



Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  R 05/16/2007
NAME OF PROVIDER OR SUPPLIER  GRANT PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
(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	
{L 054}	Continued From page 1  May 5, 2007            3.0 May 6, 2007            3.2 May 11, 2007          3.1 May 12, 2007          3.2  A face-to-face interview was conducted with the Director of Nursing on May 16, 2007 at approximately 11:00 AM who acknowledged that the staffing was below 3.5 nursing hours per resident per day due to scheduled staff not reporting to work (called in). The facility is in the process of obtaining a contract with a nursing agency.	{L 054}			