ATEMENT	OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DA	<u>0. 0938-0391</u> Ate Survey Mpleted	
and the second	manufactures and all Manufactures some some some	09G232	B. WING			3/21/2014	
AME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	TE, ZIP CODE		
MARJUL	. HOMES, INC			5706 14TH STREET, NW WASHINGTON, DC 2001	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFD TAG	( (EACH CORRECTIVI CROSS-REFERENCEE	N OF CORRECTION EACTION SHOULD BE TO THE APPROPRIATE XENGY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENT	rs	wo	00			
	March 19, 2014 the sample of three clie population of five fe intellectual disabiliti conducted utilizing	rvey was conducted from ough March 21, 2014. A onts was selected from a imales with varying degrees of es. This survey was the full survey process, due to ractices identified during an					
		survey were based on lews and review of client and ds.					
2	Note: The below is appear within the be	an abbreviation that may ody of this report					
W 418	Qualified Intellectua QIDP 483.470(b)(4)(ii) CL	I Disabilities Professional -	W4	18			
	The facility must pro comfortable matires	ovide each client with a clean, ss.				I 1	
	Based on observat failed to ensure that maintained in a clear clients in the sample The finding includes On March 21, 2014			ensuring that condition. Als all required be serviced to ch	er will make month the Individuals bed o ensuring that all Ir edding. In addition, : eck the mattresses ompleted on 4/11/1	are in good ndividuals hav staff will be i daily. The	ve n
	K.	ERSOPPLIER REPRESENTATIVE'S SIGN		ORDP	٤Į	ING) DATE	
r salegua wing the (	inds provide sufficient pro- date of survey whether or a the date these document	in astarisk (*) denotes a deficiency whi action to the patients. (See instructions not a plan of correction is provided. Fo is are made available to the facility. If	s.) Exception	for nursing homes, the findings homes the shove findings and	stated above are disclose	able 90 days	
1 (1816 DE	37(02-99) Previous Versions	Desolele Event ID; T1NV11		Facility ID: 09G232			

		09G232	B. WING		0413413944
*	ROVIDER OR SUPPLIER HOMES, INC		STR 570	EET ADDRESS, CITY, STATE, ZIP CODE 6 14TH STREET, NW SHINGTON, DC 20011	03/21/2014
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W 418	Continued From page 1 of the living environment, mattress had a large amo brownish colored stains no Additionally, the same type observed near the center It was further noted that the covered with a torn plastic areas of the mattress were Inferview with the QIDP or 3:21 p.m., indicated that s her that Client #2's mattree The QIDP further stated the condition of the mattree purchased for the client ap prior to the survey. At the time of the survey, f ensure that Client #2's bee maintained in a clean cond	unt of water-like, ear the pillow area. e of stains were of the client's mattress. ne mattress was partially c, however the stained e uncovered. In March 21, 2014, at taff had not informed ss had become stained. nat she was surprised at the stained because it was oproximately one year the facility failed to d mattress was	W 418	A new mattress was purchas March 25, 2014. House mana monthly rounds ensuring tha bed are in good condition. Al Individuals have all required addition, staff will be in servi mattresses daily. The trainin on 4/11/14.	ager will make at the Individual lso ensuring tha bedding, in iced to check th
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		HFD03-0261	B. WING	an and a second s	03/21/2014
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
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1 000	INITIAL COMMENTS	1	1000		
	2014 through March of three residents wa of five females with v disabilities. The findings of the su	as conducted from March 19, 21, 2014. A random sample s selected from a population arying degrees of intellectual irvey were based on ws, and review of client and			
	administrative record Note: The below are appear throughout th	s. abbreviations that may e body of this report.			
	Disabilities - GHIID Physical Therapist - F	R riduals with Intellectual			
1081	3503.9 BEDROOMS	AND BATHROOMS	1081		· <b>I</b> · ·
	training toward maxin including individuals v shall have appliances shall be appropriate to who lives and works i		e	louse manager will make monthin insuring that the individuals bed a condition. Also ensuring that all in	are in good dividuals have
	review, the GHIID fail bathroom was equipp maximize self help by disabilities as recommon residents in the samp	<ul> <li>interview and record</li> <li>ed to ensure that each</li> <li>ed with a grab bar to</li> <li>residents with physical</li> <li>nended for one of three</li> <li>ie. (Resident #2).</li> </ul>	a	Il required bedding. In addition, s erviced to check the mattresses raining was completed on 4/11/1	staff will be in Jaily. The
	ation & Licensing Administra DIRECTOR'S OR PROVIDER	NON SUPPLIER REPRESENTATIVE'S SIGN	LATURE		(XP) DATE

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PRINTED: 04/01/2014 FORM APPROVED

STATEMENT OF DEPICIENCIES       (x1) PROVDERSUPPLIER       (x2) AULTIPLE CONSTRUCTION       (x2) A	Health R	tegulation & Licensin	a Administration	100	▙▙▙▆▖▞▓▆▆ <b>ਸ਼</b> ਫ਼ਸ਼ਖ਼ਜ਼ਖ਼ਫ਼		1996 - Jan Don W. (1990 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1
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Field Tool       IEACH DEPICENCY MUST BE PRECEDED BY FULL       PREFIX       IEACH CORRECTIVE ACTION BACING BY OWALTHE       Deficiency       Deficien	(X4) JD	SUMMARY STA	TEMENT OF DEFICIENCIES	165	PROVIDER'S PLAN OF CORRECT	ION	! (X5)
Instrumentation     Instrumentation       1081     Continued From page 1     1081       The finding includes:     0       On March 19, 2014, at 9:02 a.m., Resident #2       was observed to ambulate with a slight limp as she walked down the ramp to the van located in the back yard of the facility. Staff was observed to walk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely beside her and to assist her onto the valk closely the observated Resident #2 was provided a contact guard assist when walking to prevent the risk of falls.       Review of the facility's unusual incidents on March 19, 2013, and February 28, 2014, as a result of falls. Review of the corresponding ER reports revealed the resident sublined abrasions, however was determined to have no serious injuries.       On March 20, 2014, at 11:37 a.m., review of the ER discharge summary dated August 9, 2013, revealed a recommendation that a grab bar he installed in the shower as a preventive measure to reduce the risk of falls and injury.       Interview with the OIDP on March 21, 2014, at 3:39 p.m., revealed no December 23, 2013, the PT conducted nat the provism. The OIDP revealed that the resi	PREFIX			PREFIX			COMPLETE
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If continuation sheet 2 of 7

		And party of the legislation of the state of	A. BUILDING	B:	
		HFD03-0261	B. WING	and any determined of the second state of the second state and states	03/21/201
NAME OF I	PROVIDER OR SUPPLIER	BTREET AL	DRESS, CITY,	STATE, ZIP CODE	
MARJUL	Homes, INC		H STREET, GTON, DC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COM
1081	Continued From pag	ie 2	1081	and a complete a complete and a comp	цресшиний), / доссосоли редурсалий, Албаниетски
	bathrooms.				
	the bathroom, locate there was no grab ba was observed at the second floor bathroo At the time of the sur	at 3:51 p.m., inspection of d on the first floor confirmed ar. Additionally, no grab bar tub/shower located in the m. wey, there was no evidence installed as recommended by		QIDP will ensure all reco implemented in a timely trained. The grab bars w restroom on the 1 <sup>st</sup> floor grab were installed on th 2014. QIDP will contact t	manner and staff are ere installed in the on April 8, 2014. The le 2 <sup>nd</sup> floor on April 8, the Individuals IDT to
1 090	the ER. 3504.1 HOUSEKEEI		1 090	approve the use of both 2014 the use of both res was presented to the Re	troom for Resident #2 sidential HRC and
	maintained in a safe and sanitary manner	rior of each GHMRP shall be clean, orderly, attractive, and be free of , rubbish, and objectionable		approval was given. In ac Coordinator and guardia both restrooms. House manager will make a ensuring that the Individua Individuals home is manual	n approve the use of weekly rounds
	failed to ensure that and lighting were ma	net as evidenced by: n and interview, the GHIID walkways, floors, furnishings, intained in good repair, and was maintained in a sanitary	i A n	Individuals home is maintai All lights were replaced in the 2014. Staff were in-serviced April 11, 2014 cleaning, walk notifying management wher bood repair.	ned in good repair. he home August 8, on Environment on
	The findings include:	5 0		·	
	QIDP accompanied I	beginning at 3:02 p.m., the he surveyor to conduct an ironment. The following fied:			
	was bent inward app moved downward slip	on the right side of the van roximately one inch, and ghtly as the residents ssisted into the van by the			

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a Administration			PRINTED: 04/01/2014 FORM APPROVED
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
HFD03-0261	B. WING	nen an	03/21/2014
STREETAD	DRESS, CITY, STA	ATE, ZIP CODE	
TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	
SCIDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
ge 3	1090		ŀ
ber flap necessary to cover the board was missing (near back the end of the metal to be boncerns created potential e (approximately three inches de) in the pavement at the end nally, numerous cracks were red driveway located adjacent damaged areas created ls.		House manager will make we ensuring that the Individuals Individuals home is maintain All lights were replaced in the 2014. Staff were in-serviced of April 11, 2014 cleaning, walks notifying management when good repair.	to ensure that the ed in good repair. e home August 8, on Environment on way, floors and
s (approximately six feet tall as observed leaning from the ne to the exterior wall of the side. This prevented walking a front yard from that side of IDP on March 21, 2014, at that the fence belonged to the y and the agency was not had fallen down. spout located at the edge of ) was unprotected on the end, otential for injury. fixture in the closet located f1 and Resident #2's bedroom lso, the storeroom in the ght bulb in one of the two light 2. The lack of the second e store room to be dimly lit.		<ol> <li>The running board was rep 2014. Please see attached red</li> <li>The owner of the home has came out to access the area a the repairs will be completed</li> <li>The owner of the home was Subsequently the fence has be the individuals yard.</li> <li>The owner of the home has came out to access the area ar the repairs will be completed to 5. The light between Resident is Resident#2 has been replaced. replaced on April 8, 2014. The light between 10 models and 10 models</li> </ol>	eipt. s been notified and nd indicated that by April 25, 2014 s contacted. een removed from been notified and nd indicated that by April 25, 2014 #1 and The light was light in the
	IDENTIFICATION NUMBER: HFD03-0261 STREET AD 5706 14TH WASHING TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION ge 3 per flap necessary to cover the board was missing (near back he end of the metal to be incerns created potential (approximately three inches te) in the pavement at the end nally, numerous cracks were ed driveway located adjacent damaged areas created s. e (approximately six feet tall as observed leaning from the he to the exterior wall of the side. This prevented walking a front yard from that side of IDP on March 21, 2014, at that the fence belonged to the y and the agency was not a had fallen down. pout located at the edge of was unprotected on the end, otential for injury. Fixture in the closet located 1 and Resident #2's bedroom lso, the storeroom in the ht bulb in one of the two light a thore injury.	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:       (X2) MULTIPLE 4 A. BUILDING:         HFD03-0261       B. WING         STREET ADDRESS, CITY, ST/ STOG 14TH STREET, NM WASHINGTON, DC 200         TEMENT OF DEFICIENCIES ID         MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)       JD         ge 3       I 090         Der flap necessary to cover the locard was missing (near back he end of the metal to be incerns created potential         (approximately three inches de) in the pavement at the end nally, numerous cracks were ed driveway located adjacent damaged areas created s.         (approximately six feet tall as observed leaning from the side. This prevented walking e front yard from that side of         IDP on March 21, 2014, at that the fence belonged to the y and the agency was not b had fallen down.         pout located at the edge of 0 was unprotected on the end, otential for injury.         fixture in the closet located 1 and Resident #2's bedroom lso, the storeroom in the pht bub in one of the two light a store room to be dimly lit.	A Administration         (X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING:         HFD03-0261       B. WING         STREET ADDRESS, CITY, STATE, ZIP CODE STOG 14TH STREET, NW WASHINGTON, DC 20011         TEMENT OF DEFICIENCES BY 05 14TH STREET, NW WASHINGTON, DC 20011         TEMENT OF DEFICIENCES BY 05 14TH STREET, NW WASHINGTON, DC 20011         TEMENT OF DEFICIENCES BY 05 14TH STREET, NW WASHINGTON, DC 20011         SC DENTIFYING INFORMATION)       ID         ge 3       ID 90         ge 4 an do fthe metal to be incorns created potential       ID 90         (Approximately three inches ide) in the pavement at the end nally, numerous cracks were ed driveway located adjacent damaged areas created s.       1090         e (approximately six feet tall as observed leaning from the side. This prevented walking front yard from that side of s.       1. The running board was rep active adjacent damaged areas created s.         IDP on March 21, 2014, at that the fence belonged to the y and the agency was not e had fallen down.       1. The owner of the home has came out to access the area a the repairs will be completed to subsequently the fence has be the individuals yard.         Stater in the closet located 1 and Resident #2's bedroom iso, the storeroom in the sho bub in one of the two light 2. The lack of the second a store room to be dimly lift. beavered in the areas of the

6. The handle was missing from Resident #1's top night stand drawer and from a drawer in the

Health Regulation & Licensing Administration STATE FORM

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removed.

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If continuation sheet 4 of 7

addition, the area was clean and dust was

AND PLAN OF CORR	ECTION	IDENTIFICATION NUMBER:	8		COMPLE	TED
		HFD03-0261	B. WING		03/21/	2014
NAME OF PROVIDER		an and the company of the second s	DRESS, CITY, ST			
MARJUL HOMES		5706 14T	H STREET, NV	V		
aprilo de litonico		and the second	STON, DC 200			
	CH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) Compl Dati
1 090 Continu	led From pag	e 4	1 090			
handles the arm were m	s necessary to oire located in issing.	onally, the portion of the o easily open the drawers of n Resident #2's bedroom	6. The bedro	e chest was removed from Residen om. A new chest has been purchas l in Resident #2 room on Marchas	t#2	
dust on refrigen baseme temper	the range ho ator that was ent was not m atures (freeze	umulation of grease and od filter. Additionally, the used to store food in the aintaining proper or temperature was 12 lerator temperature was 42	7. On A replace baseme	April 8, 2014 dust range hood filter d. In addition, the agency is aware	, 2014 Was Of the	
degree On Mar	s F.) ch 21, 2014, ;	at 4:22 p.m., the QIDP	tempen no later	atures. The refrigerator will be rep than April 25, 2014.	oper	
remaine	ed present in i d of the conce form the age	the facility. The PD was als ems and stated that she ncy's administrator	conditior all beddir	Manager will make monthly rounds that the Individuals beds are in go 1. Also ensuring that all Individuals 18. In addition, staff was in service 2014 on checking the moti	od have	ł
	tiress was ma	to ensure that Resident # aintained in a clean	April 11, 2	2014 on checking the mattress dail	u on İy.	·
of the limattres	ving environm s had a large sh colored stai	at 3:19 p.m., the QIDP veyor to conduct observation tent. Resident #2's bed amount of water-like, ins near the pillow area. a type of stains were				
observe maltres was par	id near the ce s. It was furth tially covered ned areas of t	with a torn plastic, however the mattress were				
3:21 p.r her that	n., indicated the Resident #2's	DP on March 21, 2014, at hat staff had not informed s mattress had become rther stated that she was				

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Sugar Standard

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STATEMEN	Regulation & Licensin IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:		E SURVEY PLETED
		HFD03-0261	B. WING	an a	03/	21/2014
NAME OF L	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE	Construction of the Construction	and a sum of the second se
MAR.114	HOMES, INC		'H STREET,			÷
			GTON, DC 2	and a state of the second	A San Later - Journau	ogenetication in the second
(X4) ID Prefix Tag	(EACH DEFICIENC'	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X\$) COMPLETE DATE
1 090	because it was pur approximately one At the time of the s	ndition of the mattress chased for the resident year prior to the survey. urvey, the facility failed to nt #2's bed mattress was	1090			
1 999	FINAL OBSERVAT	IONS	( 999			
	survey process. It be reviewed and a	rvations were made during the is recommended that this area determination be made ate actions to prevent potential tices:				
	the second floor of bedroom in which a The QIDP, who acc revealed that the ro According to the QI guardian had appro- from the first floor b	, at 3:19 p.m., observation of the facility revealed a single it win sized bed was located, companied the surveyor, om belonged to Resident #2. DP, the PT and Resident #2's wed the resident's relocation bedroom to the second floor months prior to the survey.				
	Resident #2's PT at 2014, revealed the her PT assessment a gait belt during tra however staff report caused the resident behaviors. As an a PT recommended to	, at 3:49 p.m., review of seessment dated March 6, resident had two fails since t. The PT had recommended ansfers and ambulation, ted that attempts to use it to exhibit maladaptive lternative to the gait belt, the o provide close contact guard sident during transfers and				
8 h	ambulation at home	and in the community. , at 3:53 p.m., interview with				
aith Regula	ation & Licensing Adminis	itration	 	A Commentation of the second state of the seco	1944)#77*2*# <b>1</b> 000000000000000000000000000000000000	
ATE FORM			6969 -	MV11	if cohlinus	illon shaet 6 of

HFD03-0261     B. WING     03/21/20       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     03/21/20       MARJUL HOMES, INC     5706 14TH STREET, NW     WASHINGTON, DC 20011       (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION       (X4) ID     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION       PREFIX     (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE ACTION SHOULD BE	11 14 02	2:06p Marjul Ho	INTERNAL IN SAME SAME INCOMES OF	A. BUILDING:		COMPLETED
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         MARJUL HOMES, INC       5706 14TH STREET, NW         WASHINGTON, DC 20011       SUMMARY STATEMENT OF DEFICIENCIES         V41 ID       SUMMARY STATEMENT OF DEFICIENCIES         PREFIX       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         7AG       SUMMARY STATEMENT OF DEFICIENCIES       ID         PREFIX       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         1999       Continued From page 6       1999         1999       Continued From page 6       1999         the facility's QIDP confirmed that Resident #2 had failen at the meumatologist's office, the day program, and also at the GHIID. Further       1999         discussion with the QIDP revealed that due to Resident #2's history of ambulation difficulty and fails, she continued to be bathed in the specially adaptive bathroom shower, which was located inside the first floor bedroom of Residents #3 and #5, to ensure her safely.       On Aprill 11, 2014 staff were in-serviced in the fail prevention. PT reviewed the located between Resident #3 and Resident #5 and approved the use of the bathroom. The use of the grab bars. The grab bars were installed on April 7, 2014.						
MARJUL HOMES, INC       5706 14TH STREET, NW WASHINGTON, DC 20011         CX40 ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)       PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION	<u> </u>		HFD03-0261	B. WING		03/21/20
MARJOL HOMES, INC       WASHINGTON, DC 20011         2X41 ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       CO         1999       Continued From page 6 the facility's QIDP confirmed that Resident #2 had fallen at the meumatologist's office, the day program, and also at the GHIID. Further discussion with the QIDP revealed that due to Resident #2's history of ambulation difficulty and falls, she continued to be bathed in the specially adaptive bathroom shower, which was located inside the first floor bedroom of Residents #3 and #5, to ensure her safety.       On April 11, 2014 staff were in-serviced in the fall prevention. PT reviewed the located between Resident #3 and Resident #5 and approved the use of the bathroom. The use of the grab bars. The grab bars were installed on April 7, 2014.	NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	RESS, CITY, S	STATE, ZIP CODE	
OX4) ID PREFIX       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COL         1999       Continued From page 6 the facility's QIDP confirmed that Resident #2 had failen at the meumatologist's office, the day program, and also at the GHIID. Further discussion with the QIDP revealed that due to Resident #2's history of ambutation difficulty and fails, she continued to be bathed in the specially adaptive bathroom shower, which was located inside the first floor bedroom of Residents #3 and #5, to ensure her safety.       On April 11, 2014 staff were in-serviced in the fail prevention. PT reviewed the located between Resident #3 and Resident #5 and approved the use of the bathroom. The use of the grab bars. The grab bars were installed on April 7, 2014.	BRA C IN	Lining inp	5706 14TH	STREET, N	IW.	
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       Cold CROSS-REFERENCED TO THE APPROPRIATE       Cold CROSS	INCOMPANY IN C	. IIDWIED, 1180	WASHING	TON, DC 20	011	
the facility's QIDP confirmed that Resident #2 had fallen at the meumatologist's office, the day program, and also at the GHID. Further discussion with the QIDP revealed that due to Resident #2's history of ambulation difficulty and falls, she continued to be bathed in the specially adaptive bathroom shower, which was located inside the first floor bedroom of Residents #3 and #5, to ensure her safety. Although at the time of the survey, Resident #2 benefited from the use of the adaptive bathroom, there was no evidence that the use of the bathroom located in Resident #3's and #5's bedroom had been reviewed and approved by the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPT	ULD BE CON
	1999	the facility's QIDP co fallen at the meumal program, and also a discussion with the C Resident #2's history falls, she continued to adaptive bathroom s inside the first floor b #5, to ensure her sai Although at the time benefited from the u there was no eviden bathroom located in bedroom had been r	onfirmed that Resident #2 had tologist's office, the day the GHIID. Further 2IDP revealed that due to of ambulation difficulty and to be bathed in the specially hower, which was located bedroom of Residents #3 and fety. of the survey, Resident #2 se of the adaptive bathroom, ce that the use of the Resident #3's and #5's eviewed and approved by the	On A fail p betw app the	April 11, 2014 staff were in-servi prevention. PT reviewed the loc ween Resident #3 and Resident # roved the use of the bathroom. grab bars. The grab bars were in	ated #5 and The use of

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