

DEPARTMENT OF HEALTH
 HEALTH REGULATION & LICENSING
 ADMINISTRATION

Mailing Address
 825 North Capitol St., NE
 Washington DC 20002
 2nd Floor (2224)
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility: Washington House		Street Address, City, State, ZIP Code: 4800 8 th Street NW Washington, DC		Survey Date: June 25, 2009 Follow-up Date(s):	
Regulation Citation Assisted Living Residence Law 13-127 Act 13-297	Statement of Deficiencies <p> Upon your request to convert from a Community Residence Facility to an Assisted Living Residence an initial licensure survey was conducted on June 24, 2009. The survey was conducted to determine compliance with Assisted Living Residence Law 13-127 and Act 13-297. The survey findings were based on observations, interviews, records of all 4 residents, and determined substantial compliance in the area of health care services. The findings revealed that staff was providing adequate care to ensure that residents' health and safety were not at risk. However, the findings, as reflected in this report, determined non compliance with the licensure requirements in the following areas: 302 </p>	Ref. No.	Plan of Correction	Completion Date	302 (2)

INITIAL ASSISTED LIVING RESIDENCE LICENSURE
 An applicant for licensure shall provide the following information at the time of the pre-

[Signature]
 Name of Inspector

8/13/09
 Date Issued

[Signature]
 Facility Director/Designee

8-24-09
 Date

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licensure inspection: [redacted]
 (B) Disaster plan; [redacted]
 (C) Staffing plan;
 (D) Resident fund management system;
 Medication management system;
 Individualized Service Plan policy and procedure;
 (E) Admission, transfer, and discharge policy;
 (H) Resident agreements, both financial and nonfinancial;
 (M) Other reasonably relevant information required by the Mayor.

Based on interview, it was determined that the above listed documents were not available at the time of this inspection.

The finding includes:

In an interview with the owner on June 25, 2009 at approximately 12:00 PM, it was acknowledged that the above listed policies had not been developed at the time of this inspection.

There was no documented evidence that the above listed policies were available at the time of this survey.

(B) Disaster Plan developed	7-30-09
(C) Staffing Policy developed	7-29-09
(D) Resident fund management system policy to be developed	8-26-09
(E) Medication management system policy developed	7-25-09
(F) Individualized Service Plan Policy and procedure to be developed	9-1-09
(G) admission transfer and discharge Policy developed	7-28-09
(H) Resident agreements both financial and non financial Policy to be developed	9-1-09
(M) Infection Control Policy developed	8-19-09



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1002

An ALR shall comply with the Life Safety Code of the National Fire Protection Association, NFPA 101, 1997 edition as follows:

1002

FIRE SAFETY

Based on interview and record review with employees, the facility failed to have an initial fire inspection as required under section 1002.

The inspection was done on 8-6-09

1004.a

An Assisted Living Residence shall ensure that the interior of its facility, including walls, ceiling, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair.

1004
General Building Interior

Based on an observation on June 26, 2009, at approximately 10:20 AM, the facility failed to maintain the bathroom in good repair.

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The finding includes:
In the upstairs bathroom, around the top of the sink, caulking and tiles were missing around the sink and towel rack. The above findings were acknowledged by the owner of the facility.

2nd floor
The one piece of tile was
replace by painting it.
The tile rack holder was
removed. 1st floor
6-25-09