

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 09/14/2016
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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
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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 September 14, 2016. The survey findings were based on staff interview and the review of seven (7) personnel records, based on a census of seven (7) employees. One (1) adoptive parent record, based on a census of one (1) adoptive parent/family, and six (6) board member records based on a census of six (6) board members.</p> <p>The findings determined that the agency was in compliance with the requirements of Title 29, Chapter 16, Standards of Placement, Care and Services for Child Placing Agencies. There were no deficiencies found at the time of this survey.</p>	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____