

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2013
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NAME OF PROVIDER OR SUPPLIER PROGRESSIVE LIFE CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1933 MONTANA AVENUE NE WASHINGTON, DC 20002
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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	<p>Initial Comments</p> <p>On September 23, 2013, a monitoring survey was scheduled to be conducted on September 23, 2013, to verify compliance with regulations cited in their previous Plan of Correction, received February 9, 2012.</p> <p>Based on interview with the designated administrator, the agency had not provided foster care services to children since the last survey dating back to February 2012. Therefore, there were no personnel records, foster parent records and/or foster child records available to review. The designated administrator did state that the agency wanted to maintain their District of Columbia child placement license.</p>	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____