

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0087 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/17/2014 |
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| NAME OF PROVIDER OR SUPPLIER KIDSAVE INTERNATIONAL | STREET ADDRESS, CITY, STATE, ZIP CODE 4622 WISCONSIN AVENUE, NW WASHINGTON, DC 20016 |
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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 initial Inspection of the environment was conducted on June 16, 2014. There were no deficiencies found at the time of this inspection. The agency was found to be in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services.</p> | S 000 | | |

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE