

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2011
NAME OF PROVIDER OR SUPPLIER DATZ FOUNDATION INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4545 42ND STREET NW SUITE 307 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
S 000	Initial Comments An annual licensure inspection was conducted on August 16, 2011. The survey findings were based on record review and staff interviews. The sample size was five (5) personnel records based on a census of five (5), three (3) adoption records based on a census of three (3), and three (3) post adoption records based on a census of three (3). There were no deficiencies found at the time of this inspection.	S 000	

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE