

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2010
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NAME OF PROVIDER OR SUPPLIER LITTLE BLUE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 524 IRVING STREET NW WASHINGTON, DC 20010
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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
S 000	<p>Initial Comments</p> <p>An annual inspection was conducted on June 25, 2010.</p> <p>The survey findings were based on record reviews and a staff interview. The sample sizes were three (3) employee records based on a census of three (3). There were no adoptions or home studies performed within the last year.</p> <p>The agency was found to be in compliance with Title 29 Chapter 16, Standards of Placement, Care and Services for Child Placing.</p>	S 000		

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TITLE

(X6) DATE

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

STATE FORM

6899

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If continuation sheet 1 of 1