

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-0073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOLY CROSS CHILD PLACMENT AGENCY INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4900 CONNECTICUT AVENUE NW WASHINGTON, DC 20008</b>
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(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
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S 000 Initial Comments	An annual inspection was conducted on January 11, 2012 . The survey findings were based on record review and staff interviews. The sample size was two (2) personnel records based on a census of two (2) 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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Health Regulation & Licensing Administration	TITLE	(X6) DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE