		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	· COMP	(X3) DATE SURVEY COMPLETED	
			The Boltonia	W. V.	nent of Health		
121		CPA-0073	B. WING	Land and the second section of the section of the second section of the section of the second section of the se	& Licensing Administration are Facilities Division/2	9/2015	
IAME OF	PROVIDER OR SUPPLIER	STREET A	DRESS CITY	and and some some North	Capitol St., N.E.		
IOLY CE	ROSS CHILD PLACM	4000.00		AVENUE NW Washing	ton, D.C. 20002		
- CLI OF	Company of the Compan	WASHIN	GTON, DC	20008	FEB - 6 2015		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE) CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X6) COMPLE DATE	
S 000	Initial Comments		8 000				
				The foo	کھ جہ		
	An annual licensum	e survey was conducted on		TOOK TOOM			
	SURVEY findings we	hrough January 29, 2015. The re based on record review and	1		nearmed		
	staff interviews, as	well as the review of	1	wisten 40	~ 2		
	administrative records. The sample size was one		1	Q zcrzae	e in the	-	
J	(1) personnel recor	d based on a census of one			of wask		
1	(1) and four (4) home study records based on a census of four (4).		1	In the 5	712/204		
1	Controlle an iodii (17).			adoptio	n, o-		
1	The survey findings were based on interviews				n'a/=0		
1	and the review of re	ecords.			of ordering	3	
1	Note: The below are abbreviations that may			رحب سمهدون	son you		
- 1	appear throughout	the body of this report.			المرا المعدم		
ŧ		jih	22		501. es to		
1	Child Placing Agency - CPA Executive Director - ED			mare a	2 2 2 2 1000		
	Board of Director -			to the x	- Laspon		
		*3	1	can + 20120	so polyto		
S 011	1602.5 BOARD OF	DIRECTORS	S 011	Board			
1	Members of the Box	ard shall be of good character	ĺ	nattons of	- 2 m 2 m 2	2/25/1	
}	as determined by le	tters of reference and criminal	l	anarominal !	San Maraump	य्यक्षा ।	
1	background investig	jations.		investiget	-testes enci		
1.	This COMPLETION:			ter mill ps	A CONTRACTOR OF THE PROPERTY O		
1	Based on Interview	s not met as evidenced by: and record review, the CPA			au 2/25/8		
	failed to show evide	nce that letters of reference			\		
- 10	and criminal backgr	ound investigations had been				4,	
	obtained for each m	ember of its BOD, for five (5)	4				
1	Of the five (5) curren	t board members. (BOD #1, OD #4 and BOD #5)	Pos	t-it® Fax Note 7671	Date 6 15 # of pages	► ANL	
1.	500 #2, 500 #3, 5	OD #4 and BOD #5)	To		From ItoLY CROSS		
1-	The finding includes	;	Co./	Dept.	Co.		
	3n January 50 001		Phor	10-4-412-4724	Phone # 10	N	
	on January 28, 201	5, at approximately 10:30	Fax	52	Phone # 237 13	46	
i	a.m., review of the board meeting minutes dated October 30, 2014, revealed the CPA had six		3	0a-442-9430			
	RODs When asked	the executive director					

STATE FORM

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		CPA-0073			01/29/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY	, STATE, ZIP CODE	1 417	10/2015	
HOLY C	ROSS CHILD PLACM	ENT AGENCY INC 4900 COI		TAVENUE NW			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE	
S 011	Continued From pa	age 1	S 011	JET (JETO)	F		
	background investi- located in Maryland Further interview re- able to locate the in- members who have while, but he/she w- to find via e-mail or On January 29, 201 the executive direct BOD roster. The ros officer's position on each member's con review revealed that five members. The was in the process of	5, at approximately 1:00 p.m., or e-mailed the 2014/2015 ster revealed the names, the Board (if applicable) and fact information. Further the board currently consist of roster also stated that BOD #1 of obtaining his/her reference of other information on the		The Board of I	Date Ca		
S 015	mat the CPA obtains criminal background members of its Boar 1603.4 Responsibility The Board shall applicanticipated income a	y Of The Board Of Directors rove the annual budget of	\$ 015	her copy of her chiminal class of has they co this will be do today - faxe you by 2/25	above lives	zliko	
1 1 E	agency. The Board s financial audit report. This CONDITION is Based on interview a ailed to show eviden	not met as evidenced by: nd record review, the CPA ce that its BOD approved an e of the one years reviewed.	1	The Board will approve the all budget by 2/2 It was reiber	5/15 2	125/15	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	-		A. GOILDING	y	00	MLCC (CD	
		CPA-0073	B. WING		01	/29/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DORESS, CITY,	STATE, ZIP CODE			
HOLY C	ROSS CHILD PLACE	IENT AGENCY INC 4900 COI	NNECTICUT	AVENUE NW			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	STON, DC 2				
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETE DATE	
S 015	Continued From page 2		S 015	,		 	
		Maria V. Maria em Di			7 K S		
	On January 28, 20	15, at 11:23 a.m., the executive		The budget	has		
1	developed annually	operating budgets were . When asked if there was a		been gax	200		
1	budget developed	for 2015, he/she indicated that		the Dapart	Jans en		
	the agency was without a budget: however "we			at HERTH.	22 /	\	
	agreed to forward	ast year " (2014). He/She a copy of the 2014 budget,		have not to	حعدناكم	4	
1	saying it was kept i	n records located in Maryland		the Samuel	سر عوراة	5	
1	and not available for	or review on site. He/She then		pant state.	alsone.	1	
3	stated their accountant would be preparing an			trom Cabit	- 10 mg.	•	
1	cleared from calen	once the last checks had dar year 2014. The BOD was	Ì	I syglowed		J	
1	expected to meet s	oon (date not specified). To		to prepare as	ne. Audi	Č.	
3	date, the agency had not received a bank			until all ah	CHES	1	
	statement showing ending December 3	activities through the quarter	1	Heraugh 500	yearen,		
1	ending December 3	1, 2014.		may have	al that		
11	Minutes of the BOD	meetings held on April 15,			12/14.	į.	
4	2014, July 15, 2014	and October 30, 2014 were			\wedge	1.1.	
1:	The minutes did not	aforementioned interview. reflect BOD review of the	Ī	This will be	- 640m 2-	2/2510	
C	CPA's budget or in	dependent audit.		by -		ļ	
1	When asked if he/st	ne could determine on what		no requirem			
10	late the BOD review	ved the 2014 audit, the	1	other than	Saina		
16	executive director st	ated the accountant " doesn'		a budget a			
1	send it to the Board	I. " I asked who received the		by the three	mar		
a	ny of the BOD men	plied " I do." When asked if hers asked to see the		was 2 ber m	antone	D.,	
a	udits, he/she replied	"No, they haven't " The		as a requir	ENTE.	₹71	
e	xecutive director ac	reed to see whether there	+	this will be		212815	
្រា	ad been BOD meet	ing held in January 2014 and		son cos mo:	()		
1	cremme it fliete Me	ere minutes of said meeting.	- 1	mysoliensly		241	
T	he executive directo	or submitted to the Health	1	working into	1 N		
K	egulation and Licer	sing Administration (via	7	practice of			
) Ta	csimile) copies of the	ne 2014 budget and audit		-201210 aft			
re	view of documents	2015. On January 30, 2015, that were received on the		Budget and	١ ا	1 ~ I	
	n & Licensing Administr	rier were received on the	1.4	audit.	1	,	

STATEME	Regulation & Licens NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Townsie		7 7 7 7	APPROVE
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	CPA-9073		B. WING		01/	29/2015
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADI		DRESS, CITY	, STATE, ZIP CODE	1 717	20/2010
HOLY C	ROSS CHILD PLACE	IENT AGENCY INC 4900 CON		AVENUE NW		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S 015	Continued From pa	age 3	S 015			
5 015	previous evening a evidence that the sapproved a 2015 of anticipated income to provide services addition, there was reviewed the previous evidence.	and that morning failed to show BOD had reviewed and experating budget, to include the sand expenditures necessary in the coming year. In a point of the BOD	8 015	This has own barns of it is a polar the deficiency. I deficiently. I deficiently the Board Thems	Je Zach	The state of the s
			8	The Samuary	2014 1200	2/28/15
The second secon				Board meant took place or Samuary 29, 20 The 2 xecust Diseastar has Knez surger Knez surger Knez surger Knez surger Knez surger Knez surger Musical the Dupical the	lowers lowers	
Regula	on & Licensing Administ		12	to wente it my note so that we will be n	agran	rentina