

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2013
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NAME OF PROVIDER OR SUPPLIER THE MARIGOLD AT 11TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2905 11TH STREET NW WASHINGTON, DC 20001
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000	<p>Initial Comments</p> <p>An initial licensure survey was conducted on November 12, 2013. A thorough environmental inspection was conducted at the facility and the facility was found to be in substantial compliance.</p> <p>The findings of the survey were based on observations and interview with the Facility Administrator, Project Manager, Assistant Manager, Site Superintendent and the Quality Control person. to determine compliance with Assisted Living Law " DC Code 44-101.01 "</p>	R 000		
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE