

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/14/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOREST HILLS OF DC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008</b>
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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><b>Initial Comments</b></p> <p>An unannounced License Survey was conducted at Forest Hills of DC August 7, 2018, through August 14, 2018, and consisted of a review of 16 resident clinical records. Based on observations, record reviews, and staff interviews, an analysis of the findings determined the facility is not in compliance with the requirements of Title 22B DCMR Chapter 32 Regulations for Nursing Homes.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p><b>Abbreviations</b></p> <p>AMS - Altered Mental Status            ARD - assessment reference date            BID - Twice- a-day            B/P - Blood Pressure            cm - Centimeters            CMS - Centers for Medicare and Medicaid Services            CNA- Certified Nurse Aide            CRF - Community Residential Facility            D.C. - District of Columbia            DCMR- District of Columbia Municipal Regulations            D/C Discontinue            dl - deciliter            DMH - Department of Mental Health            EKG - 12 lead Electrocardiogram            EMS - Emergency Medical Services (911)            G-tube Gastrostomy tube            HSC Health Service Center            HVAC - Heating ventilation/Air conditioning            ID - Intellectual disability            IDT - interdisciplinary team            L - Liter</p>	L 000		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Mary Savoy*

TITLE

*Executive Director*

(X6) DATE

*10/16/18*