STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095024	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/02/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HADLEY HOSP SKILLED NURS UNIT	4601 ML KING AVE SW WASHINGTON, DC 20032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
K 000	INITIAL COMMENTS The annual Life Safety Code survey was conducted on February 2, 2006. The following deficiency was cited.	K 000		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7. 8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observations during the survey period, it was determined that illumination was not provided in a stairwell. This finding was observed in the presence of the maintenance director. The findings include: Illumination was not provided in the stairwell near the Beauty Shop as evidenced by burned out light bulbs in one (1) of four (4) observations at approximately 2:00 PM on February 2, 2006.	K 045	K 045 1. The identified light bulb in the stairwell was changed and is working. 2/06/06 2. Rounds will be completed by the facilities Safety Officer and the Director of Plant Operations to ensure all lights are in working order. 3/19/06 3. Work orders will be filled out problems are identified. 3/19/06 4. Rounds and all deficiencies or problems will be reported to Environment of Care Committee for discussion or for further action. 3/19/06	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Allen Finch-Boyle | TITLE: CEO | (X6) DATE: 2/22/06

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 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.