DEPARTMENT	OF HEALTH	AND HUMAN	SERVICES
CENTERS FOR			

PRINTED:	08/23/2017
FORM	APPROVED
	0028-0201

<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES				<u> DMB NO</u>	<u>. 0938-0391</u>
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE COMF	SURVEY PLETED
	095025	B. WING			07/	28/2017
ROVIDER OR SUPPLIER	•		;	STREET ADDRESS, CITY, STATE, ZIP CODE		
OUISE DICKSON HUF	RTHOME					
(EACH DEFICIENCY MUS	F BE PRECEDED BY FULL REGULATORY	PREF		(EACH CORRECTIVE ACTION SHOULD I		(X5) COMPLETION DATE
		F	000			
conducted at Lisner from July 24, 2017 t activities consisted of records during Stag residents during Sta are based on obser- interviews. After an determined that the the requirements of and Requirements of and Requirements f The following is a di acronyms that may Abbreviations AMS - Altered Me ARD - Assessmer BID - Twice- a-da B/P - Blood Press	-Louise-Dickson- Hurt Home hrough July 28, 2017. Survey of a review of 30 resident clinical e 1; and review of 21 sampled age 2. The following deficiencies vation, record review, and staff alysis of the findings, it was facility is not in compliance with 42 CFR Part 483, Subpart B, or Long Term Care Facilities. rectory of abbreviations and/or be utilized in the report:					
CMS - Centers for Services CNA- Certified N CRF- Community D.C District of C DCMR- District of C D/C Discontinue DI - deciliter DMH - Departmer EKG - 12 lead Ele EMS - Emergenc G-tube Gastrostor	Medicare and Medicaid urse Aide Residential Facility columbia Columbia Municipal Regulations at of Mental Health ectrocardiogram by Medical Services (911) my tube			TTLE		(X6) DATE
	Abbreviations AMS - Altered Me ARD - Assessmer BID - Twice-a-da B/P - Blood Press Cm - Centimeter CMS - Centers for Services CNA- Certified N CRF- Community D.C District of C D/C Discontinue DI - deciliter DMH - Departmer EKG - 12 lead Ele EMS - Emergenc G-tube Gastrostor	CORRECTION       DENTIFICATION NUMBER:         095025         ROVIDER OR SUPPLIER         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS         An unannounced Quality Indicator Survey was conducted at Lisner-Louise-Dickson- Hurt Home from July 24, 2017 through July 28, 2017. Survey activities consisted of a review of 30 resident clinical records during Stage 1; and review of 21 sampled residents during Stage 2. The following deficiencies are based on observation, record review, and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.         The following is a directory of abbreviations and/or acronyms that may be utilized in the report:         Abbreviations 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 DCMR- District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue D1 - deciliter         DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube	OF DEFICIENCIES CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MUL A BUILD         O95025       B. WING         ROVIDER OR SUPPLIER       JUNMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       JD PREF TAG         INITIAL COMMENTS       F         An unannounced Quality Indicator Survey was conducted at Lisner-Louise-Dickson- Hurt Home from July 24, 2017 through July 28, 2017. Survey activities consisted of a review of 30 resident clinical records during Stage 1; and review of 21 sampled residents during Stage 2. The following deficiencies are based on observation, record review, and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.         The following is a directory of abbreviations and/or acronyms that may be utilized in the report:         Abbreviations AMS - Altered Mental Status ARD - Assessment Reference Date BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CMA - Certified Nurse Aide CRF- Community Residential Facility D.C District of Columbia DCMR- District of Columbia DCMR- District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - deciliter         DMR - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube	OF DEFICIENCIES CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPL A. BUILDING         OUSE DICKSON HURTHOME       095025       B. WING         COUSE DICKSON HURTHOME       ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       F 0000         An unannounced Quality Indicator Survey was conducted at Lisner-Louise-Dickson- Hurt Home from July 24, 2017 through July 28, 2017. Survey activities consisted of a review of 30 resident clinical records during Stage 1; and review of 21 sampled residents during Stage 2. The following deficiencies are based on observation, record review, and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.         The following is a directory of abbreviations and/or acronyms that may be utilized in the report:         Abbreviations         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 DCMR- District of Columbia Municipal Regulations D/C Discontinue         DI - deciliter         DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911)	OP DEPICIENCIES CORRECTION       (M1) PROVIDER/SUBJECTION NUMBER: DeSTRET ADDRESS, CITY, STATE, ZIP CODE S42 WESTERN AVE NW WASHINGTON, DC 20015         ROVIDER OR SUPPLIER COUSE DICKSON HURTHOME       STREET ADDRESS, CITY, STATE, ZIP CODE S42 WESTERN AVE NW WASHINGTON, DC 20015         IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTFYING INFORMATION; DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTFYING INFORMATION;       IP PRETX; TAG       PROVIDER: PROVIDER: DEVELOP CROSS-HERCED TO THE APPROPRIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTFYING INFORMATION;       IP PRETX; TAG       PROVIDER: PROVIDER: DEVELOP CROSS-HERCED TO THE APPROPRIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTFYING INFORMATION;       IP PRETX; TAG       PROVIDER: PROVIDER: DATE: DOTE: PROVIDER: DATE: DATE: DOTE: DATE:	OPERCIENCIES       (M) PROVIDERSUPPLIERQUA IDENTIFICATION NUMBER:       (M) ABUILDING       (M) CONTRACTOR NUMBER:       (M) ABUILDING       (M) CONTRACTOR NUMBER:       (M) C

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.

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES				<u>OMB NO</u>	. 0938-039
	TEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         PLAN OF CORRECTION       IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY PLETED
		095025	B. WING			07/	28/2017
	ROVIDER OR SUPPLIER	THOME		ę	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	HVAC - Heating w ID - Intellectual IDT - interdiscipi L - Liter Lbs - Pounds (u MAR - Medication MD- Medical Do MDS - Minimum I Mg - milligrams mL - milliliters (n volume) mg/dl - milligrams mm/Hg - millimeter MN midnight Neuro - Neurologi NP - Nurse Prace PASRR - Preadmis Review Peg tube - Percutar PO- by mouth POS - physician Prn - As needed Pt - Patient Q - Every QIS - Quality Ind Rp, R/P - Respons SCC Special Ca Sol- Solution	vice Center entilation/Air conditioning disability linary team nit of mass) n Administration Record ctor Data Set (metric system unit of mass) netric system measure of s per deciliter rs of mercury cal ctitioner ssion screen and Resident neous Endoscopic Gastrostomy 's order sheet	F				
F 242 SS=D	TO MAKE CHOICES (f)(1) The resident h schedules (including health care and prov	F-DETERMINATION - RIGHT S as a right to choose activities, g sleeping and waking times), viders of health care services or her interests, assessments,	F	242	2		

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	RS FOR MEDICARE	& MEDICAID SERVICES			(	<u>DMR NO</u>	<u>. 0938-0391</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY PLETED
		095025	B. WING			07/2	28/2017
NAME OF P	ROVIDER OR SUPPLIER	•	•	s	TREET ADDRESS, CITY, STATE, ZIP CODE		
				5	425 WESTERN AVE NW		
	LOUISE DICKSON HUF	RTHOME		v	VASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 242	this part. (f)(2) The resident h about aspects of his significant to the resident h members of the con community activities facility. This REQUIREMEN Based on a residen sampled residents in staff failed to accom preference/preferred (Resident #67). The findings include On July 7, 2017, at conducted with Res question "Do you ch morning? The reside strict about times. T because they have of understand, but it do On July 27, 2017, at face-to-face review Employee #12, the of typically have [him/h assigned to me and On July 27, 2017, at	d other applicable provisions of as a right to make choices or her life in the facility that are ident. as a right to interact with munity and participate in both inside and outside the IT is not met as evidenced by: at interview for one (1) of (21) twas determined that facility modate one (1) resident's d time to receive morning care at ime to receive morning care at interview for one y up in the pent stated, "No, they are really hey tell me that I have to get up other residents to take care of. I bes not mean that I like it." at 12:30 PM, during a interview conducted with employee stated: "Yes, I her] because [he/she] is usually we start care at 7:00 AM."	F	242	<ul> <li>F242 Right to Make Choices</li> <li>1. Immediate Response:</li> <li>Resident's morning preferences were immediately communicated to the dir staff to ensure they are to be honored forward.</li> <li>2. Risk Identification:</li> <li>All residents were interviewed to ensmorning preferences were being hon All residents verbalized that they were to choose their preferred time of caree</li> <li>3. Systemic Changes:</li> <li>All staff were in-serviced as to the importance of honoring residents' chamorning care and other personal preferences.</li> <li>4. Monitoring:</li> <li>The Director of Nursing or her design conduct monthly random audits by interviewing residents on all shifts to they are able to choose the time they for AM care. Monthly random audits admission assessments of all new admissions to long term care will be performed to ensure personal preferences.</li> <li>a. Audit finding be reported and tracked at the quarter meetings.</li> </ul>	ect line d going ure all ored. e able s. bice for hee will ensure prefer of ences s will	10-02-17

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Facility ID: LISNER

If continuation sheet Page 3 of 9

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	S FOR MEDICARE	& MEDICAID SERVICES			L L L L L L L L L L L L L L L L L L L		. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		095025	B. WING			07/2	28/2017
NAME OF PI	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
LISNER L	OUISE DICKSON HUR	THOME			425 WESTERN AVE NW VASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 242 F 253 SS=D	presence of Employ would like to wake u like to stay up to war get me up too early, to take my time." Facility staff failed to preference to receiv coincides with his/he Employee #6 acknow 483.10(i)(2) HOUSE SERVICES (i)(2) Housekeeping	ee#6, the resident stated: "I p later in the morning because I tch the late night news. But they and they are in a rush, but I like b honor Resident #67's e morning care at a time that er lifestyle in the facility. wledged the findings. EKEEPING & MAINTENANCE and maintenance services in a sanitary, orderly, and		242	<ul> <li>1. Immediate Response: The exhaust vents were cleaned on trinside and outside of the identified ro</li> <li>2. Risk Identification: All exhaust vents were checked on the inside and outside for cleanliness.</li> <li>3. Systemic Changes: An in-service was held for housekeep and maintenance staff on quarterly cloof the inside and outside of exhaust where and maintenance stablished to monic cleaning of vents.</li> <li>4. Monitoring: Findings of the vent cleaning audits were ported by the Director of Environmed Services and the Engineering Director</li> </ul>	/Dust he oms. he bing leaning vents. itor the vill be ental	10-02-17
	Based on observati approximately 10:00 approximately 10:00 the facility failed to r a clean manner as a five (5) of 15 resider and externally, dusty resident's rooms and of two (2) resident's The findings include 1. Exhaust vents soi outside in seven (7) rooms 101, 107, 108 2. Window blinds du				<ul> <li>quarterly QA Meetings.</li> <li>F253 Housekeeping and Maintenar Services- Window Blinds Dusty</li> <li>1. Immediate Response:</li> <li>The identified dusty window blinds we cleaned.</li> <li>2. Risk Identification:</li> <li>All window blinds were checked for cleanliness.</li> <li>3. Systemic Changes:</li> <li>An in-service was held for housekeep staff on routine cleaning of the windo blinds. An audit tool was established monitor the routine cleaning of windo blinds.</li> <li>4. Monitoring:</li> <li>Findings of the window blinds cleanin audits will be reported by the Director Environmental Services at the quarter Meetings.</li> </ul>	ere bing w to w rof	10-02-17

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Event ID: IUW611

Facility ID: LISNER

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
		095025	B. WING		07/28/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
LISNER L	OUISE DICKSON HUF	RTHOME		5425 WESTERN AVE NW WASHINGTON, DC 20015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE COMPLÉTI
F 253	Continued From pag 3. Shower room floc the Louise Terrace of resident's shower room These observations Employee #10 and I acknowledged. 483.20(g)-(j) ASSES ACCURACY/COOR (g) Accuracy of Assimust accurately refle (h) Coordination A registered nurse r assessment with the health professionals (i) Certification (1) A registered nurse assessment is comp (2) Each individual v assessment must si that portion of the as (j) Penalty for Falsifi (1) Under Medicare willfully and knowing	ge 4 ars on the Dickson Drive unit and unit soiled, two (2) of two (2) oms. made, in the presence of Employee #11, were SSMENT DINATION/CERTIFIED essments. The assessment ect the resident's status. nust conduct or coordinate each e appropriate participation of se must sign and certify that the bleted. who completes a portion of the gn and certify the accuracy of ssessment. cation and Medicaid, an individual who	F 25	DEFICIENCY)         F253 Housekeeping and Mainter         3 F253 Housekeeping and Mainter         Services – Shower Room Floor         1. Immediate Response:         The identified soiled shower room         were cleaned.         2. Risk Identification:         All shower room floors were check         cleanliness.         3. Systemic Changes:         An in-service was held for housely staff on routine cleaning of shower	mance       s Soiled       a floors       ked for       ked for       keeping       br room       aceeping       br room       br room       s cleaning       ctor of       arterly QA       d       lated to       ent #56       checked       a-serviced       ee will
		t is subject to a civil money than \$1,000 for each		section G bed mobility for accurat Audit findings will be reported and at the quarterly QA meetings.	
	(ii) Causes another	individual to certify a material			

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Facility ID: LISNER

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CENTER	<u> XS FOR MEDICARE (</u>	& MEDICAID SERVICES				<u> </u>	<u>. 0938-0391</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		E SURVEY PLETED
		095025	B. WING			07/	28/2017
NAME OF P	ROVIDER OR SUPPLIER	•			STREET ADDRESS, CITY, STATE, ZIP CODE	-	
	LOUISE DICKSON HUF	₹THOME			5425 WESTERN AVE NW WASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 278	and false statement subject to a civil mo \$5,000 for each ass (2) Clinical disagree material and false si This REQUIREMEN Based on record re (1) of 21 sampled re accurately code the under Section G Fun Resident #56. The findings include A closed medical re 27, 2017; at approxi- resident was admitted with a diagnosis whi difficulty walking, an On July 27, 2017, at of the certified nursi- dated May 9, 2017, extensive assistance support and one per- while in bed. According to the Min Assessment Refere 2017, Section G 017	in a resident assessment is ney penalty or not more than ressment. It is not met as evidenced by: review and staff interview for one residents, the facility staff failed to Minimum Data Set (MDS) nctional Status- Bed Mobility for		278			

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<u>CENTER</u>	<u>S FOR MEDICARE (</u>	& MEDICAID SERVICES				<u> </u>	<u>. 0938-0391</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		095025	B. WING			07/	28/2017
NAME OF PF	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
LISNER L	OUISE DICKSON HUF	THOME			425 WESTERN AVE NW VASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 278		ge 6 n and set-up help only.	F	278			
	27, 2017, at 3:00 PM stated: "Resident #	e interview conducted on July M with Employee #13, he/she 56 required extensive mobility when he/she was ity."					
	interview, that "Resi	ed, during a face- to- face ident #56 always required e with his/her bed mobility n the facility."					
	Data Set to reflect th	accurately code the Minimum he level of assistance needed y Living related to bed mobility					
		t 11:00 AM, Employee #2 indings, after a review of the					
F 371 SS=E		DD PROCURE, SERVE - SANITARY	F	371			
		from sources approved or tory by federal, state or local					
		food items obtained directly s, subject to applicable State gulations.					
		bes not prohibit or prevent produce grown in facility					

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Facility ID: LISNER

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		-		(		. 0930-0391
DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```			(X3) DATE COMP	SURVEY LETED
	095025	B. WING			07/2	28/2017
VIDER OR SUPPLIER	ТНОМЕ		54	425 WESTERN AVE NW		
(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY					(X5) COMPLETION DATE
ardens, subject to o prowing and food-ha iii) This provision do onsuming foods no i)(2) - Store, prepare accordance with pro- ervice safety. i)(3) Have a policy r bods brought to res- isitors to ensure sa- andling, and consu this REQUIREMEN Based on observation pproximately 9:15 / pproximately 9:15 / pproximately 10:30 ne facility failed to n lietary environment evidenced by missin ir curtains located i ne walk-in freezer (' ree skim milk locate expired as of July 24 totel pans that were even (7) half hotel p leposits, two (2) of t hat were dented. The findings include	compliance with applicable safe andling practices. Des not preclude residents from t procured by the facility. e, distribute and serve food in fessional standards for food regarding use and storage of idents by family and other fe and sanitary storage, mption. T is not met as evidenced by: ons made on July 25, 2017, at A.M., and on July 26, 2017, at A.M., it was determined that naintain kitchen utensils and the under sanitary conditions as g slats from two (2) of two (2) n the walk-in refrigerator (1) and 1), 15 of 15 one-half pint of fat ed in the milk box that were 4, 2017, two (2) of seven (7) half e stored wet and one (1) of pan that was soiled with food two (2) one-third, four-inch two (2) one-third six-inch pans		371	<ul> <li>Sanitary-Slats</li> <li>1. Immediate Response: Removed damaged slat and replaced missing slat on the walk-in refrigerator walk-in freezer air curtains.</li> <li>2. Risk Identification: No other slats were found to be dama missing in the facility.</li> <li>3. Systemic Changes: In-service was held with dietary staff management tool was developed to of slats daily by the manager on duty.</li> <li>4. Monitoring: The findings of the management tool reported at the quarterly QA meetings</li> <li>F371 Food Procure, Store/Prepared Sanitary- Milk</li> <li>1. Immediate Response: The identified expired milk was disca</li> <li>2. Risk Identification: All other milk in the facility was check expiration date.</li> <li>3. Systemic Changes: In-service was held with dietary staff management tool was developed to of milk expiration dates daily by the mar on duty.</li> <li>4. Monitoring: The findings of the management tool</li> </ul>	d or and aged or and a check will be s. /Serve rded. rded. rded. and a check nager will be	10-02-17
	DEFICIENCIES DRRECTION VIDER OR SUPPLIER UISE DICKSON HUR SUMMARY ST/ CEACH DEFICIENCY MUST OR LSC IDE Continued From page ardens, subject to of rowing and food-ha ii) This provision do onsuming foods no )(2) - Store, prepara ccordance with pro ervice safety. )(3) Have a policy r bods brought to res isitors to ensure sa andling, and consu his REQUIREMEN Cased on observation pproximately 9:15 / pproximately 10:30 ne facility failed to n ietary environment videnced by missin ir curtains located i ne walk-in freezer ( 'ree skim milk located xpired as of July 24 otel pans that were even (7) half hotel p eposits, two (2) of t ans and two (2) of t ans were dented. 'he findings include	DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         DYDER OR SUPPLIER       095025         VIDER OR SUPPLIER       SUMMARY STATEMENT OF DEFICIENCIES         EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES         Continued From page 7       ardens, subject to compliance with applicable safe rowing and food-handling practices.         ii) This provision does not preclude residents from onsuming foods not procured by the facility.       )(2) - Store, prepare, distribute and serve food in ccordance with professional standards for food ervice safety.         (3) Have a policy regarding use and storage of bods brought to residents by family and other isitors to ensure safe and sanitary storage, andling, and consumption.         his REQUIREMENT is not met as evidenced by:         Based on observations made on July 25, 2017, at pproximately 9:15 A.M., and on July 26, 2017, at pproximately 10:30 A.M., it was determined that the facility failed to maintain kitchen utensils and the ietary environment under sanitary conditions as videnced by missing slats from two (2) of two (2) ir curtains located in the walk-in refrigerator (1) and the walk-in freezer (1), 15 of 15 one-half pint of fat ee skim milk located in the milk box that were xpired as of July 24, 2017, two (2) of seven (7) half otel pans that were stored wet and one (1) of even (7) half hotel pan that was solied with food eposits, two (2) of two (2) one-third, six-inch pans hat were dented.         the findings include:       . The air curtain from the walk-in refrigerator had a orn slat and the air curtain from the walk-in freigerator had a	DEFICIENCIES DRRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MUL A. BUILD         UNDER OR SUPPLIER       USE DICKSON HURTHOME       B. WING         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREF TAG         Continued From page 7 ardens, subject to compliance with applicable safe rowing and food-handling practices.       F         ii) This provision does not preclude residents from onsuming foods not procured by the facility.       )(2) - Store, prepare, distribute and serve food in ccordance with professional standards for food ervice safety.       )(3) Have a policy regarding use and storage of bods brought to residents by family and other isitors to ensure safe and sanitary storage, andling, and consumption.       his REQUIREMENT is not met as evidenced by:         Hased on observations made on July 25, 2017, at pproximately 9:15 A.M., and on July 26, 2017, at pproximately 9:03 O.A.M., it was determined that the facility failed to maintain kitchen utensils and the ietary environment under sanitary conditions as videnced by missing slats from two (2) of two (2) ir curtains located in the walk-in refrigerator (1) and the walk-in freezer (1), 15 of 15 one-half pint of fat ee skim milk located in the milk box that were xpired as of July 24, 2017, two (2) of seven (7) half otel pans that were stored wet and one (1) of even (7) half hotel pan that was soiled with food eposits, two (2) of two (2) one-third, four-inch ans and two (2) of two (2) one-third six-inch pans hat were dented.         he findings include:       . The air curtain from the walk-in refrigerator had a orn slat and the air curtain from the walk-in freezer	DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE         DRRECTION       IDENTIFICATION NUMBER:       (X2) MULTIPLE         VIDER OR SUPPLIER       995025       B. WING         UISE DICKSON HURTHOME       S         SUMMARY STATEMENT OF DEFICIENCIES OR LSC IDENTIFYING INFORMATION)       ID         TEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 7       F 371         ardens, subject to compliance with applicable safe rowing and food-handling practices.       F 371         II) This provision does not preclude residents from onsuming foods not procured by the facility.       )(2) - Store, prepare, distribute and serve food in ccordance with professional standards for food ervice safety.       (3) Have a policy regarding use and storage of bods brought to residents by family and other isitors to ensure safe and sanitary storage, andling, and consumption.       his REQUIREMENT is not met as evidenced by:         Based on observations made on July 25, 2017, at pproximately 9:15 A.M., and on July 26, 2017, at pproximately 10:30 A.M., it was determined that ne facility failed to maintain kitchen utensils and the ietary environment under sanitary conditions as videnced by missing slats from two (2) of two (2) ir curtains located in the walk-in refrigerator (1) and ne walk-in freezer (1), 15 of 15 one-half pint of fat ee skim milk located in the walk-in refrigerator (1) and ewalk-in freezer (1), 15 of 15 one-third four-inch ans and two (2) of two (2) one-third, four-inch ans and two (2) of two (2) one-third, four-inch ans and two (2) of two (2) one	DEFICIENCIES       [X1] PROVIDERSUPPLIERCULA IDENTIFICATION NUMBER:       [X2] MULTIPLE CONSTRUCTION A. BUILDING         OP5025       B. WING         WIDER OR SUPPLIER       STREET ADDRESS. CITY, STATE, ZIP CODE 5426 WESTERN AVE NW WASHINGTON, DC 20015         SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING MPORMATION       D PROVIDER'S FLAM OF CORRECTIVE ACTION ALL REGULATORY OR LSC IDENTIFYING MPORMATION         Continued From page 7 ardens, subject to compliance with applicable safe rowing and food-handling practices.       F371 Food Procure, Store/Prepared Sanitary-Slats         (2) - Store, prepare, distribute and serve food in cordance with professional standards for food ervice safety.       F371 Food Procure, Store/Prepared Sanitary-Slats         (3) Have a policy regarding use and storage of pods brught to residents by family and other slistors to ensure safe and sanitary storage, andling, and consumption. his REQUIREMENT is not met as evidenced by:       Systemic Changes: In-service was held with dietary staff management tool was developed to c reported at the quarterly QA meeting the identification: All other milk to at due in the milk box that we tored as of July 24, 2017, two (2) of two (2) of two (2) treation located in the walk-in refrigerator (1) and ew alk-in freezer (1), 15 of 15 one-half pint of fat reas sitient tool was developed to c management tool was developed to c mana	DEFIGENCIES       (M) PROVIDERSUPPLIER       (M) MULTIPLE CONSTRUCTION       (M) DATE         UNDER OR SUPPLIER       095025       INVING       077         WIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       077         UISE DICKSON HURTHOME       5428 WESTERN AVE NW       077         SUMMARY STATEMENT OF DEFICIENCIES       PROVIDERS IN AN COMPRECTION NUMBER       077         SUMMARY STATEMENT OF DEFICIENCIES       PROVIDERS IN AN COMPRECTION NUMBER       970         Continued From page 7       Tack IDENTIFYING INFORMATION       PROVIDERSUPLER       1         Continued From page 7       ardens, subject to compliance with applicable safe       F371       F371

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TAG       OR LSC IDENTIFYING INFORMATION)       TAG       CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       DATE         F 371       Continued From page 8 a slat.       F371       F371 Food Procure, Store/Prepare/Serve-Sanitary-Wet and Soiled Pans 1. Immediate Response: The identified wet and/or soiled pans were cleaned and dried.       F371 Food Procure, Store/Prepare/Serve-Sanitary-Wet and Soiled Pans were cleaned and dried.       Immediate Response: The identified wet and/or soiled pans were cleaned and dried.       F371 Food Procure, Store/Prepare/Serve-Sanitary-Wet and Soiled Pans were cleaned and dried.       Immediate Response: The identified wet and/or soiled pans were cleaned and dried.       Immediate Response: The identified wet and/or soiled pans were cleaned and dried.       Immediate Response: The identified dentified wet and/or soiled pans were cleaned and dried.       Immediate Response: The identified dentified pans were checked for cleanliness, dryness and condition.       Immediate Response: The identified dentified dentified pans were checked for cleanliness.       Immediate Response: The identified dentified dentified dentified dentified pans were checked for dents.       Immediate Response: The identified dentified dentified dentified dentified dentified dentified dentis.         Market       Immediate Response: The identified dentified dentif		<u>IS FOR MEDICARE O</u>		-		Ĺ		. 0936-0391	
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         LISNER LOUISE DICKSON HURTHOME       STREET ADDRESS, CITY, STATE, ZIP CODE         (k4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX PREFIX       STREET ADDRESS, CITY, STATE, ZIP CODE         F 371       Continued From page 8 a slat.       SIME PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCY)       Countinued From page 8 a slat.       F 371         2. Fifteen of fifteen one-half pint of fat free skim milk located in the milk box were expired as of July 24, 2017.       F 371       F371 Food Procure, Store/Prepare/Serve- Sanitary- Wet and Solled Pans 1. Immediate Response: The identified wet and/or soiled pans were cleaned and dried.       R isk Identification: All other pans were checked for cleanliness, dryness and condition.       Systemic Changes: In-service was held with dietary staff and a management tool was developed to check pans daily by the manager on duty.       10-02- Sanitary-Dented Pans 1. Immediate Response: The identified dented pans were discarded.         7. Risk Identification: All other pans were checked for dents. 3. Systemic Changes: In-service was held with dietary staff and a management tool was developed to check				. ,					
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, 2/P CODE         LISNER LOUISE DICKSON HURTHOME       STREET ADDRESS, CITY, STATE, 2/P CODE         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (COMPLET DEFICIENCY)         F 371       Continued From page 8 a slat.       F371 Food Procure, Store/Prepare/Serve- Sanitary-Wet and Solied Pans 1. Immediate Response: The identified wet and/or soiled pans were cleaned and dried.       F371 Food Procure, Store/Prepare/Serve- Sanitary-Wet and Solied Pans 1. Immediate Response: The identification: All other pans were checked for cleanliness, dryness and condition.       Imagement tool was developed to check pans daily by the manager on duty.         4. Two (2) of two (2) one-third six-inch pans were dented.       These observations were made in the presence of Employee #8 and Employee #9, who acknowledged the findings.       F371 Food Procure, Store/Prepare/Serve- Sanitary-Dented Pans 1. Immediate Response: The identified Mented pans were discarded. 2. Risk Identification: All other pans were checked for dents. 3. Systemic Changes: In-service was held with dietary staff and a management to			095025	B. WING			07/2	28/2017	
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       Condinued F371 Food Procure, Store/Prepare/Serve- Sanitary- Wet and Soiled Pans       Continued From page 8 a slat.       F371         2. Fifteen of fifteen one-half pint of fat free skim milk located in the milk box were expired as of July 24, 2017.       F371 Food Procure, Store/Prepare/Serve- Sanitary- Wet and Soiled Pans       F371         3. Two (2) of seven (7) half hotel pans were stored wet and one (1) of seven (7) half hotel pan was soiled with food deposits.       F371       Food Procure, Store/Prepare/Serve- Sanitary- Wet and Soiled Pans       Immediate Response: The identification:         4. Two (2) of two (2) one-third, four-inch pans and two (2) of two (2) one-third six-inch pans were dented.       These observations were made in the presence of Employee #8 and Employee #9, who acknowledged the findings.       F371 Food Procure, Store/Prepare/Serve- Sanitary-Dented Pans 1. Immediate Response: The identified dented pans were discarded. 2. Risk Identification: All other pans were checked for dents. 3. Systemic Changes: In-service was held with dietary staff and a management tool was developed to check			THOME		5	425 WESTERN AVE NW			
<ul> <li>F 3/1 Continued From page 8 <ul> <li>a slat.</li> </ul> </li> <li>2. Fifteen of fifteen one-half pint of fat free skim milk located in the milk box were expired as of July 24, 2017.</li> <li>3. Two (2) of seven (7) half hotel pans were stored wet and one (1) of seven (7) half hotel pan was soiled with food deposits.</li> <li>4. Two (2) of two (2) one-third, four-inch pans and two (2) of two (2) one-third six-inch pans were dented.</li> <li>These observations were made in the presence of Employee #8 and Employee #9, who acknowledged the findings.</li> <li>F 3/1 Sanitary- Wet and Soiled Pans <ul> <li>A. Immediate Response:</li> <li>The identification:</li> <li>All other pans were checked for cleanliness, dryness and condition.</li> </ul> </li> <li>3. Systemic Changes: <ul> <li>In-service was held with dietary staff and a management tool was developed to check pans daily by the manager on duty.</li> <li>4. Monitoring:</li> <li>These observations were made in the presence of Employee #8 and Employee #9, who acknowledged the findings.</li> <li>F371 Food Procure, Store/Prepare/Serve-Sanitary-Dented Pans <ul> <li>I. Immediate Response:</li> <li>The identification:</li> <li>All other pans were checked for dents.</li> <li>Systemic Changes:</li> <li>In-service was held with dietary staff and a management tool was developed to check</li> </ul> </li> </ul></li></ul>	PRÉFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREF		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION	
	F 371	a slat. 2. Fifteen of fifteen of located in the milk b 2017. 3. Two (2) of seven wet and one (1) of s soiled with food dep 4. Two (2) of two (2) two (2) of two (2) on dented. These observations Employee #8 and E	one-half pint of fat free skim milk ox were expired as of July 24, (7) half hotel pans were stored even (7) half hotel pan was osits. ) one-third, four-inch pans and te-third six-inch pans were were made in the presence of	F	371	<ul> <li>Sanitary- Wet and Soiled Pans</li> <li>1. Immediate Response: The identified wet and/or soiled pans cleaned and dried.</li> <li>2. Risk Identification: All other pans were checked for clean dryness and condition.</li> <li>3. Systemic Changes: In-service was held with dietary staff management tool was developed to of pans daily by the manager on duty.</li> <li>4. Monitoring: The findings of the management tool reported at the quarterly QA meeting:</li> <li>F371 Food Procure, Store/Prepare/ Sanitary-Dented Pans</li> <li>1. Immediate Response: The identified dented pans were disc</li> <li>2. Risk Identification: All other pans were checked for dent</li> <li>3. Systemic Changes: In-service was held with dietary staff management tool was developed to of pans daily by the manager on duty.</li> <li>4. Monitoring: The service was held with dietary staff management tool was developed to of pans daily by the manager on duty.</li> <li>4. Monitoring: The findings of the management tool</li> </ul>	were hliness, and a check will be s. <b>/Serve-</b> arded. s. and a check will be	10-02-17	

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