

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/18/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HSC HOME HEALTH CARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1731 BUNKER HILL ROAD, NE WASHINGTON, DC 20017</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 June 14, 2016, through June 18, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to seventy-eight (78) patients and employs one hundred and fifty-six (156) staff. The findings of the survey were based on a review of administrative records, nine (9) active patient records, two (2) discharged patient records, ten (10) employee records, twenty-one (21) complaints, five (5) home visits and interviews with patients/family and staff.</p> <p>There were no deficiencies identified during the survey. The agency was in substantial compliance with Title 22B DCMR, Chapter 39 Home Care Agencies Regulations.</p>	H 000		
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Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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