

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADISE AT GEORGIA AVE, LLC DBA MAPLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 GEORGIA AVENUE, NW WASHINGTON, DC 20011</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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R 000	<p><b>Initial Comments</b></p> <p>An initial licensure survey was conducted on November 14, 2018 to determine compliance with Assisted Living Law "DC Code 44-101.01" The facility Administrator accompanied the surveyor during an environmental walk through and the facility was found to be in substantial compliance.</p> <p>The findings of the survey were based on observations and interview with the Administrator.</p>	R 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_