

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2011
NAME OF PROVIDER OR SUPPLIER TWINS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4917 FOOTE STREET NE WASHINGTON, DC 20018		
(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
{R 000}	Initial Comments On March 11, 2011, a follow-up inspection was completed to determine if systems failures identified during the January 28, 2011 investigation had been abated. Based on observations, interviews and record reviews, it was determined that the residence had abated all January 28, 2011 deficiencies and were in compliance with Assisted Living Law "DC Code § 44-101.01."	{R 000}		

Health Regulation Administration

TITLE

(X6) DATE

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