PRINTED: 12/11/2012 FORM APPROVED

CPA-030 B WNG	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
WAME OF PROVIDER OR SUPPLIER STREET ADDRESS. OTY. STATE ZIP CODE BOYS TOWN WASHINGTON DC, INC SARGENT ROAD NE MAY ID SUMMARY STATEMENT OF DEFICIENCES PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH OCRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) CO S 000 Initial Comments S 000 PRECINCTION STATE ZIP CODE (ROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) CO S 000 Initial Comments S 000 S 000 Initial Comments S 000 An annual inspection was conducted on Decomber 10, 2012 through December 11, 2012. The survey findings were based on record review and staff interview. The sample sizes were 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. Initial Comments S 000		CPA-030			12/11/2012	
BOYS FORM WASHINGTON D.C. INC WASHINGTON, D.C. 20017 (24) ID PREX TAS EXAL DEPRESENT OF DEPICIENCIES (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTIONY ON LSC IDENTIFYING INVORMATION) ID PREX TAS ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTION STATES) ID PREX TAS PROVIDER'S PLAN OF CORRECTIVE (REGULTION STATES) PROVID PREX	NAME OF PROVIDER OR SUPPLI		STREET ADDRESS, CITY	STATE, ZIP CODE		
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An annual inspection was conducted on December 10, 2012 through December 11, 2012. The survey findings were based on a consus of ten (10) personnel records based on a census of ten (10), four (4) foster parent records based on a census of 6. There were no deficiencies found at the time of the inspection.	PREFIX (EACH DEFICIE	NCY MUST BE PRECEDED BY F	ULL PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
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