

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2012
NAME OF PROVIDER OR SUPPLIER BOYS TOWN WASHINGTON DC, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4801 SARGENT ROAD NE WASHINGTON, DC 20017		
(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 inspection was conducted on December 10, 2012 through December 11, 2012. The survey findings were based on record review and staff interview. The sample sizes were ten (10) personnel records based on a census of ten (10), four (4) foster parent records based on a census of 4 and six (6) foster child records based on a census of 6. There were no deficiencies found at the time of the inspection.	S 000			

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TITLE

(X6) DATE

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

STATE FORM

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