

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/22/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPTUM WOMEN'S AND CHILDREN'S HEALTH, L</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 PENNSYLVANIA AVENUE, NW, SOUTH BLDG SUITE WASHINGTON, DC 20004</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 December 20, 2017 to December 22, 2017, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The home care agency provides home care services to twenty-one (21) patients and employs six(6) staff. The findings of the survey were based on a review of administrative records, five (5) active patient records, one (1) discharge patient record, and six (6) employee records. The findings were also based on five (5) home visits, five (5) patient telephone interviews, and interviews with staff/patients. The agency was in substantial compliance with Title 22 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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