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-0015	A. BUILDING: _____ B. WING _____	02/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POTOMAC HOME HEALTH CARE	5255 LOUGHBORO COMMUNITY SERVICE BLDG WASHINGTON, DC 20016

(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 February 13, 2018, through February 16, 2018, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to seventy-two (72) patients and employs sixteen (16) staff. The findings of the survey were based on a review of administrative records, no complaints, nine (9) incident reports, five (5) active patient records, two (2) discharged patient records, and eight (8) personnel records. The findings were also based on four (4) home visits, ten (10) patient telephone interviews, and interviews with patients, family and staff. The agency was in substantial compliance with Title 22B DCMR, Chapter 39 Home Care Agencies Regulations, no deficiencies were identified.	H 000		

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