Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	000535		12/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCEPTS FOR LIVING	1331 GITTINGS AVENUE BALTIMORE, MD 21239

(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
E 000	Initial Comments The following deficiencies are the result of an announced pre-licensure survey conducted on 12/20/2010 for the purpose of determining the facility's compliance with COMAR 10.07.14, Assisted Living Program Regulations. Survey activities included observation of the facility, review of facility records and policies and procedures, review of staff records and review of sample resident records. The facility's census at the time of the survey was zero (0) residents.	E 000		
E1440	.07 A1,2,3 .07 Licensing Procedure .07 Licensing Procedure. A. Application for License. (1) To obtain and maintain a license, an applicant shall meet all of the requirements of: (a) This chapter; (b) Other applicable federal, State, and local laws and regulations; and (c) Health-General Article, §19-311, Annotated Code of Maryland, if the program provides services to 17 or more residents. (2) An applicant shall submit: (a) An application on a form developed by the Department; (b) The completed Uniform Disclosure Statement on a form developed by the Department; and (c) A nonrefundable license fee. (3) Fees. The annual license fee schedule for assisted living programs is as follows: (a) 1-3 beds: $100; (b) 4-15 beds: $150; and (c) 16 or more beds: $150 plus $8 per bed for each bed over 15. This REQUIREMENT is not met as evidenced by: Based on survey activity, the facility did not meet	E1440		

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NAME OF PROVIDER OR SUPPLIER CONCEPTS FOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1331 GITTINGS AVENUE BALTIMORE, MD 21239		

(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
E1440	Continued From page 1 all of the requirements of this chapter, as required. Findings include: The facility plans to prepare the emergency disaster plan and other documentation, as needed, prior to licensure.	E1440		