

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/07/2012
NAME OF PROVIDER OR SUPPLIER FOUNDATION FOR HOME & COMMUNITY INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1012 14TH STREET NW WASHINGTON, DC 20005		
(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 from September 5, 2012 through September 7, 2012. The survey findings were based on record review and staff interviews. The sample sizes were twenty five (25) personnel records based on a census of twenty five, sixteen (16) foster parent records based on a census of sixteen (16), and fifteen (15) foster child records based on a census of fifteen (15). 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

STATE FORM

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