

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CRF-000872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THELMA HAMMOND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3912 FIRST STREET SW WASHINGTON, DC 20032</b>
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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
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D 000	<p><b>Initial Comments</b></p> <p>A licensure survey was conducted on March 19, 2012. The findings of the survey was based on observations of the Community Residential Facility (CRF), observations at one senior community center, and interviews with the administrative staff, as well as a review of clinical and administrative records. A random sample of two residents was selected from a resident population of two males with various medical disabilities. A thorough environmental inspection was conducted of the facility, and there were no significant deficiencies that would be life threatening to the residents and/or staff.</p> <p>At the time of the survey, the facility was found to be in compliance with Title 22 DCMR, Chapter 34 (Community Residents Facilities (CRF) Regulations). There were no deficiencies cited.</p>	D 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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