

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2016
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NAME OF PROVIDER OR SUPPLIER ADOPOLIS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5247 WISCONSIN AVENUE, NW WASHINGTON, DC 20015
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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 April 12, 2016. The sample size was one (1) personnel record based on a census of one (1) employee and three (3) adoptive parent records based on a census of three (3) adoptive parents/families and five (5) board member records based on a census five (5) board members.</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
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