

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2022
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NAME OF PROVIDER OR SUPPLIER PREMIER PEDIATRICS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW SUITE 323 WASHINGTON, DC 20012
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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 unannounced Initial licensure survey was conducted on 11/30/2022 through 12/02/2022 to determine compliance with Title 22B DCMR, Chapter 39. The Pediatric Agency provided care for five patients and employed seven staff to include professional and administrative staff. A sample of five active patient records, three discharged patient records and seven personnel records were reviewed. The findings of the survey were based on client and administrative record reviews, two staff interviews, and three patient telephone interviews.</p> <p>The Pediatric Home Care Agency was found to be in substantial compliance with Title 22B DCMR, Chapter 39. No deficiencies were identified.</p>	H 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____