

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 09/14/2017
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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
S 000	<p>Initial Comments</p> <p>An annual licensure survey was conducted on September 14, 2017. The survey findings were based on staff interview and the review of administrative records, as well as the review of five (5) of five (5) personnel records, six (6) of six (6) adoptive parent/family records, two (2) adoptive children records and seven (7) of seven (7) 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