

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/22/2014
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NAME OF PROVIDER OR SUPPLIER THE ARMY DISTAFF FOUNDATION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVENUE NW WASHINGTON, DC 20015
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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
R 000	<p>Initial Comments</p> <p>An annual survey was conducted from December 22, 2014, to determine compliance with the Assisted Living Law " DC Code § 44-101.01. "</p> <p>The Assisted Living Residence (ALR) provides care for forty-three (43) residents and employs twenty-three (23) employees to include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews.</p> <p>At the time of this survey, the ALR was found to be in substantial compliance with the Assisted Living Law " DC Code § 44-101.01. "</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____