Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUMAN TOUCH HOME HEALTH CARE AGENC	1416 9TH STREET, NW WASHINGTON, DC 20001

(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 03/13/18 through 03/16/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provides home care services to 300 patients and employs 517 staff. The findings of the survey were based on a review of 15 active patient records, five (5) discharged patient records, 20 employee records, and three (3) complaints. The findings were also based on five (5) home visits, 10 telephone interviews, and interviews with patients and staff. The agency was in substantial compliance with Title 22B DCMR, Chapter 39 Home Care Agencies Regulations, no deficiencies were identified. Additionally, on 03/09/18, the Department received a complaint about the HCA regarding the care being provided to a current patient. An on-site investigation of the complaint was conducted concurrently with the annual survey. Allegation: The HCA lacks sufficient staff to provide services per the patient's ordered hours. Conclusion: The allegation was unsubstantiated.	H 000		

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE