Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0003	A. BUILDING _____ B. WING _____	04/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HSC HOME HEALTH CARE, LLC	1731 BUNKER HILL ROAD, NE WASHINGTON, DC 20017

(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	INITIAL COMMENTS An annual licensure survey was conducted from March 28, 2012 through April 2, 2012, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of nine (9) active clinical records based on a census of ninety-one (91) patients, one (1) discharge records, ten(10) personnel files based on a census of ninety-three (93) employees and two (2) home visits. There were no deficiencies cited during this survey period. The findings of the survey were based on staff and patient's family interviews and review of clinical and administrative records.	H 000		