

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INTEGRATED COMMUNITY SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6323 GEORGIA AVENUE, NW, SUITE 305 WASHINGTON, DC 20011</b>
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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><b>INITIAL COMMENTS</b></p> <p>On March 30, 2018, the Department of Health/Intermediate Care Facilities Division, received written notification from Integrated Community Services, Inc. of their proposed relocation from 6323 Georgia Avenue, NW, Suite 106, N.W. to 6323 Georgia Avenue, NW, Suite 305. Interview with the agency's Administrator revealed there would be no changes in policies and/or staffing.</p> <p>On April 3, 2018, an initial survey was conducted at the 6323 Georgia Avenue, NW, Suite 305 location to determine environmental compliance. The survey determined the agency was in compliance with Title 22 DCMR, Chapter 39 which allows the agency to relocate to new address as mentioned above.</p>	H 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_