Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ HFD02-0015 B. WING 07/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5425 WESTERN AVE NW** LISNER LOUISE DICKSON HURTHOME WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) L 000 Initial Comments L 000 The Annual Licensure Survey was conducted at Lisner-Louise-Dickson- Hurt Home from July 24. 2017 through July 28, 2017. Survey activities consisted of a review of 21 sampled residents. The following deficiencies are based on observation, record review, and staff interviews. 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 Twice- a-day BID -B/P **Blood Pressure** cm -Centimeters Centers for Medicare and Medicaid CMS -Services CNA-Certified Nurse Aide CRF Community Residential Facility D.C. -District of Columbia DCMR-District of Columbia Municipal Regulations D/C Discontinue DI deciliter Department of Mental Health DMH -EKG -12 lead Electrocardiogram EMS -Emergency Medical Services (911) Gastrostomy tube G-tube **HSC** Health Service Center Heating ventilation/Air conditioning **HVAC** ID -Intellectual disability IDT interdisciplinary team 1 -Liter Lbs -Pounds (unit of mass) MAR -Medication Administration Record Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| STATEMENT OF DEFICIENCIES (X1) PRAND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 07/28/2017 | |
| | | IDENTIFICATION NUMBER. | | | | |
| | | HFD02-0015 | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| LISNER LOUISE DICKSON HURTHOME 5426 WESTERN AVE NW | | | | | | |
| WASHINGTON, DC 20015 | | | | | | |
| (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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | HOULD BE COMPLETE | |
| L 099 | Continued From page 3 | | L 099 | | | |
| | 3219.1 Nursing Facilities Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: | | 1. Immediate Resignate identified wet a cleaned and dried. 2. Risk Identification All other pans were dryness and conditions. 3. Systemic Changelin-service was held management tool of pans daily by the management tool of the reported at the quantities. L099 Dented Pans 1. Immediate Resignate identification All other pans were 3. Systemic Changelin-service was held management tool of pans daily by the management tool of pans daily by the management tool of pans daily by the management tool of the reported at the quantities. | L099 Wet and Soiled Pans 1. Immediate Response: The identified wet and/or soiled pans wer cleaned and dried. 2. Risk Identification: All other pans were checked for cleanline dryness and condition. 3. Systemic Changes: In-service was held with dietary staff and | | |
| | Based on observations made on July 25, 2017, at | | | management tool was developed to | | |
| approximately 9:15 A.M., and on July 26, 20 approximately 10:30 A.M., it was determine | | | | pans daily by the manager on duty. | nager on duty. | |
| | the facility failed to maintain kitchen utensils and the dietary environment under sanitary conditions as evidenced by missing slats from two (2) of two (2) air curtains located in the walk-in refrigerator #1 and the walk-in freezer #1, 15 of 15 one-half pints of fat-free skim milk located in the milk box expired as of July 24, 2017, two (2) of seven (7) half hotel pans stored wet and one (1) of seven (7) half hotel pan soiled with food deposits, two (2) of two (2) one-third, four-inch pans and two (2) of two (2) one-third six-inch pans dented. The findings include: 1. The air curtain from the walk-in refrigerator had a torn slat, and the air curtain from the walk-in freezer was missing a slat. 2. Fifteen of fifteen one-half pint of fat-free skim milk located in the milk box expired as of July 24, 2017. 3. Two (2) of seven (7) half hotel pans were stored wet, and one (1) of seven (7) half hotel pan soiled with food deposits. 4. Two (2) of two (2) one-third, four-inch pans, | | | The findings of the management tool will be reported at the quarterly QA meetings. | | 10-11-17 |
| | | | | L099 Dented Pans 1. Immediate Response: The identified dented pans were discarded. | | |
| | | | | 2. Risk Identification: All other pans were checked for del 3. Systemic Changes: In-service was held with dietary star | nts. | |
| | | | | management tool was developed to check pans daily by the manager on duty. | | |
| | | | | Monitoring: The findings of the management tool will reported at the quarterly QA meetings. | ol will be | 10-11-17 |
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