Health Regulation & Licensing Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | CRF-000038 | A. BUILDING _____ B. WING _____ | 05/25/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ABRAHAM & LAURA LISNER HOME | 5425 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| D 000 | Initial Comments<br><br>Surveyor: DC006<br>A licensure survey was completed on May 25, 2012. The findings were based on a review of random sample of five (5) clinical records based on a census of twenty-one (21) residents, five (5) employee records based on a census of approximately (20) employee's, observations, interviews with staff and resident. There were no deficiency cited during this survey period. | D 000 | | |