

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095025	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2025
NAME OF PROVIDER OR SUPPLIER  Lisner Louise Dickson Hurthome		STREET ADDRESS, CITY, STATE, ZIP CODE  5425 Western Ave NW Washington, DC 20015	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and staff interviews for one (1) of 26 sampled residents, the facility staff failed to show documented evidence that an allegation of resident-to-resident sexual abuse was reported to the state agency in the required time frame of 24 hours as evidenced by an allegation of possible sexual abuse first documented in Resident #27's medical record on 04/22/24 but not reported to the state agency until 04/24/24. Resident #27.</p> <p>The findings included:</p> <p>A review of the facility's policy titled Policy and Procedures for Abuse Prevention Program with an effective date of June 2023 documented the following: Sexual abuse-this refers to non-consensual sexual contact of any type with a resident. It includes but is not limited to sexual harassment, sexual coercion, inappropriate touching or sexual assault. Should an incident investigation lead to suspicion or allegation of resident abuse, the administrator, or his/her designee, will appoint an individual to investigate the incident.</p> <p>Resident #27 was admitted to the facility on [DATE] with multiple diagnoses that included the following: Unspecified Dementia Severe with Anxiety, Unspecified Glaucoma, Repeated Falls, and Unsteadiness on Feet.</p> <p>A review of the medical record revealed the following:</p> <p>A nurse's general note dated 04/22/24 at 1:44 PM documented Resident continues to be confused with no evidence of pain or discomfort.</p> <p>A psychosocial progress note dated 04/22/24 at 3:06 PM documented in part, This SW (social worker) received report that the resident was observed hugging/kissing and being touched over her clothing by a male resident in the hallway outside her room around 10AM the prior day. It is unclear who initiated contact but resident was not upset by the physical touch. Residents separated by staff. This resident observed at the time/today for changes to behavior. None noted. Contact appeared reciprocal despite resident cognitive status. Guardian contacted. She stated that if the resident was not upset by the incident she has no immediate concerns but she wishes that they be kept separate in the future. She does not feel this is a case of sexual abuse even though the resident is severely demented.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's investigative documents into this incident showed that there were 54 statements from the facility staff that dated the incident as occurring on 04/21/24. One (1) statement not of the 54 was blank except for a signature on the line marked for supervisor and one (1) form not of the 54 had a check mark no to the question Did you witness this incident? The facility's investigation also contained 2 intakes that were submitted to the State Agency.</p> <p>A review of a Facility Reported Incident (FRI) that was submitted to the State Agency on 04/24/24 documented the following: Staff observed this resident (Resident #27) and a male resident in the hallway. Residents were embracing. Male resident noted to kiss resident and touch resident's breasts. Resident is alert but not oriented. Resident was not tearful, did not become upset, did not push male resident away. Resident unable to give consent for physical contact due to severe dementia. Male resident (84) is alert and oriented x (times) 2-3 (to place and time) Residents separated. Male resident educated not to have physical contact with resident. Male resident denied additional occurrences. Male resident agreed to no future physical contact. Guardian of this female resident informed and did not wish to pursue this as abuse. Staff interviewed. No evidence of past occurrences noted other than what was observed. Residents have not had any physical contact for past several days. Investigation conducted and remains active at this time.</p> <p>It is noted that there is no documented evidence that the facility submitted the allegation of sexual abuse to the State Agency in the required 24-hour timeframe.</p> <p>During a face-to-face interview conducted on 06/20/25 at approximately 2:00 PM, Employee #2 (Director of Nursing) stated that the facility determined that this was not sexual abuse and acknowledged the findings.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations and interview, during a tour of the kitchen on June 16, 2025, at approximately 10:45 AM, facility staff failed to store and distribute food under sanitary conditions.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>One (1) of one (1) thirty-two-ounce container of Liquid Whole Eggs with Citric Acid stored in the walk-in refrigerator had a use-by date of April 24, 2025.</li> <li>Three (3) of three (3) one and-one-half size pans, and four (4) of four (4) one-quarter size pans were stacked wet, on a shelf, ready for use.</li> </ol> <p>These findings were acknowledged by Employee #11 during a face-to-face interview on June 18, 2025, at approximately 10:00 AM.</p>