DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER LISHER LOUISE DICKSON HURTHOME IXAI D SUMMARY STATEMENT OF DEPICIENCIES GEACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on April 12, 2020. The facility was found to be in compliance with 42 CFR \$433.80 infection control regulations and has implemented the Centers for Medicare and Medicaid Services (CMS) and Centers for Diseases Control and Prevention (CDC) recommend practices to prepare for COVID-19. No deficiencies were identified. Residence census was 53.	STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVID	TIPICATION NUMBER: A BLIDS		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
LISNER LOUISE DICKSON HURTHOME OCCUPATION WASHINGTON, Do 20015 PREFIX TAG SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFY ING INFORMATION) FOUR INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on April 12, 2020. The facility was found to be in compliance with 2 CFR \$483.80 infection control regulations and has implemented the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommend practices to prepare for COVID-19. No deficiencies were identified. Residence census was 53.				095025	B WING		04	04/12/2020	
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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.

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