

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2014
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NAME OF PROVIDER OR SUPPLIER ADOPTION CENTER OF WASHINGTON INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1726 M STREET NW SUITE 600 WASHINGTON, DC 20036
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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>Due to this Child Placing Agency's history of overall compliance with applicable regulations (22 DCMR, Chapter 16), the Department of Health, Health Regulation and Licensing Administration conducted an abbreviated monitoring survey on March 24, 2014. The sample sizes were one (1) personnel record based on a census of one (1), and six (6) adoptive parent records based on a census of six (6).</p> <p>Adoption Center of Washington, Inc. is in compliance with the requirements of 22 DCMR, Chapter 16: Standards of Placement, Care and Services for Child Placing Agencies.</p>	S 000		
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Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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