

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2017
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NAME OF PROVIDER OR SUPPLIER CRADLE OF HOPE ADOPTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 K STREET, NW SUITE 317 WASHINGTON, DC 20006
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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 February 6, 2017, to determine compliance with Chapter 16, Standards of Placement, Care and Services for Child Placing.</p> <p>The survey findings were based on a staff interview and the review of four (4) personnel records, based on a census of (4) employees. The findings also revealed that the agency had not fully completed child placement activities, however, one home-study had been conducted.</p> <p>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		
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE