

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2013
NAME OF PROVIDER OR SUPPLIER SERAAJ FAMILY HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 900 2ND STREET NE, STE LL-12 WASHINGTON, DC 20002		
(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 On June 12, 2013, the Health Regulation and Licensing Administration received written notice that the child-placing agency was relocating its main office. Inspection of the new office facilities on June 24, 2013, beginning at 2:09 p.m., revealed that Seraaj Family Homes, Inc. is in compliance with the Office Space requirements of 22 DCMR, Chapter 16: Standards of Placement, Care and Services for Child Placing Agencies.	S 000		

Health Regulation & Licensing Administration

TITLE

(X6) DATE

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

STATE FORM

6899

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