

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH**



**HEALTH REGULATION ADMINISTRATION**

HEALTH CARE FACILITIES DIVISION  
PHONE:202-442-4737  
FAX:202-442-9431

MAILING ADDRESS  
899 NORTH CAPITOL ST, NE  
FIRST FLOOR  
WASHINGTON DC 20002

JUL 9 2014

MS SANDY DOUGLASS  
METHODIST HOME OF DC  
4901 CONNECTICUT AVE NW  
WASHINGTON DC 20008

Dear MS SANDY DOUGLASS

Enclosed is your Certificate of Licensure for August 7, 2014 through August 6, 2015 . The staff of the Department of Health, Health Regulation Administration may visit your facility at a future date to determine continued compliance with both District and Federal laws.

If you have any questions, please contact me on 202-442-4737.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Lewis".

Sharon Lewis  
Program Manager

Enclosure(s)

**CERTIFICATE OF LICENSURE**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH**



**HEALTH REGULATION ADMINISTRATION  
HEALTH CARE FACILITIES DIVISION**

**Certificate of Licensure**

Pursuant to Title II, Section 1, of the D.C. Health Care Facilities Regulation, Licensure is Granted to:

**METHODIST HOME OF DC**

To Maintain and Operate  
A Health Care Facility

which is located at:

Located at: 4901 CONNECTICUT AVE NW , WASHINGTON, D.C.

as a

**Nursing Facility**

with an authorized total capacity of 50 beds for the period of 08/07/2014 through 08/06/2015 with the beds in the following categories:

Skilled: 0  
Nursing: 0  
Dual: 50

**License Number: HFD02-0004**

**Dr. Joxel Garcia  
Director**

**Date**       JUL 9 2014      

This license is required to be framed under clear glass or plastic and posted in a conspicuous place in the main lobby or administrative office of the licensed premises. It is valid for the licensee(s) and premises named above, and only for the period specified and is not transferable.

**This Facility has affirmed its compliance with Title VI of the Civil Rights Act of 1964.**

