Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CPA-0086	A. BUILDING: _____ B. WING _____	01/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UMBRELLA THERAPEUTIC SERVICES	3300 PENNSYLVANIA AVE SE WASHINGTON, DC 20020

(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	Initial Comments An annual licensure survey was conducted on January 28, 2015 through January 28, 2015. The sample sizes were four (4) personnel records based on a census of four (4) and one (1) foster parent records based on a census of one (1). The survey findings were based on interviews and the review of records. There were no deficiencies identified during the survey. The agency was found to be in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing.	S 000		