

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2011
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NAME OF PROVIDER OR SUPPLIER INTERNATIONAL FAMILIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5 THOMAS CIRCLE NW WASHINGTON, DC 20005
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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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S 000	<p>Initial Comments</p> <p>An annual inspection was conducted on April 29, 2011. The survey findings were based on record review and a staff interview. The sample sizes were four (4) personnel records based on a census of four (4), and three (3) home study records.</p> <p>There were no deficiencies found at the time of this inspection and the agency was in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing.</p>	S 000		
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Health Regulation Administration	TITLE	(X6) DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE