

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2008
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NAME OF PROVIDER OR SUPPLIER METRO HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 815 55TH STREET, NE WASHINGTON, DC 20019
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(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
1000	INITIAL COMMENTS A initial licensure survey was conducted on June 25 2008. The findings of the survey were based on observations at the group home and interviews with the management staff in the residence and the review of the administrative records.	1000		
1052	3502.10 MEAL SERVICE / DINING AREAS Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation and interview the facility failed to facilitate a client's needs with regards to eating meals at the dinner table. The finding includes: On June 25, 2008 observation of the dining room area revealed that the facility's management failed to purchase a dining room table and chairs for the client's use during meals. According to the CEO, the dining room furniture will be delivered in a couple of days. Note: A post survey visit was conducted on June 27, 2007 to confirm that dining room furniture had been delivered to the facility. There was no evidence that dining room table and chairs had not been delivered for the residents to use.	1052	I 052 The facility has acquired the dining table with 6 chairs.	6/30/08
1082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup	1082		

RECEIVED HEALTH
 DEPARTMENT OF HEALTH
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 2008 JUL 15 P 4:46

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Swan, BSN, MA VP Operations

(X8) DATE
7/14/08

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I 082	<p>Continued From page 1</p> <p>dispenser, soap for hand washing, a mirror and adequate lighting.</p> <p>This Statute is not met as evidenced by: Based on observations and interview at the GHMRP failed properly equip each bathroom with the appropriate items to meet each residents need.</p> <p>The findings include:</p> <p>During the environmental walk-through on June 27, 2006 at approximately 2:00 PM revealed the following:</p> <ol style="list-style-type: none"> 1. Bathroom #1 did not have any soap for hand washing, paper towels, cups and cup dispenser. 2. Bathroom #2 did not have any soap for hand washing, paper towels, cups and cup dispenser. 	I 082	<p>I 082 All bathrooms have been equipped with paper towels, , toilet paper and cups with cup dispenser.</p>	6/30/08
I 090	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>The findings include:</p>	I 090		