

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-015 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/17/2012 |
| NAME OF PROVIDER OR SUPPLIER DATZ FOUNDATION INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 4545 42ND STREET NW SUITE 307 WASHINGTON, DC 20016 | |
| (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) |
| S 000 | Initial Comments An annual inspection was conducted on September 17, 2012. The survey findings were based on record review and staff interviews. The sample sizes were three (3) personnel records based on a census of three (3) and five (5) home studies based on a census of five (5). There were no deficiencies found at the time of this inspection. | S 000 | |

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TITLE

(X6) DATE

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

STATE FORM

6899

XKTK11

If continuation sheet 1 of 1