

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>01/08/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LISNER LOUISE DICKSON HURT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5425 WESTERN AVENUE NW WASHINGTON, DC 20015</b>
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(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
R 000	Initial Comments  An annual survey was conducted on January 8, 2016, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for nineteen (19) residents and employs nineteen (19) employees to include professional and administrative staff. The sample size included three (3) resident records and three (3) employee records. The findings of the survey were based on observations, record reviews, and interviews with residents, resident's families and employees. At the time of this survey, the Assisted Living Residence was found to be in substantial compliance.	R 000		

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

TITLE

(X6) DATE