

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0235	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/26/2026	
NAME OF PROVIDER OR SUPPLIER METRO HOMES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 929 55TH STREET, NE, WASHINGTON, District of Columbia, 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) COMPLETION DATE	
10000	Initial Comments A licensure survey was conducted at this facility from 08/24/2026 through 08/26/2026. A sample of three persons was selected from a census of six. The survey findings were based on observations, interviews, and record reviews.	10000	Please start typing your responses here:		
13900	Environmental Requirements CFR(s): 3502.9 3502.9 The CRFPID's hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms and laundry. The hot water temperature of all fixtures used by persons residing in the home shall be maintained at a minimum one hundred degrees Fahrenheit (100°F) and not to exceed one hundred and ten degrees Fahrenheit (110°F). This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain water temperatures above 100 degrees Fahrenheit (°F) in resident-accessible areas for the six persons in the facility. Findings included: During the environmental inspection on 08/26/2026 at 2:50 PM, hot water temperature measurements were taken at the kitchen sink and in the bathrooms accessible to residents. The temperatures registered at 97F, 99°F, and 95°F. During an interview on 08/26/2026 at 2:57 PM, the Qualified Intellectual Disabilities Professional stated she was unaware that the water temperatures were below 100°F and reported that the facility maintains a water log to monitor temperatures.	13900			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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I5500	Housekeeping CFR(s): 3503.5 3503.5 Each CRFPID shall be free of insects, rodents and vermin. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record reviews, the facility failed to maintain a safe, clean, orderly, and sanitary environment for six of the six persons residing in the facility (Persons #1, #2, #3, #4, #5, and #6). Findings included: On 08/26/2026 at 3:00 PM, during an environmental inspection accompanied by the Qualified Intellectual Disabilities Professional (QIDP), the following concerns were observed: The kitchen toaster contained a significant buildup of crumbs inside the heating compartment, indicating the appliance had not been cleaned and was not being maintained in a sanitary condition. The top rack of the dishwasher was inoperable and could not be pulled in or out properly, preventing the correct placement of dishes and compromising effective and sanitary dishwashing. The bathroom door handle was loose and required excessive force to operate, creating a potential safety hazard for persons entering or exiting the bathroom. Light bulbs in the bathroom and in the chandelier located in the common living room area were nonfunctional, reducing visibility and posing a safety concern. A dresser belonging to Person #1 was observed with dresser drawers off track, preventing them from opening and closing properly and limiting safe access to personal belongings. The bathroom used by the clients			I5500			

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I5500	Continued from page 2 was observed with a window blind that was improperly installed and in disrepair. Slats were bent and missing, preventing the blind from fully closing. As a result, gaps were present between the slats, allowing a clear line of sight into the restroom from outside the window. During an interview on 08/26/2026 at 3:15 PM, the QIDP acknowledged all of the above observations and confirmed.	I5500			
I6470	Meals And Dining CFR(s): 3504.6 3504.6 Any modified diet shall be planned, prepared, and served by staff members who have received instruction and training on modified diets from a licensed dietitian. Subsequent training can be conducted by a licensed health professional trained by a licensed dietitian. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interview, and record reviews the facility failed to serve each resident their modified diet as ordered for one of the three persons in the sample (Person #2). Findings included: A review of Person #2's physician order sheet (POS) dated 08/01/2026 documented the following diet order: 1800 calories, high fiber, low fat, low cholesterol, no concentrated sweets, no added salt, high iron diet, pureed, ten cups of water or sugar free beverages at meals and between meals daily. On 08/24/2026 at 3:11 PM, during snack observations, Person #2 received a cup of light cranberry juice. At 6:00 PM, during dinner observations, Person #2 again received a cup of light cranberry juice mixed and on 08/25/2026 during lunch observation, the client received another cup of light cranberry juice. During an interview on 08/25/2026 at 3:00 PM, Direct Support Professional (DSP) #4 reported that she provided Person #2 light cranberry juice mix with water no sugar free cranberry juice or apple juice was available. She confirmed that the facility did not have any sugar-free juice in the facility.	I6470			

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I6760	BEDROOMS CFR(s): 3505.6 3505.6 Each at all bedroom shall be equipped with at least the following items for each person times, and must be in accordance with the person's preference: (a) Standard single, queen, king or twin-sized bed; (b) Clean pillow with appropriate and adequate fill and firmness; (c) Drawer space or secure space for personal items; (d) Nightstand; (e) Lamp; (t) A clean, supportive mattress that has no rips, no tears, and no broken springs; and (g) At least one chair for each person, if appropriate for the person's abilities. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations and interview, the facility failed to ensure that each bedroom was equipped with a supportive mattress, for one of the six persons in the facility (Person #5). Findings included: On 08/26/2026 at 3:10 PM, during an environmental inspection accompanied by the Qualified Intellectual Disabilities Professional (QIDP), Person #5's mattress was observed to be worn and sunken in the middle, indicating that it no longer provided adequate support. At that time, the QIDP acknowledged that Person #5's mattress was worn and no longer supportive.	I6760			
I6950	BATHROOMS CFR(s): 3506.5 3506.5 Bathrooms shall provide adequate privacy. Each tub or shower shall have privacy partitions or curtains. A bathroom should not have more than one toilet.	I6950			

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I6950	Continued from page 4 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations and interview, the facility failed to provide adequate privacy in a bathroom for one of the three sampled persons (Person #3). Findings included: On 08/26/2026 at 3:15 PM, during an environmental inspection, the restroom used by Person #3 was observed with a window blind that was improperly installed and in disrepair. Slats were bent and missing, preventing the blind from fully closing. As a result, gaps between the slats allowed a clear line of sight into the restroom from outside the window, compromising privacy for individuals using the bathroom. During an interview at the time of the observation, the Qualified Intellectual Disabilities Professional acknowledged that the blind was improperly installed and confirmed that a slat was broken and missing, preventing the blind from providing full coverage of the window.	I6950			
I9190	MEDICATIONS CFR(s): 3521.9 3521.9 The CRFPID shall maintain an accurate medication administration record for each person, including a daily log of all medications administered or refused by the person, and medication not administered due to lack of availability. The log shall identify who administered the medication. Each record shall be kept current and updated as necessary. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interview, and record reviews, the facility failed to maintain an accurate and current Medication Administration Record (MAR) for one of the three sampled persons (Person #3). Findings included: A review of the facility's policy titled "Medication Administration" stated that all as-needed (PRN) medications administered must be signed on the Medication Administration Record (MAR) immediately after administration, and an explanation documented	I9190			

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I9190	Continued from page 5 on the back of the MAR indicated the reason the medication was administered. The policy further stated that failure to complete this documentation constitutes a medication error. A review of Person #3's Physician's Orders Sheet (POS) dated July 2026 showed prescriptions for Acetaminophen 500 milligram (mg)/15 milliliter (mL) and Ibuprofen 600 mg to be administered as needed for pain. On 08/24/2026 at 7:46 PM, Licensed Practical Nurse (LPN) #2 stated that she would administer PRN pain medication to Person #3 because he was experiencing pain due to kidney stones. At that time, LPN #2 displayed both PRN pain medications – Acetaminophen 500 mg/15 mL and Ibuprofen 600 mg – and Person #3's POS to the surveyor prior to administration. On 08/25/2026 at 1:20 PM, during a reconciliation of the MAR, it was noted that LPN #2 had not signed the MAR to indicate which PRN pain medication was administered to Person #3, the time of administration, or the reason for administering the PRN medication. During an interview on 08/25/2026 at 1:25 PM, LPN #2 stated that she administered both Acetaminophen 500 mg/15 mL and Ibuprofen 600 mg to Person #3 and reported that she forgot to sign the MAR. LPN #2 then signed the MAR; however, she did not document the reason for administering the PRN medications as required by facility policy.	I9190			