

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000923	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2012
NAME OF PROVIDER OR SUPPLIER DONNA & SYLVIA THAXTON		STREET ADDRESS, CITY, STATE, ZIP CODE 938 LONGFELLOW STREET NW WASHINGTON, DC 20011		
(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
D 000	Initial Comments A licensure survey was conducted on October 9, 2012 and October 12, 2012. The findings of the survey was based on observations of the Community Residential Facility (CRF), interviews with the administrative staff, as well as a review of clinical and administrative records, including incident reports. A sample of three residents was selected from a resident population of three with various medical disabilities. A thorough environmental inspection was conducted of the facility, and there were no significant deficiencies that would be life threatening to the residents and/or staff.	D 000	<p><i>Received 11/13/12</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
D 200	3400.2(e) General Provisions (e) The supervision of the community residence facility's sanitation, safety, laundry, and dietary standards and services, and of its services relating to the health, education, and welfare of its residents; This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to ensure there was supervision of the resident's services related to their health for one of the three residents included in the sample. (Resident #2) The finding includes: 1. Review of Resident #2's record on October 12, 2012, at 11:58 a.m. revealed he was prescribed Humalog Insulin Injection, 4 units before each meal at 8:00 a.m., 12:30 p.m., and 5:00 p.m. on June 27, 2012. According to the Assistant Director (AD), the resident attends a Seniors Day Program where one of the employees is a Registered Nurse (RN). An	D 200		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Donna Thaxton

(X6) DATE

11/10/2012

STATE FORM

6899

FFD911

If continuation sheet 1 of 2.

