

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 04/30/2015
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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>An annual licensure survey was conducted on April 30, 2015. The sample sizes were one (1) personnel record based on a census of one (1), and eight (8) adoptive parent records based on a census of eight (8).</p> <p>The survey findings were based on interviews and the review of records.</p> <p>There were no deficiencies identified during the inspection. The agency was found to be in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services.</p>	S 000		
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE