

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  
**LISNER LOUISE DICKSON HURT HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**5425 WESTERN AVENUE 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
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R 000 Initial Comments

R 000

An annual licensure survey was conducted on 02/06/2020, 02/07/2020 and 02/10/2020 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq). The Assisted Living Residence (ALR) provided care for 14 residents and employed 30 personnel, to include professional and administrative staff. A random sample of ten resident records and 12 employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, and resident, family and staff interviews.

Below is an abbreviation used throughout the body of this report:

DCMR - District of Columbia Municipal Regulations

R1058 Sec. 1011h Special requirements for ALRs with 17 beds

R1058

(h) An ALR shall ensure that all food is prepared and served in accordance with Chapters 20 through 24 of Title 23 of the District of Columbia Municipal Regulations and shall organize plumbing facilities to insure that food is processed and served so as to be safe for human consumption.

Based on observation and interview, the ALR failed to follow chapter 24, Subtitle A of Title 25 DCMR, Food and Food Operations Regulations, which was formerly Title 23.

Findings included:

On 02/10/2020, the inspection of the facility's kitchen was conducted by The Department of

**R1058 Ice Machine Drip Panel**

**1. Immediate Response:**

The ice machine drip panel was replaced with a new drip panel.

**2. Risk Identification:**

All ice machines were checked for functioning drip panels.

**3. Systemic Changes:**

The ice machine drip panel will be cleaned and condition noted on the monthly cleaning schedule checklist.

**4. Monitoring:**

The Assistant Director of Dietary Services or her designee will inspect the drip panel and monthly cleaning checklist and report findings at the quarterly LLDH Home AL Quality Assurance Committee Meeting.

2-14-2020

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8800

DYQE11

If continuation sheet 1 of 2

*Swan M. Hogue*

Administrator

2/14/20

Health Regulation & Licensing Administration

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R1058	<p>Continued From page 1</p> <p><b>Health Food Safety and Hygiene Inspection Services Division. The inspector observed and documented the following violation:</b></p> <p>1901 - White plastic drip panel had deposit along the edges of the panel.</p> <p>It should be noted that the facility's Food Protection Manager signed the inspection report for the kitchen at the time of survey.</p> <p>At the time of the survey, the ALR failed to follow Subtitle A of Title 25 DCMR, Food and Food Operations Regulations.</p>	R1058		
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