

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2016
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HOME HEALTHCARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1220 12TH STREET, SE 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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H 000	<p>INITIAL COMMENTS</p> <p>On October 4, 2016, an initial inspection was conducted at Nation's Home Infusion home care agency's new location, 1220 12th Street, SE, Suite G35 to determine environmental compliance. The survey determined that the agency was in compliance with Title 22 DCMR, Chapter 39, which allow the agency to be licensed and operate.</p> <p>The findings of the walkthru were based on observation, interview with the Aministrator/Owner and other office personnel.</p>	H 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE