Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0007	A. BUILDING: _____ B. WING _____	12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME CARE PARTNERS	1234 MASSACHUSETTS AVENUE NW, SUITE C-1002 WASHINGTON, DC 20005

(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
H 000	INITIAL COMMENTS An annual survey was conducted from November 27, 2017 through December 1, 2017, 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 three hundred twenty-one (321) patients and employs one hundred twenty (120) staff. The findings of the survey were based on a review of seventeen (17) active patient records, three (3) discharged patient records, fourteen (14) employee records, twenty-eight (28) complaints, five (5) home visits, nine (9) 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.	H 000		