Health Regulation & Licensing Administration

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE S20 UPSHUR STREET, NW, ZND FLOOR WASHINGTON, DC 20016	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
IDEAL NURSING SERVICES, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG			HCA-0014			01/0		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) H 000 INITIAL COMMENTS An annual survey was conducted from December 29, 2015, through January 5, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to three hundred and sixty-seven (367) patients and employs six hundred and twenty-five (625) staff. The findings of the survey were based on observations, record reviews and interviews with current patients and staff. The agency was in substantial compliance with Title 22B DCMR, Chapter 39 Home Care			NC 820 UPSH	IUR STREET	, NW, 2ND FLOOR			
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