

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G227	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2026	
NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6703 SANDY SPRINGS RD, WASHINGTON, District of Columbia, 20012		
(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	
E0000	Initial Comments A recertification survey was conducted at this facility from 09/23/2026 through 09/25/2026. A sample of three clients was selected from a census of five. The survey was conducted utilizing the focused fundamental survey process. The survey findings were based on observations, interviews, and reviews of client and administrative records.	E0000	Please start typing your responses here:		
W0000	INITIAL COMMENTS A recertification survey was conducted at this facility from 09/23/2026 through 09/25/2026. A sample of three clients was selected from a census of five. The survey was conducted utilizing the focused fundamental survey process. The survey findings were based on observations, interviews, and reviews of client and administrative records.	W0000			
E0007	EF Program Patient Population CFR(s): 483.475(a)(3) §403.748(a)(3), §416.54(a)(3), §418.113(a)(3), §441.184(a)(3), §460.84(a)(3), §482.15(a)(3), §483.73(a)(3), §483.475(a)(3), §484.102(a)(3), §485.68(a)(3), §485.542(a)(3), §485.625(a)(3), §485.727(a)(3), §485.920(a)(3), §491.12(a)(3), §494.62(a)(3). [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must do the following:] (3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. **	E0007			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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E0007	Continued from page 1 *[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following: (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. *NOTE: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.] This STANDARD is NOT MET as evidenced by: Based on observations, interview, and record reviews, the facility failed to ensure that each resident's Personal Emergency Preparedness Plan (PEPP) included documentation of the resident's current medications for five of the five clients residing in the facility (Client #1, #2, #3, #4, and #5). Findings included: A review of Client #1's PEPP dated 08/14/2026 showed the absence of documentation regarding the client's current medications. A review of Client #2's PEPP dated 05/27/2026 showed the absence of documentation regarding the client's current medications. A review of Client #3's PEPP dated 07/30/2026 showed the absence of documentation regarding the client's current medications. A review of Client #4's PEPP dated 01/29/2026 showed the absence of documentation regarding the client's current medications. A review of Client #5's PEPP dated 12/18/2025 showed the absence of documentation regarding the client's current medications. During an interview on 09/25/2026 at 2:15 PM, the Qualified Intellectual Disabilities	E0007			

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E0007	Continued from page 2 Professional acknowledged that the PEPPs for Clients #1, #2, #3, #4 and #5 did not include their current medications and confirmed that the facility had not incorporated medication information into the individualized emergency plans.	E0007			
W0159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews and record reviews, the Qualified Intellectual Developmental Professional (QIDP) failed to integrate, coordinate and monitor each client's active treatment program for one of three clients in the sample (Client #1). Findings included: 1. On 09/23/2026 at 11:45 AM, Client #1 was observed sitting in a wheelchair with his legs crossed and wearing a gait belt. The wheelchair appeared to be a well-fitting wheelchair. On 09/24/2026 at 11:30 AM, review of Client #1's Physical Therapy (PT) Evaluation dated 07/28/2026 showed that the client required the following adaptive equipment: hospital bed with full side rails, commode, wheelchair and bedside table. The evaluation further documented that the client continued to exhibit multiple lower extremity contractures at the hips and knees, with increased muscle contributing to the contractures. He cannot stand and require assistance with transfers to and from his wheelchair. The PT concluded that the client received a new wheelchair, and it was in good condition. On 09/25/2026 at 11:52 AM, review of Client #1's bank showed a withdrawal of \$844.80 on 05/01/2026 for the purchase of a wheelchair. During an interview on 09/25/2026 at 2:15 PM, the QIDP reported that the Interdisciplinary Team (IDT) met for Client #1's six-month review on 04/23/2026. The IDT and the client's legal guardian discussed and agreed to purchase a wheelchair using the	W0159			

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W0159	Continued from page 3 client's community account because the insurance would not cover it. When asked for supporting documentation, the QIDP stated that she could not provide evidence that an insurance form had been submitted for approval. There was no evidence that the facility's QIDP attempted to obtain Medicaid funded adaptive equipment for Client #1 prior to using the client's personal funds. 2. A review of Client #1's BSP, revised 07/20/2026, showed the targeted behavior of self-injurious behavior (SIB). The objective stated, "will reduce the frequency of SIB to 20 or fewer occurrences per month for nine months." The intervention strategies are as follows: Provide an initial verbal prompt to stop the SIB; wait 10 to 15 seconds and repeat if needed If the client continues SIB, block the behavior using a pillow or soft object Provide verbal prompts to calm the client if agitation increases Observe the client for 5 minutes after SIB stops, then engage him in an activity Provide social praise for positive behavior Document the number of SIB incidents in "Therap". During lunch observations on 09/23/2026 from 12:25 PM through 12:45 PM, Client #1 was observed hitting the back of his head with his fist 15 times and bit the back of his right hand. During these observations, DSP #3 responded to the behavior only by saying only once, "No, No, eat." During snack time from 4:14 PM through 4:25 PM, Client #1 was observed hitting his head with his fist seven times. There was no staff intervention	W0159			

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W0159	Continued from page 4 following the SIB incidents. During an interview on 09/24/2026 at 12:50 PM, DSP #3 described Client #1's SIB as hitting himself on the head or biting his hands. DSP #3 stated that when Client #1 hits himself with his fist on his head or bits the back of his hands during meals, he is "enjoying the food." When asked should he document the number of times the client hits himself in "Therap", DSP #3 replied, "Yes."	W0159			
W0194	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(4) Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is NOT MET as evidenced by: Based on observations, interview, and record reviews, the facility failed to ensure Direct Support Professionals (DSP) demonstrated competency in implementing each client's Behavior Support Plan (BSP) for one of the three clients in the sample (Client #1). Findings included: A review of Client #1's BSP, revised 07/20/2026, identified self-injurious behavior (SIB) as the targeted behavior. The BSP objective stated, "will reduce the frequency of SIB to 20 or fewer occurrences per month for nine months." The intervention strategies are as follows: Provide an initial verbal prompt to stop the SIB; wait 10 to 15 seconds and repeat if needed If the client continues SIB, block the behavior using a pillow or soft object	W0194			

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W0194	Continued from page 5 Provide verbal prompts to calm the client if agitation increases Observe the client for 5 minutes after SIB stops, then engage him in an activity Provide social praise for positive behavior Document the number of SIB incidents in "Therap". During lunch observations on 09/23/2026 from 12:25 PM through 12:45 PM, Client #1 was observed hitting the back of his head with his fist 15 times and bit the back of his right hand. During these observations, DSP #3 responded only by stating, "No, No, eat." During snack time observations on 09/23/2026 from 4:14 PM through 4:25 PM, Client #1 was observed hitting his head with his fist seven times. There was no staff intervention following the incidents. Again, no staff intervention occurred. On 09/24/2026 11:30 AM, review of the facility's training records showed that DSP #3 received training on Client #1's BSP on 07/21/2026, conducted by the Psychologist who developed the BSP. During an interview on 09/24/2026 at 12:50 PM, DSP #3 described Client 1's SIB as hitting himself on the head or biting his hands. DSP #3 stated that when Client #1's hits himself at the dining table, "he is enjoying his meal." When asked whether the number of SIB incidents should be documented in "Therap", DSP #3 replied, "Yes." During an interview on 09/24/2026 at 1:00 PM, the Qualified Intellectual Disabilities Professional confirmed that DSP #3 should have intervened and documented when Client #1 exhibited SIB. There was no evidence that DSP #3 implemented and documented Client #1's BSP, as required.	W0194			

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W0249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to implement each client's Behavior Support Plan (BSP) for one of three clients in the sample (Client #1). Findings included: A review of Client #1's BSP, revised 07/20/2026, showed the targeted behavior of self-injurious behavior (SIB). The objective stated, "will reduce the frequency of SIB to 20 or fewer occurrences per month for nine months." The intervention strategies are as follows: Provide an initial verbal prompt to stop the SIB; wait 10 to 15 seconds and repeat if needed If the client continues SIB, block the behavior using a pillow or soft object Provide verbal prompts to calm the client if agitation increases Observe the client for 5 minutes after SIB stops, then engage him in an activity Provide social praise for positive behavior Document the number of SIB incidents in "Therap". During lunch observations on 09/23/2026 from 12:25 PM through 12:45 PM, Client #1 was observed hitting the back of his head with his fist 15 times	W0249			

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W0249	Continued from page 7 and bit the back of his right hand. During these observations, DSP #3 responded to the behavior only by saying, "No, No, eat." During snack time from 4:14 PM through 4:25 PM, Client #1 was observed hitting his head with his fist seven times. There was no staff intervention following the incidents. During an interview on 09/24/2026 at 12:50 PM, DSP #3 described Client #1's SIB as hitting himself on the head or biting his hands. DSP #3 stated that when Client #1 hits himself with his fist on his head or bits the back of his hands during meals "he is enjoying his meal." When asked he should document the number of times the client hits himself in "Therap", DSP #3 replied, "Yes." On 09/24/2026 at 1:00 PM, during an interview, the Qualified Intellectual Disabilities Professional confirmed that DSP #3 should have intervened when Client #1 was exhibiting SIB.	W0249			
W0252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to document each client's self-injurious behaviors in a form and frequency as required by the Behavior Support Plan (BSP) for one of the three clients in the sample (Client #1). Findings included: 1.A review of Client #1's BSP, revised 07/20/2026, showed the targeted behavior of self-injurious behavior (SIB). The objective stated, "will reduce the frequency of SIB to 20 or fewer occurrences per month for nine months." The intervention strategies are as follows: Provide an initial verbal prompt to stop the SIB; wait	W0252			

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W0252	Continued from page 8 10 to 15 seconds and repeat if needed If the client continues SIB, block the behavior using a pillow or soft object Provide verbal prompts to calm the client if agitation increases Observe the client for 5 minutes after SIB stops, then engage him in an activity Provide social praise for positive behavior Document the number of SIB incidents in "Therap". During lunch observations on 09/23/2026 from 12:25 PM through 12:45 PM, Client #1 was observed hitting the back of his head with his fist 15 times and bit the back of his right hand. During these observations, DSP #3 responded to the behavior only by saying, "No, No, eat." During snack time from 4:14 PM through 4:25 PM, Client #1 was observed hitting his head with his fist seven times. There was no staff intervention following the incidents. During an interview on 09/24/2026 at 12:50 PM, DSP #3 described Client #1's SIB as hitting himself on the head or biting his hands. DSP #3 stated that when Client #1 hits himself with his fist on his head or bits the back of his hands during meals, "he is enjoying his meal." When asked he should document the number of times the client hits himself in "Therap", DSP #3 replied, "Yes." On 09/24/2026 at 1:00 PM, during an interview the Qualified Intellectual Disabilities Professional confirmed that DSP #3 should have documented in "Therap" the number of times that Client #1 exhibited SIB. 2. On 09/23/2026 at 1:10 PM, review of Client #1's Individual Program Plan (IPP) showed an objective stating, "The client will exhibit improved sitting balance during transfers. He will tolerate lower	W0252			

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W0252	Continued from page 9 extremity range of motion to maintain his range of motion." This objective was not written in measurable terms, as required. On 09/23/2026 at 11:45 AM, Client #1 was observed sitting in a wheelchair with his legs crossed and wearing a gait belt. On 09/24/2026 at 11:30 AM, review of Client #1's Physical Therapy Evaluation dated 07/28/2026 confirmed lower extremity range of motion exercises were recommended. During an interview on 09/24/2026 at 1:00 PM, the Qualified Intellectual Disabilities Professional (QIDP) stated she had restated the PT's goals and objectives exactly as written in the PT evaluation when developing the IPP. She explained that the data sheet identifies the number of exercises required but confirmed that the IPP objective was not written in measurable terms.	W0252			
W0368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews, and record reviews, the facility's nurse failed to administer medications in accordance with the physician's orders (POS) for one of five clients residing in the facility (Client #4). Findings included: On 09/23/2026, a review of Client #4's POS dated September 2026 showed an order for Polyethylene Glycol Powder 510 grams (gm), to be administered once daily in the morning. On 09/23/2026 at 6:04 PM, during the medication administration observation, Licensed Practical Nurse #2 was observed administering the following medications to Client #4: Polyethylene Glycol Powder, Phenobarbital, Sertraline and other medications.	W0368			

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W0368	Continued from page 10			W0368			
	A reconciliation of the POS, Medication Administration Record and the observation on 09/23/2026 confirmed that Polyethylene Glycol Powder 510 gm was ordered once daily in the morning but was administered in the evening. During an interview on 09/24/2026 at 12:30 PM, the Registered Nurse stated that Polyethylene Glycol Powder 510 gm for Client #4 was ordered to be administered in the morning.						
W0369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews, and record reviews, the facility's nurse failed to administer medications without error for one of five clients residing in the facility (Client #4). Findings included: On 09/23/2026, a review of Client #4's POS dated September 2026 showed an order for Polyethylene Glycol Powder 510 grams (gm), to be administered once daily in the morning. On 09/23/2026 at 6:04 PM, during the medication administration observation, Licensed Practical Nurse #2 was observed administering the following medications to Client #4: Polyethylene Glycol Powder, Phenobarbital, Sertraline and other medications. A reconciliation of the POS, Medication Administration Record and the observation on 09/23/2026 confirmed that Polyethylene Glycol Powder 510 gm was ordered once daily in the morning but was administered in the evening. During an interview on 09/24/2026 at 12:30 PM, the Registered Nurse stated that Polyethylene Glycol Powder 510 gm for Client #4 was ordered to be			W0369			

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W0369	Continued from page 11 administered in the morning.	W0369			
W0436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to furnish each client with adaptive equipment using their Medicaid insurance for one of the three clients in the sample (Client #1). Findings included: On 09/23/2026 at 11:45 AM, Client #1 was observed sitting in a wheelchair with his legs crossed and wearing a gait belt. The wheelchair appeared to be a well-fitting wheelchair. On 09/24/2026 at 11:30 AM, review of Client #1's Physical Therapy Evaluation dated 07/28/2026 showed that the client required the following adaptive equipment: hospital bed with full side rails, commode, wheelchair and bedside table. The evaluation further documented that the client continued to exhibit multiple lower extremity contractures at the hips and knees, with increased muscle contributing to the contractures. He cannot stand and requires assistance with transfers to and from his wheelchair. The Physical Therapist concluded that the client received a new wheelchair, and it was in good condition. On 09/25/2026 at 11:52 AM, review of Client #1's bank statement showed a withdrawal of \$844.80 on 05/01/2026 for the purchase of a wheelchair. During an interview on 09/25/2026 at 2:15 PM, the Qualified Intellectual Disabilities Professional (QIDP) reported that the Interdisciplinary Team (IDT) met for Client #1's six-month review on 04/23/2026. The IDT and the client's legal guardian discussed and agreed to purchase a wheelchair using the client's community account because the insurance would	W0436			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G227	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2026	
NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6703 SANDY SPRINGS RD, WASHINGTON, District of Columbia, 20012		
(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	
W0436	Continued from page 12 not cover it. When asked for supporting documentation, the QIDP stated that she could not provide evidence that an insurance form had been submitted for approval. There was no evidence that the facility attempted to obtain Medicaid funded adaptive equipment for Client #1 prior to using the client's personal funds.	W0436			