug) Give 1 tablet by mouth every 6 hours as needed for pain control. severe pain 7-10. An admission Minimum Data Set (MDS) assessment dated [DATE] documented that facility staff coded a Brief Interview for Mental Status (BIMS) summary score of '03,' that indicated the resident was severely impaired. During a review of Resident #6's medical record from September 2025 through February 2026, showed no documented evidence that a monthly medication review of the resident's medication regimen had been conducted for October 2025. During a telephone interview conducted on 03/26/26 at approximated 2:55 PM with Employee #4 (Consultant Pharmacist) she acknowledged the findings and stated that, I review the medical record and write either a note that no irregularity was found, or there's a note if there is a finding, but I should have made a note for every resident for every month. I don't see my note in [electronic health record name] for that month [October] either. I may have made a mistake and left it off; it could be an error on my part. 2. Resident #26 was admitted to the facility on [DATE] with diagnoses that included: Chronic Obstructive Pulmonary Disease, Dementia, Unspecified Severity, with Mood Disturbance, Type 2 Diabetes Mellitus, Depression, and Generalized Muscle Weakness. A review of Resident #26's medical record showed the following physician 's orders updated and e-signed (electronically signed) by the physician on 12/08/25 at 1:23 PM that directed: Donepezil 10 mg (milligram) tab (tablet), 1 (one) tablet at bedtime for Dementia with intermittent psychotic features. Trazodone HCl Oral Tablet 100 mg (Trazodone HCl). Give 1(one) tablet by mouth at bedtime for insomnia. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Diazepam Oral Tablet 5 mg (Diazepam) Controlled Drug. Give 1 tablet by mouth in the evening for anxiety. Fetzima Oral Capsule Extended Release 24-Hour ,120 mg (Levo milnacipran HCl). Give 1 capsule by mouth one time a day for depression. Valium Oral Tablet 2 MG (Diazepam) Controlled Drug. Give 2 mg by mouth in the morning for anxiety. Give a Valium 2 mg tablet by mouth every morning for anxiety. Abilify Oral Tablet 5 MG (Aripiprazole) Give 1 tablet by mouth one time a day for depression / psychosis. Remeron Oral Tablet 30 mg (Mirtazapine). Give 1 tablet by mouth at bedtime for depression. A Medication Regimen Review dated 12/08/25 that documented: Due to polypharmacy of psychopharmacological medications, recommend a regular psych consult to monitor therapy efficacy and side effects, as well as consider gradual dosage reductions. Trazodone 100 mg, Diazepam 2 mg, and 5 mg. Remeron 30 mg, Fetzima 120 mg, Abilify 5 mg, Donepezil 10 mg. The clinical record lacked documented evidence of a Physician/Prescriber's response to this recommendation. During a face-to-face interview on 03/26/26 1: 36 PM, Employee #3 (Registered Nurse/Clinical Nurse Manager), when asked what the process was for ensuring that the pharmacist's medication review recommendations are seen by the physician/prescriber and so the physician/ prescriber can respond, she stated, The pharmacist reviews the resident's medications from the resident's electronic health record monthly. If the consultant pharmacist has any medication recommendations, she writes a pharmacy review progress note and sends the residents' MRRs to me by email. I then print a hard copy of each resident's MRR from my email and flag it in each Resident's paper chart for the physician/prescriber to respond. Once the physician responds, I place the resident's MRR in a binder in my office. When asked where the physician/prescriber's response to the pharmacist's recommendations on 12/08/25 was, the Employee stated that she could not find the physician's response to the 12/08/25 MRR. When asked how she ensures that no residents' MRRs are missed, the Employee made no comment and acknowledged the finding.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, record reviews and staff interviews, facility staff failed to prepare and distribute food under sanitary conditions as evidenced by the following observations. The findings include:During an initial kitchen survey in the kitchen on 03/24/2026 approximately at 10:15 AM, the following observations were made: Undated shredded cheese in opened plastic bag inside refrigeratorMultiple half gallons milk in the reach-in refrigerator passed their sell-by dates 3/23/2026), content looked settledCondensation water leaking onto packaged food (potato fries in plastic bags) in the walk-in freezer.Employee # 9 (kitchen manager) checked food (tuna salad) temperature before washing handsSignificant food residue built-up on cooking equipment and floor at the cooking and dish washing areasExcessive limescale accumulation on interior surfaces of the automatic dish washing machineA dish washing employee used towel to dry-up food contact surfaces of the washed-sanitized kitchenware.Mold on wall surfaces and caulk lines at the automatic dish washing area.Employee #7 (Corporate chef) and Employee #6 (Kitchen manager) were immediately made aware of these findings and proceeded to implement measures to address the issue.Record review of the pest control report from [company named] dated 2.19.2026 in part .Kitchen - Inspected. Some general cleaning is needed under equipment on cooking line. Clean floor along wall an floor drain under 3 compartment sink in dish room. Clean corner area of floor under juice counter. Everything else was ok.Record review of the pest control report from [company named] dated 7.18.2025 in part .Kitchen - Inspected. Floor area along wall under counters and behind cooking equipment need to be cleaned. There are a lot of food debris in areas. Small center drain on cooking line needs to be cleaned. Everything else was ok.During a face-to-face interview on 03/24/2026, approximately at 10:15 AM, the above observations were acknowledged by Employee #7 (Corporate Chef) and Employee #6(Kitchen Manager).During follow-up kitchen survey on 03/27/2026 approximately at 11:00 AM, the following observation was made: Employee belongings jacket and backpack stored on racks in dry storage room, not properly stored in a locker room, to prevent cross contamination of the food and food contact surfaces stored in the dry storage room.During a face-to-face interview on 3/27/2026, approximately at 11:10 AM, the above observation was acknowledged by Employee #6 (Kitchen Manager)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff interviews for two (2) of 33 sampled residents, it was determined that facility staff failed to show documented evidence that they provided nursing care and treatment for a resident on aspiration precautions; and for a resident on fall precautions and at risk for pressure injury. Residents' #10, #1.The findings included: A facility policy titled ?Charting and Documentation' and ?Electronic Medical Records' with review dates of 02/11/2026 documented, in part: Documentation in the medical record will be objective, complete and accurate. Electronic records are an acceptable form of medical record management.1. Resident #10 was admitted to the facility on [DATE] with multiple diagnoses that included: Dementia, Parkinson's Disease and Severe Protein-Calorie Malnutrition.A physician's order dated 01/23/26 documented, ASPIRATION PRECAUTIONS EVERY SHIFT.A Significant Change Minimum Data Set (MDS) assessment dated [DATE] documented that facility staff coded a Brief Interview for Mental Status (BIMS) summary score of ?03,' that indicated the resident was severely impaired.During a review of the resident's Treatment Administration Record dated March 1, 2026, to March 31, 2026, it revealed there was no documented evidence that facility staff ensured aspiration precautions were being conducted on the following dates and times: 03/07/26 night shift and 03/18/26 evening shift.2. Resident #1 was admitted to the facility on [DATE] with multiple diagnoses that included: Respiratory Failure, Pneumonia, Asthma and Chronic Back Pain.A physician's order dated 02/06/26 documented the following orders: NON SKID SOCKS ON 3-11 SHIFT, OFF 7-3 SHIFT-FALL RISK every day and evening shift and ELEVATE/FLOAT HEELS ON PILLOWS FOR PRESSURE RELIEF EVERY SHIFT WHILE IN BED every shift.An admission Minimum Data Set (MDS) assessment dated [DATE] documented that facility staff coded a Brief Interview for Mental Status (BIMS) summary score of ?13,' that indicated the resident was cognitively intact and required supervision with Activities of Daily Living.During a review of the resident's Treatment Administration Record dated February 1, 2026, to February 28, 2026, it revealed no documented evidence that facility staff ensured non-skid socks were placed on the resident during the evening shift for the following dates: 02/07/26, 02/13/26, 02/21/26 and 02/22/26.During a review of the resident's Treatment Administration Record dated February 1, 2026, to February 28, 2026, it revealed no documented evidence that facility staff ensured the resident's heels were elevated/floated on pillows for pressure relief during the evening shift for the following dates: 02/07/26, 02/13/26, 02/21/26 and 02/22/26.During a face-to-face interview conducted on 03/26/26 at approximately 11:40 AM with Employee #3 (Clinical Nurse Manager) she acknowledged the findings and stated, Normally the night shift do [does] 24-hr chart check for new orders, but I'm not sure if they check the documentation to see if those orders were documented as being done.Cross Reference: DCMR S 3231.2

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observations and staff interviews, facility staff failed to maintain essential kitchen equipment (walk-in freezer) in good order.The findings include:During the initial tour in the kitchen on 03/24/2026 approximately at 10:15 AM, the following observation was made: The condensation pipe conveying condensate wastewater from air condenser in the walk-in freezer has been leaking. During a face-to-face interview on 03/24/2026, approximately at 10:30 AM, the above observation was acknowledged by Employee #6 (Kitchen Manager) and Employee #7 (Corporate Chef).

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations, record reviews and staff interviews, facility staff failed to maintain an effective pest control program so that the facility is free of pests (flies).The findings included:During the initial kitchen tour on 03/24/ 2026 approximately at 10:15 AM, it was observed multiple live flies at the juice counter and dish washing areas.Record review of the pest control report from Bay City pest management Co. Inc dated 2.19.2026 in part .Kitchen - Inspected. Some general cleaning is needed under equipment on cooking line. Clean floor along wall an floor drain under 3 compartment sink in dish room. Clean corner area of floor under juice counter. Everything else was ok.Record review of the pest control report from Bay City pest management Co. Inc dated 7.18.2025 in part .Kitchen - Inspected. Floor area along wall under counters and behind cooking equipment need to be cleaned. There area a lot of food debris in areas. Small center drain on cooking line needs to be cleaned. Everything else was ok.During a face-to-face interview on 03/24/2026, approximately at 10:15 AM, Employee #7 (Corporate Chef) and Employee #6 (Kitchen manager) acknowledged the above observation.