Health Regulation & Licensing Administration

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVENUE NW WASHINGTON, DC 20015 ((A) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R 000 Initial Comments An annual survey was conducted on January 8, 2016, to determine compliance with the Assisted Living Law TDC Code § 44-101.01.** The Assisted Living Residence (ALR) provides care for 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.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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	ALR-000		ALR-0002	B. WING		01/0	01/08/2016	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE