

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-050 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/27/2012 |
| NAME OF PROVIDER OR SUPPLIER ADOPOLIS, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5247 WISCONSIN AVENUE, NW WASHINGTON, DC 20015 | | |
| (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 licensure inspection was conducted on April 27, 2012. The survey findings were based on record review and staff interviews. The sample size was three (3) personnel records based on a census of three (3), and three (3) home study records based on a census of three (3). 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

6899

CQJ511

If continuation sheet 1 of 1