

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 07/06/2016
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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>On July 6, 2016, at 9:16 a.m., the Department of Health, Health Regulation and Licensing Administration arrived to the address listed on the license for Adoptions Center of Washington to conduct an onsite annual licensing inspection. The inspection did not proceed since the doors to the main entrance of the building were locked and a public notice was posted. The posting was identified as a Raze Permit Application Notification dated February 17, 2016, from the District of Columbia Department of Consumer and Regulatory Affairs DCRA. According to DCRA 's website, a raze permit is obtained by the property owner or contractor for the purposes of razing a building. The permit initiates the process of "utility disconnections and further regulatory approvals." Additionally, the Raze Permit approves the razing method and certifies that the utilities have been properly disconnected.</p> <p>On July 6, 2016 at 10:13 a.m., the Program Director for Adoptions Center of Washington was contacted and she confirmed via telephone that the agency had not operated in the location listed on the child placement agency's license. Additionally, the Program Director confirmed that the agency failed to notify the Department of Health, Health Regulation and Licensing Administration of the official date in which the agency ceased operating.</p> <p>As a result of the aforementioned findings, the survey was immediately aborted.</p>	S 000		
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE