

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSA-0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/01/2022
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NAME OF PROVIDER OR SUPPLIER LIFEMATTERS	STREET ADDRESS, CITY, STATE, ZIP CODE 5028 WISCONSIN AVENUE, NW WASHINGTON, DC 20016
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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	<p>9900 General Provisions</p> <p>9900 General Provisions A revisit survey was conducted from 08/30/2022 through 09/01/2022 to determine compliance with the agency's Plan of Correction following citations issued during the agency's initial licensure survey on 02/18/2022, and to determine if the agency is in compliance with the requirements of Title 22B DCMR, Chapter 99 (Home Support Agency Regulations).</p> <p>The Home Support Agency provided care to 31 clients and employed 63 staff including professional and administrative staff. The findings of the survey were based on the review of administrative records, ten active patient records, five discharged patient records, 19 personnel records, and the agency's response to complaints and incidents received. The survey findings were also based on the completion of five patient telephone interviews.</p> <p>The agency was found to be in substantial compliance with Title 22B DCMR, Chapter 99 (Home Support Agency Regulations). No deficiencies were identified.</p>	R 000		

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