

Jeanne Jugan Residence 4200 Harewood Road, N.E. Washington, DC 20017-1511

April 7, 2017

Veronica Longstreth, RN, MSN Program Manager Government of the District of Columbia Department of Health Health Regulation and Licensure Administration 899 North Capital Street N.E. Washington, D.C. 20002

Dear Ms. Longstreth,

We are submitting for your approval our plan of correction (POC) for the deficiencies cited at the completion of the Life Safety Code survey conducted by a surveyor from the Department of Health on March 16, 2017.

We hope that this POC will bring us into compliance with participation requirements as we strive to provide for the happiness and comfort of the residents of the Little Sisters of the Poor, Jeanne Jugan Residence.

Please do not hesitate to contact me if you have any questions. I can be reached at the following:

Phone: (202) 269-1831 Fax: (202) 269-1134 E-mail: admwashington@littlesistersofthepoor.org

We thank you for your assistance.

Sincerely,

Ar alphonre Marie Jones

Sr. Alphonse Marie Jones Administrator

Enclosure: CMS-2567

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD			DATE SURVEY COMPLETED	
		09E020	B. WING			03/1	6/2017
	ROVIDER OR SUPPLIER	REET ADDRESS, CITY, STATE, ZIP CODE 200 HAREWOOD ROAD NE ASHINGTON, DC 20017	•				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLET DATE
K 000	Life Safety Code Ir	TS ings were identified during the ispection conducted on March	K	000			
K 353 SS=E	Testing Sprinkler System - Automatic sprinkle inspected, tested, with NFPA 25, Sta and Maintaining of Systems. Records inspection and test location and readil a) Date sprinkler b) Who provided c) Water system s Provide in REMAR any non-required c system. 9.7.5, 9.7.7, 9.7.8, This STANDARD A. Based on obse Code Inspection, it and escutcheon ring emergency as evic escutcheon rings a surfaces in 18 of 3	system last checked system test supply source KS information on coverage for or partial automatic sprinkler	K	353	<ul> <li>K 353 A. 1-4</li> <li>No resident was reported or obsert to have been harmed by this deficipractice. The Escutcheon rings on Good Shepherd Unit in Rooms 12:1211, 1218, and 1219; pantry; bat area; toilet room in the nurses' stawere replaced on March 23, 2017. Sprinkler heads and shaft surfaces Sacred Heart Unit in Rooms 1403, 1405, 1414, 1415, 1422, and 1422 loading dock were cleaned and escutcheon rings were replaced on March 28, 2017. The sprinkler head surfaces, in the Sacred H Unit laundry room was cleaned by maintenance staff on March 28, 20 The sprinkler head surfaces in the soiled utility area of the laundry roow were cleaned and the escutcheon were replaced on March 29, 2017.</li> <li>Identified deficient escutcheon ring other residents' rooms or areas in facility were also replaced and def sprinkler heads and shaft surfaces were cleaned. No other resident have been harmed by this deficient prace.</li> <li>A visual inspection of sprinklers will done on a rotating basis with one section of the home being done eaweek to assure that all areas with sprinklers will be checked monthly maintenance staff to maintain</li> </ul>	ient 09, ining ition s on f, ads Heart 017. om rings gs in the ficient s ad e ctice. ill be ach	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**CENTERS FOR MEDICARE & MEDICAID SERVICES** 

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPI	RESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ar alphonre Marie (	Jones	Administrator	April 7, 2017
1			

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.

compliance.

#### PRINTED: 04/05/2017 FORM APPROVED OMB NO. 0938-0391

(X5) COMPLETION DATE

		& MEDICAID SERVICES				. 0938-03	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		09E020	B. WING		03/	16/2017	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIC DATE	
K 353	<ul> <li>surfaces of escutches Shepherd Unit, in the 1211, 1218, and 121 room in the nurses's observations between March 16, 2017.</li> <li>2. Mineral deposits we circumference surface sprinkler head shaft Unit, in the following 1414, 1415, 1422, a in seven (7) of 18 ob and 12:15 PM on Ma</li> <li>3. Mineral deposits we head and shaft surface laundry room, in two between 11:05 AM at 2017.</li> <li>4. Mineral deposits we head surfaces and es surfaces in the soiler in two (2) of two (2) of March 16, 2017.</li> <li>B. Based on observative was determined the alarm system function by smoke and duct of</li> </ul>	de: were observed on the outer eon rings, on the Good e following areas: Rooms 1209, 19; pantry; bathing area; toilet station, in seven (7) of 14 en 10:25 AM and 11:03 AM on were observed on the ces of escutcheon rings and the surfaces, on the Sacred Hearts areas: Rooms 1403, 1405, nd 1424; and loading dock area bservations between 11:05 AM arch 16, 2017. were observed on the sprinkler aces, in the Sacred Heart Unit o (2) of two (2) sprinklers, and 12:15 PM on March 16, were observed on the sprinkler escutcheon rings cylindrical d utility area of the laundry room observations at 2:30 PM on	K 353	<ol> <li>Any findings will be immediate corrected and recorded in an in log and will be reported to the safety meeting and the QA cord during the quarterly meeting.</li> <li>Corrective action was complete 3/29/2017.</li> <li>K 353 B. 1-4</li> <li>No resident was reported or oll have been harmed by this defin practice. Smoke detectors #M M3392 and #M 33-106 have beremoved and new smoke detere been installed as part of the net alarm system that was comple November, 2016. Electrical rep programming, and automation duct detectors L2S067, L1S02 L1S006 have been completed was done and duct detectors h found to be functioning proper Quarterly Sprinkler Test Inspe Record that was done on 3/13 revealed that the tamper flow sand supervisory valve were test outside contractor was acquire and correct the sprinkler tamp #34348826, #24415327, # 244 and 24415344 in order to assut function. This work will be comp 4/20/17.</li> <li>No other resident was reported observed to have been harmed deficient practice.</li> <li>Director of Engineering will recoverbal report of tests and inspe done by contractors before the the facility. Any malfunction or finding will be immediately recoverbal report of tests and inspe done by contractors before the the facility. Any malfunction or finding will be immediately recoverbal report of tests and inspe done by contractors before the the facility. Any malfunction or finding will be immediately recoverbal report of tests and inspe done by contractors before the the facility. Any malfunction or finding will be immediately recoverbal report of tests and inspection.</li> </ol>	aspection monthly nmittee ed on oserved to cient 33-63, # een ctors have ew fire ted in bair, of the 1 and . Retesting have been ly. The ction /17 switches sted. An ed to check er switches h15315 re proper leted as of d or d by this guest a ections ey leave deficient	3/29/17	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: JEANNEJUGAN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				2) MULTIPLE CONSTRUCTION (X3) C BUILDING 01 - MAIN BUILDING 01			
		09E020	B. WING		03/16/2017		
NAME OF PROVIDER OR SUPPLIER JEANNE JUGAN RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES " BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE	
K 353	contractor, in eight The findings include During the Life Safe the quarterly inspect alarm service contra approximately 2:10 system malfunctions 1. Smoke detectors 33-106 failed to fund quarterly test perform three (3) of three (3) 2017. In addition, the mechanisms to doct were made to addres 2. Duct Detectors L2 L1S006 failed to fund test conducted on J4 (4) observations on 3. The Quarterly Spi reveal that the tamp supervisory valves of during the quarterly observation on Marco 4. According to the of tamper switches # 3 #24415327, # 24415	<ul> <li>(8) of 13 observations.</li> <li>(8) of 13 observations.</li> <li>(8) of 13 observations.</li> <li>(8) of 13 observations.</li> <li>(9) of 13 observation, a review of tions conducted by the fire actor on March 16, 2017 at PM revealed the fire alarm ed as follows:</li> <li>#M 33-63, # M3392 and # M ction properly during the med by the contractor staff , in observations on March 16, e facility failed to establish ument the appropriate repairs iss the identified issues.</li> <li>2S067, L2S067, L1S021 and ction properly during five-year une 23, 2017, in four (4) of four March 16, 2017.</li> <li>rinkle Test Record failed to er, flow switches and were tested on March 1, 2017, test, in one (1) of one (1) ch 16, 2017.</li> <li>Quarterly Sprinkle Test Record, 4348826, # 24415327, 5315 and # 24415344 failed to I, during the quarterly test done, n five (5) of five (5) observations</li> </ul>	K 353	<ol> <li>4. Director of Engineering or utilize a log/binder to docu all tests and inspection rep contractors including follow finding will be reported to committee during the quar meetings.</li> <li>5. Corrective action will be cr 4/25/2017.</li> <li>K353 C.</li> <li>1. No resident was reported have been harmed by this practice. The Ansul senso located under cooking hoo main kitchen were cleaned by the kitchen staff on Ma</li> <li>2. An in service was given to staff on the importance of ansul sensor wires clean, and grease build up at all</li> <li>3. Kitchen staff will have a ro schedule to clean the Ans wires daily before they lea Dietary manager or design perform a random check a week. A log will be utilized document monitoring and</li> <li>4. Any finding will be immedii corrected and reported at safety meeting and the Q/ during the quarterly meetin</li> <li>5. Corrective action was com 3/16/2017.</li> </ol>	ament and file ports done by w ups. Any the QA rterly ompleted by or observed to deficient r wires, ods in the d immediately rch 16, 2017. the kitchen keeping the free from dust times. otation ul sensor ve for the day. nee will at least once a I daily to compliance. ately the monthly A committee ng.	4/25/17 3/16/17	

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Facility ID: JEANNEJUGAN

If continuation sheet Page 3 of 6

PRINTED: 04/05/2017 FORM APPROVED

OF DEFICIENCIES		1				
CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION - MAIN BUILDING 01	(X3) DATE COMP	SURVEY LETED
	09E020	B. WING			03/16/2017	
ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
JUGAN RESIDENCE						
SUMMARY ST			•••			(25)
(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY		(	(EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE
Continued From paç	je 3	К 3	53			
Continued From page 3 The record review was conducted in the presence of the Director of Engineering, who acknowledged the findings.						
C. Based on observations during the Life Safety Code Inspection, it was determined that the Annunciator System in the main kitchen was not maintained to ensure proper operation, in the event of an emergency, as evidenced by dust and grease on sensor wires in three (3) of four (4) observations. These findings were observed in the presence of the Director of Engineering.						
The Ansul sensor wi hoods in the main kit buildup of dust and g	res, located under cooking tchen, were observed with a grease on sensor wire surfaces,					
Corridors - Construct 2012 EXISTING Corridors are separat constructed with at le rating. In fully sprinkl partitions are only re smoke. In nonsprinkl the underside of the ceiling. Corridor wall underside of ceilings Code. Fixed fire window as accordance with Sec compartments there	tion of Walls ated from use areas by walls east 1/2-hour fire resistance lered smoke compartments, equired to resist the transfer of lered buildings, walls extend to floor or roof deck above the s may terminate at the s where specifically permitted by esemblies in corridor walls are in ction 8.3, but in sprinklered are no restrictions in area or	K 3	62	<ul> <li>to have been harmed by this defice practice. The penetrations observe located in the ceiling surface, when conduit pipes and BX cable passed through the ceiling and near the annunciator panel were covered to maintenance staff.</li> <li>New escutcheon rings were instalt on 3/29/17 on the Sprinklers located the laundry area Chemical Room</li> </ul>	cient ed ere the ed by led ed in to fit	
	JUGAN RESIDENCE SUMMARY STA (EACH DEFICIENCY MUST OR LSC IDEN Continued From pag The record review w of the Director of Eng the findings. C. Based on observa Code Inspection, it w Annunciator System maintained to ensure of an emergency, as on sensor wires in th These findings were the Director of Engin The findings include: The Ansul sensor wi hoods in the main kit buildup of dust and g in three (3) of four (4 March 16, 2017. NFPA 101 Corridors Corridors - Construct 2012 EXISTING Corridors are separat constructed with at lar rating. In fully sprinkl partitions are only re smoke. In nonsprinkl the underside of the ceiling. Corridor wall underside of ceilings Code. Fixed fire window as accordance with Sec	Continued From page 3 The record review was conducted in the presence of the Director of Engineering, who acknowledged the findings. C. Based on observations during the Life Safety Code Inspection, it was determined that the Annunciator System in the main kitchen was not maintained to ensure proper operation, in the event of an emergency, as evidenced by dust and grease on sensor wires in three (3) of four (4) observations. These findings were observed in the presence of the Director of Engineering. The findings include: The Ansul sensor wires, located under cooking hoods in the main kitchen, were observed with a buildup of dust and grease on sensor wire surfaces, in three (3) of four (4) observations at 2:10 PM on March 16, 2017. NFPA 101 Corridors - Construction of Walls Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by	O9E020         B. WING_           ROVIDER OR SUPPLIER         JUGAN RESIDENCE         JD           Image: Construction of the presence of the Director of Engineering, who acknowledged the findings.         Image: Construction of Engineering, who acknowledged the findings.         K 3           C. Based on observations during the Life Safety Code Inspection, it was determined that the Annunciator System in the main kitchen was not maintained to ensure proper operation, in the event of an emergency, as evidenced by dust and grease on sensor wires in three (3) of four (4) observations. These findings were observed in the presence of the Director of Engineering.         The findings include:           The Ansul sensor wires, located under cooking hoods in the main kitchen, were observed with a buildup of dust and grease on sensor wire surfaces, in three (3) of four (4) observations at 2:10 PM on March 16, 2017.         K 3           NFPA 101 Corridors - Construction of Walls         K 3           Corridors - Construction of Walls 2012 EXISTING         Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of the floor or noof deck above the ceiling. Corridor walls may terminate at the underside of the floor or noof deck above the ceiling. Corridor walls may terminate at the underside of the floor or noof deck above the ceiling. Corridors aresenables in corridor walls are	O9E020         B. WING           ROVIDER OR SUPPLIER         ST           JUGAN RESIDENCE         A2           W         W           (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG           Continued From page 3         K 353           The record review was conducted in the presence of the Director of Engineering, who acknowledged the findings.         K 353           C. Based on observations during the Life Safety Code Inspection, it was determined that the Annunciator System in the main kitchen was not maintained to ensure proper operation, in the event of an emergency, as evidenced by dust and grease on sensor wires in three (3) of four (4) observations. These findings were observed in the presence of the Director of Engineering.         K 362           The findings include:         The findings include:         K 362           There (3) of four (4) observations at 2:10 PM on March 16, 2017.         K 362           Corridors - Construction of Walls 2012 EXISTING         K 362           Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code.           Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments ther	OPECO2         B. WHO           SOURCER OR SUPPLIER         STREET ADDRESS. CITY. STATE. 2P CODE           JUGAN RESIDENCE         STREET ADDRESS. CITY. STATE. 2P CODE           GEACH DERICENCY MAY STATEMENT OF DEFICIENCIES         PRETX TAG           (EACH DERICENCY MAY STATEMENT OF DEFICIENCIES OR LSC IDENTIFYING INFORMATION)         PRETX TAG           Continued From page 3         K 353           The record review was conducted in the presence of the Director of Engineering, who acknowledged the findings.         K 353           C. Based on observations during the Life Safety Code Inspection, it was determined that the Annunciator System in the main kitchen was not maintained to ensure proper operation, in the event of an emergency, as evidenced by dust and grease on sensor wires. Inthree (3) of four (4) observations. These findings include:         K 362           The findings include:         K 362         No resident was reported or obsector to have been harmed by this defic practice. The penetrations obsect/ to have been harmed by this defic practice. The penetrations obsect/	OPEO20         B_WING         Oggr/ STREET ADDRESS, CITY, STATE, ZIP CODE           JUGAN RESIDENCE         3200 HAREWOOD ROAD NE WASHINGTON, DC 20017         2000 HAREWOOD ROAD NE WASHINGTON, DC 20017           (EACH DERCIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)         ID PROTRESS FLAN OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOLD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)           Continued From page 3 The record review was conducted in the presence of the Director of Engineering, who acknowledged the findings.         K 353           C. Based on observations during the Life Safety Code Inspection, it was determined that the Annunciator System in the main kitchen was not maintained to ensure proper operation, in the event of an emergency, as evidenced by dust and grease on sensor wires in three (3) of four (4) observations. These findings were observed in the presence of the Director of Engineering.         K 362         K362 L32           The findings include:         The Ansul sensor wires, located under cooking hoods in the main kitchen, were observed with a buildup of dust and grease on sensor wires in three (3) of four (4) observations at 2:10 PM on March 16, 2017.         K 362         K 362         K 362         K 362 L32         1. No resident was reported or observed to have been harmed by this deficient practice. The penetrations observed to have been harmed by this deficient practice. The penetration sobserved to have been harmed by this deficient practice. The penetration sobserved to have been harmed by this deficient practice. The penetration sobserved to have been harmed by this deficient practice. The penetration sobserved to have been harmed by this deficient practice. The

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Event ID: T8ST21

Facility ID: JEANNEJUGAN

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	OMB NO. 0938-03				
STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION 1 - MAIN BUILDING 01	(X3) DATE COMF	SURVEY PLETED
		09E020	B. WING			03/	16/2017
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
K 362	If the walls have a firating underside of the cei REMARKS, describi- floor area. 19.3.6.2, 19.3.6.2.7 This STANDARD is Based on observati- Inspection, it was de- surfaces in the Annu- maintained to preve event of an emerger presence of wall per- observations. The fi- presence of the Direc The findings include During the Life Safe 16, 2017, between 2 the first floor Annun- laundry area Chemi- as follows: 1. Penetrations were 18- inch opening loo where the conduit p- through the ceiling a near the annunciato 2. Sprinklers located Room failed to fit se creating a 1½-inch p- head in two (2) of two The wall and ceiling	re resistance rating, give the 	K	362	<ol> <li>No other resident was reported or observed to have been harmed by deficient practice.</li> <li>Director of Engineering or design follow up on outside contractors anytime there is work done in the facility. Any penetration observed completion of the work will be commediately.</li> <li>Director of Engineering will report finding at the monthly safety meet and the QA committee during qui meetings.</li> <li>Corrective action was completed 4/4/17.</li> </ol>	by this nee will d upon vered t any eting arterly	4/4/17

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Facility ID: JEANNEJUGAN

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DEPART	FORM	04/05/2017 APPROVED 0938-0391				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>		(X3) DATE SURVEY COMPLETED	
		09E020	B. WING		03/1	6/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
JEANNE	JUGAN RESIDENCE			4200 HAREWOOD ROAD NE WASHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE

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Facility ID: JEANNEJUGAN

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