

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOME CARE PARTNERS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1234 MASSACHUSETTS AVENUE NW, SUITE C-1002 WASHINGTON, DC 20005</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 INITIAL COMMENTS

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An annual survey was conducted from November 3, 2016 through November 7, 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 four hundred-eighteen (418) patients and employs one hundred fifty-one (151) staff. The findings of the survey were based on a review of twenty (20) active patient records, five (5) discharged patient records, fifteen (15) employee records, twenty (20) complaints, five (5) home visits, ten (10) telephone interviews, and interviews with patients/family and staff.

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.

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