

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/06/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BETHANY CHRISTIAN SERVICES OF DC	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 MASSACHUSETTS AVENUE, NW #C-1017 WASHINGTON, DC 20005
---	--

(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
--------------------	--	---------------	---	--------------------

S 000	<p>Initial Comments</p> <p>An annual licensure survey was conducted on 08/06/19. The survey findings were based on interview, review of administrative records, as well as personnel records, which included eight home study reports, five employees, and six board member records.</p> <p>There were no deficiencies identified during the inspection. The Agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care and Services for Child-Placing.</p>	S 000		
-------	---	-------	--	--

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE