

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2016
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NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
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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
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H 000	<p>INITIAL COMMENTS</p> <p>An initial walk-through was conducted on October 28, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The inspection determined that the agency met the preliminary requirements for the issuance of a 90 day provisional license. The provisional license is conditioned upon the completion of a full survey that verifies your agency is operating in substantial compliance of the rules that govern home care agencies.</p>	H 000		
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Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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