

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/12/2021
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NAME OF PROVIDER OR SUPPLIER JEANNE JUGAN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017
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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
L 000	<p>Initial Comments</p> <p>A incident investigation for DC00010367 and DC00010304 were conducted on November 8-12, 2021. The incident/allegation was not substantiated. No deficiencies were cited. The sample size was four (4) residents.</p>	L 000		

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>As Alphonsa Marie Jones</i>	TITLE Administrator	(X6) DATE January 13, 2022
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