202#3731993

301-839-0913

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US 13 02:50p Fort Foote Baptist 06/28/2013 2 49PH FAX Jul 09 13 02:50p

PRINTED: 06/27/2013 FORM APPROVED

Health R	egulation & Licensin	g Administration		COLEME TICH	ECONSTRUCTION	(X3) DATE	SURVEY	
THE PROPERTY OF DECICIENCIES LOSS PROV		I DO TO PROVIDE TO SULL FOR	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	COMP	COMPLETED	
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		CRF-000872		H. WING	TO DODE	06/1	7/2013	
NAME OF P	ROVIDER OR SUPPLIER		CONTRACTOR OF THE	DRESS. CITY.	STATE, ZIP CODE			
THELMA	HAMMOND			STON, DC 2				
184110	SUMMARYSTA	ATEMENT OF DEFICIENCIE	S	ID.	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO	TION OULD BE	CX5) COMPLETE	
(X4) ID PREFIX TAG	ACACH RECKIENCY	Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	PREFIX TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	DATE	
D 000	Initial Comments			D 000				
	A licensure survey was conducted on June 17, 2013. A sample of one male was selected from a residential population of one male. The survey findings were based on a review of resident and administrative records, as well as observations in the home and interviews with administrative staff, and residents.				Quality of Health	1		
	3404.1 Resident Status Policies			D 700	nediate Care Facilities	INRION		
	In addition to the pre-admission medical examination required by § 3403.6, each resident shall have an annual examination by a physician. The physician's report and his or her recommendations shall be included in the resident's permanent file.				899 North Capitol St., N. Washington, D.C. 2000	E.		
	This CONDITION is not met as evidenced by Based on interview and record review, the community residence facility (CRF) failed to ensure that each resident received an annual examination by a physician, for one of one sampled residents. (Resident #1)							
	The finding includes:							
	17, 2013, at 11:26 current medical ex 2011. Interview w June 17, 2013, at #1 was seen by his in April 2012 and a there was no documedical examination indicated that she	at #1's medical record a.m. revealed Reside (amination was dated of the residential dir 11:27 a.m. revealed it is primary care physic again on May 2, 2013 mented evidence of on. The residential de would go to the primary and retneve the 2012 on reports.	ent #1's I April 28, ector on Resident cian (PCP) , however, a current lirector ary care		Whe annual mede examination ruses 2012 and 2013 em abtained from the primary care phy and found to	cal for for vicion 2013.	7/5/13	
Hea(th Regu	lation & Licensing Admir	nistration			L			
S 35	NTW			ſ	TITLE	1212	(XG) DATE	
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	Regulation & Licensir	(X1) PROVIDER/SUPPLIE	RICIIA	CYTY ARELL THE	E CONSTRUCTO!	· · · · · · · · · · · · · · · · · · ·	T.W.		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		CRF-000872		B. WING	5		No.v	7/2641	
			STREET A	STREET ADDRESS, CITY, STATE, ZIP GODE				08/17/2013	
THELMA	HAMMOND			ST STREET GTON, DC					
(X4) ID PREFIX TAG	Summary Sta (Each Deficiency Regulatory of L	PREFIX TAG	CROSS-REFERE	S PLAN OF CORRECT CTIVE ACTION SHOUNCED TO THE APPRI DEFICIENCY)	ILO SE	COMPI COMPI DAT			
O 700	Continued From pa At the time of the st failed to evidence the examinations.	ge 7 urvey, the CRF medic ne 2012 and 2013 me	cal record	D 700	in the a expanination lie include residents		eson redisal lucily the t file	7/5/	
			The second secon		P N			3 201	
Regulation			I	1					