Health Regulation & Licensing Administration									
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED			
	CPA-0073			B. WING		01/15	/2013		
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE				
			NNECTICUT AVENUE NW 3TON, DC 20008						
(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 CORREC' (EACH CORRECTIVE ACTION SHOUNDERSON SHO	HOULD BE COMPLET			
S 000	Initial Comments			S 000					
S 015	An annual licensure survey was conducted on January 15, 2013. The survey findings were based on record review and staff interviews, as well as the review of administrative records. The sample size was one (1) personnel record based on a census of one (1) and four (4) home study records based on a census of four (4).			S 015	Please see Attached F of Carrect	on	1/31/13		
	The Board shall ap anticipated income to provide the servi agency. The Board	603.4 Responsibility Of The Board Of Directors The Board shall approve the annual budget of inticipated income and expenditures necessary or provide the services of the child-placing agency. The Board shall approve the annual inancial audit report.		0.010	Justans as The Budget January 19 Our plan 13 make conta	2013.			
	Based on interview placing agency (CF that its Board of Dir	is not met as evidence and record review, the PA) failed to show everectors (BOD) approvence and of the one years	he child idence /ed an		the Budget Exact copy of 15 available of the office.	->- @nl			
	The finding includes:								
	January 15, 2013, a the executive direct budgets were devel corresponded with a that the BOD had re 2013 budget in "Nor Further interview re BOD business, inclinot available on site forward the minutes held in 2012.	at the agency's office at approximately 10:- tor stated that operat oped annually and the calendar years. She eviewed and approve vember or December vealed that records a uding budget reviews of for review. She agree taken for BOD mee	45 a.m., ling ney indicated ed the r 2012." of the s, were eed to tings		Department of Hee Heelth Regulation & Licensing Intermediate Care Facilitie 899 North Capitol Si Washington, D.C.	Minerikeres med vermon , M.E.	Ö		
lanth Danid	On January 16, 201	2, review of docume	nts that						

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

STATE FORM

Health Regulation & Licensing Administration									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
	CPA-0073		B. WING_		01/1	5/2013			
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE				
			NNECTICUT STON, DC	AVENUE NW 20008					
(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 CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE			
S 015	Continued From page 1			S 015					
	Licensing Administ previous evening fa the BOD had review operating budget, to	he Health Regulation ration via facsimile of ailed to show evident wed and approved a property to a factorize the anticipal titures necessary to a ling year.	on the ce that 2013 ated						
S 301	1625.1(g) Adoption Records		\$ 301						
	(g) Verification of each marriage and divorce of the applicants;					1 . 1.			
	Based on interview placing agency (CP that it verified the m	is not met as evident and record review, to A) failed to show evinarriage and divorce of the four records of Parents #1)	he child idence of		Plasasassioned plan of Carrection	E_ 	1/3/13		
	The finding includes	s:			Carrectio				
	review of the home documentation main revealed no evident provided written documentation. The executivation the time, stated the married. After examination and there was available for review indicated that the agroup of marriage ce couple had submitted. On January 16, 2012 were submitted to the	2, review of docume e Health Regulation	ther ther ad marital present ents were eate ther ests a bught the nts that and		The mistiled document of marriage we now a servery as the control of the control	Leaved Levisit.			
	Licensing Administra	ation (HRLA) via fac	simile on	,	misfiled	G-C			

Health Regulation & Licensing Administration									
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPP		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
CPA-0073			01/15/2013			5/2013			
NAME OF P	ROVIDER OR SUPPLIER	•	STREET AD	DRESS, CITY,	, STATE, ZIP CODE				
4900 CON			NNECTICUT AVENUE NW GTON, DC 20008						
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	HOULD BE COMPLETE		
S 301	Continued From page 2			S 301					
	the previous evenir director spoke with 2013. According to adoptive mother "w and retrieve her ma	ng revealed that the Parents #1 on Janua a hand written note, will go to her safety demiage license tomor 3, however, no additi	ary 15, the eposit box row." As						
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