

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/16/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PENTEC HEALTH, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1875 I STREET NW, 5TH FLOOR WASHINGTON, DC 20006</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>An annual survey was conducted from December 15, 2016 through December 16, 2016, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency provides home care services to eight (8) patients and employs seven (7) staff. The findings of the survey were based on a review of eight (8) active patient records, seven (7) employee records, no complaints, two (2) home visits, three (3) telephone/email interviews, and interviews with patients/family and staff.</p> <p>At the time of the survey, the facility was found to be in compliance with the Home Care Agency Regulations "Title 22 B DCMR Chapter 39". There were no deficiencies cited.</p>	H 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_