

## Health Regulation &amp; Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/23/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOHN HOPKINS PEDIATRICS AT HOME, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 LOUGHBORO ROAD NW, ROOM GA400 WASHINGTON, DC 20016</b>		
(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
H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual licensure survey was conducted 11/22/2021 through 11/23/2021, to determine compliance with the District of Columbia Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency employed 11 staff and provided services to five patients. The survey was based on a review of administrative records, five active patient records, two discharged patient records, seven employee records, four telephone patient interviews, and a review of the agency's response to complaints and incidents received.</p> <p>The Agency was found to be in substantial compliance. No deficiencies were identified.</p>	H 000		

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

TITLE

(X6) DATE