PRINTED: 10/06/2022 FORM APPROVED

Health Regulation & Licensing Administration

A. BUILDING: A. BUILDING:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1: :			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5028 WISCONSIN AVENUE, NW WASHINGTON, DC 20016 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 5028 WISCONSIN AVENUE, NW WASHINGTON, DC 20016 (X5) COMPLET				A. BOILDING.			2	
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9900 General Provisions Arevisit survey was conducted from 08/30/2022 through 09/01/2022 to determine compliance with the agency's Pland 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). 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. The agency was found to be in substantial compliance with Title 22B DCMR, Chapter 99 (Home Support Agency Regulations). No deficiencies were identified.	t t t ii c iii iii c iii i i i i i i i i i i i i i i i i i i	9900 General Provis A revisit survey was of through 09/01/2022 to the agency's Plan of 0 issued during the age on 02/18/2022, and to in compliance with the DCMR, Chapter 99 (H Regulations). The Home Support Ac clients and employed professional and adm of the survey were ba administrative records five discharged patier records, and the ager and incidents receive also based on the cor telephone interviews. The agency was foun compliance with Title (Home Support Agency	conducted from 08/30/2022 o determine compliance with Correction following citations ency's initial licensure survey o determine if the agency is e requirements of Title 22B Home Support Agency gency provided care to 31 I 63 staff including inistrative staff. The findings ased on the review of s, ten active patient records, int records, 19 personnel incy's response to complaints ed. The survey findings were impletion of five patient and to be in substantial 22B DCMR, Chapter 99 icy Regulations). No	R 000				

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE