



GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

CRFMR
Rev. 9/02

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

Mailing Address
825 North Capitol St., NE
Washington DC 20002
2nd Floor (2224)
202-442-5888

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility: Grand Oaks Assisted Living		Street Address, City, State, ZIP Code: 5901 MacArthur Blvd. NW Wash., DC		Survey Date: May 28, 2010 Follow-up Dates(s):	
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction	Completion Date	
Assisted Living Law "DC Code § 44-101.01"	An annual licensure survey was conducted on 5/28/2010, to determine compliance with the Assisted Living Residence Law D.C. Code § 44-101.01. The findings of the survey were based on a random sample of ten (10) resident files based on a census of 153 and nine (9) from ninety (90) personnel files based on a census of 90 employees. Your facility was found to be in substantial compliance at the time of this survey.				

C. M. [Signature]
Cindy McKey, Loris Woodard, Ted [Signature] 6/24/2010
Name of Inspector Date Issued

Facility Director/Designee

Date