

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2014
--	---	---	---

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
--------------------	--	---------------	---	--------------------

R 000	<p>Initial Comments</p> <p>On December 11, 2014, the Department of Health/Health Regulation and Licensing Administration Intermediate Care Facilities Division (DOH/HLRA/ICFD) received an incident report from the assistant living residence (ALR) that on December 8, 2014, Resident #1 reported seeing "bugs" in his/her room. According to the incident report, the ALR housekeeping staff examined Resident #1's bedroom and observed two (2) "bugs" on the resident's bed. Resident #1 was assessed and no alteration in skin integrity was observed. Additionally, Resident #1 was immediately given temporary accommodations and voluntarily housed in another room. On December 8, 2014, according to the incident report a pest control company was called to the facility to assess Resident #1's residence for "bed bugs".</p> <p>On December 11, 2014, a monitoring visit was completed to verify compliance with the Assisted Living Law "DC Code § 44-101.01". The findings of the imonitoring visit were based on observations, record reviews and interviews and determined that there were no violations; therefore no deficiencies were cited.</p>	R 000		
-------	---	-------	--	--

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____