

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2018
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NAME OF PROVIDER OR SUPPLIER OPEN SYSTEMS HEALTHCARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1220 12TH STREET, SE STE 350 WASHINGTON, DC 20003
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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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INITIAL COMMENTS

An annual survey was conducted from April 4, 2018, through April 5, 2018, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to one (1) patients and employs twenty-one (21) staff. The findings of the survey were based on a review of administrative records, one complaint, three (3) incident reports, one (1) active patient record, three (3) discharged patient records, and four (4) personnel records. The findings were also based on one (1) home visit and interview with patient and staff.

The agency was in substantial compliance with Title 22B DCMR, Chapter 39 Home Care Agencies Regulations, no deficiencies were identified.

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Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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