STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION NG:	(X3) DATE SUR COMPLETE
MARK OF ARM STREET	ALR-0006	B. WING		R 02/15/20
NAME OF PROVIDER OR SUPPLIER	STREET	ODRESS, CIT	Y, STATE, ZIP CODE	L
GRAND OAKS ASSISTED LIVE	NG 5901 M/ WASHIN	ACARTHUR	BLVD NW	lecent 2/2/2
TRETA (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE CICIENCY)
R 000 Initial Comments		R 000		
Facilities Division (IC complaint forwarded residence's (ALR) ex the presence of verm on January 31, 2017, director responded to February 1, 2017, an would occur with the 6, 2017, the ALR's ex contacted by the ICFI regarding the actions expressed complaint provided documentatic agency had visited the	recutive director indicating and in the dining room area. The ALR's executive the complainant on dindicated that follow-up exterminator. On February recutive director was D, to ascertain information taken to resolve the of vermin. The ALR on that a pest control of ALR on February 1, 2017.		Grand Oaks is filited for the sole purpose compliance with reduced of the survey report is survey conducted of 2017. This respons admission of liabil agreement with residentified in discussing agency but is submedemonstrate regula	se of confirming equests of alth in receipt of related to the on February 15, use is not an lity or statement of spect to issues sions with the nitted to
and Food Safety and I Services Division concassisted living resident regarding observed version January 31, 2017.  The results of the investor of vermin in the food set the body of the deficient	ducted an inspection at the ce to review a complaint armin in the dining room on stigation revealed evidence envices area as indicated in acy report.		An ALR shall ensured of its facility included ceilings, doors, wire and fixtures are mastructurally sound, good repair. Based and interviews, the maintain sanitary contains a second contains and interviews.	re that the interior ding walls, adows, equipment, intained sanitary, and in on observations ALR failed to
R 981 Sec. 1004a General Bu	uilding Interior	R 981	food service area.	
equipment, and fixtures structurally sound, sanit Based on observations	ceilings, doors, windows, are maintained		In response boards conta additional cutti	ve Action  e to the cutting ining crevices, ing boards were order by the

STATE FORM

מיים כועכו	Regulation & Licens NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MILITIO	E CONSTRUCTION	FORM APPROV	
- CAN GI CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 02/15/2017	
		ALR-0006				
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE	02/15/2017	
RAND (	DAKS ASSISTED LIV	ing 5901 Ma Washing	CARTHUR B	LVD NW		
(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.DE OCHOU	
R 981	Continued From page	ge 1	R 981			
	The finding includes	:				
RR Second the According and and seri	1. The facility failed to maintain the kitchen service area in a clean and sanitary manner free from roaches.  On February 15, 2017 at 11:12 a.m., an inspection of the facility's food service and dining areas was conducted by the Department of Health Food Safety and Hygiene Investigation Services Division. The ALR inspector accompanied the food service inspector to conduct the observations.  Review of the Food Establishment Inspection Report, dated February 15, 2017, revealed that several cutting boards contained crevices, wiping cloths were not stored in the sanitizer, and live roach and mice droppings were observed along the baseboard of the wall during the inspection. Additionally, non food contact surfaces and stainless steel storage areas were observed to contain food particles and debris.  On February 15, 2017, at 4:35 p.m., DOH informed the ALR to discontinue food preparation and service from the kitchen until the live vermin and roaches were eradicated, and until the food service area was thoroughly cleaned. After which, the kitchen would be reinserted by the			Executive Chef as. Evide the order was provided inspector at the tim inspection. Cutting board now been replaced.  In response to the victorial color, they were immediated in sanitizer.  In response to the base and storage areas, the k was immediately swept professionally cleaned evening.  In response to the stripping and ceiling pipe maintenance team immediated repaired the areas.  In response to landscaping concern, pest colored in sanitation.	to the e of s have wiping diately board itchen and that door e, the iately	
DOH. On February 16, 2017, the ALR submitted a plan of correction to DOH to address the aforementioned identified deficient practices.  On February 16, 2017, all deficiencies cited in the Food Establishment Inspection Report, observed on February 15, 2017, were abated and the facility was cleared to resume regular				inspected the area and four evidence. Our landsom contractor will continue monitor and trim shrubber appropriate.  In response to the grease	aping to y as	
ope	ations.	35	4	flooring the area	- and	

flooring,

was

area

the

Health Regulation & Licensing STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		FORM APPROV	
		DENTIFICATION NUMBER:	A BUILDING	·	(X3) DATE SURVEY COMPLETED	
AME OF		ALR-0006	B. WING		R	
CINC OF	PROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE, ZIP CODE		02/15/2017	
RAND	OAKS ASSISTED LIVI	NG 5901 MA	CARTHUR BI GTON, DC 20	VD NW		
(X4) ID PREFIX	SUMMARY STA	EMENT OF DEFICIENCE			dia	
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	JOHN D. DE	
R 981	Continued From pag	je 2	R 981			
e) be fee	area.  2. The facility failed service area in a cleafrom rodents.  On February 16, 2011 a.m., an inspector from the conducted area in a cleafrom rodents.  On February 16, 2011 a.m., an inspector from the conducted area in the conducted area in the conducted area in the stripping on the conducted area in the conducted positioned area in the conducted in the cond	n entrance exterior had bbery, which presented a for rodents. ccumulation of grease a presented a potential s. It should be noted that poserved in the area.		immediately profecteaned and new floor been installed.  II. How to Identify Executive Chef walk kitchen to ensure all of activity was remore Professional cleaning company was contacted and the kitch Director of Facilities the exterior of the contact and made necessary of sweep repairs. New I Management companion 03/01/2017.	Other ted the evidence ved. g ted to en. walked mmunity loor Pest y was	
wa	in that had a note an	pipe in the mechanical ound it where the coupling ented a potential entrance		III. Systemic Changes Grand Oaks engage contract with a new control provider et 03/01/2017. The r pest provider also services Sibley Me Hospital.	ged in a w pest ffective new	