

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0082	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2012
NAME OF PROVIDER OR SUPPLIER CONTEMPORARY FAMILY SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 PENNSYLVANIA AVENUE, SE WASHINGTON, DC 20020		
(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 initial inspection was conducted on June 8, 2012. The agency is moving from their Martin Luther King Ave. location. There were no changes in the governing body status and client records. A copy of their new C of O and business license was posted. The survey findings were based on record review, staff interviews and an environmental inspection was conducted. The sample size was five (5) personnel records based on a census of five (5), and five new board member records. 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

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If continuation sheet 1 of 1