

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-0076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ADOPTIONS TOGETHER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 VARNUM STREET NE WASHINGTON, DC 20017</b>
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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><b>Initial Comments</b></p> <p>An annual licensure survey was conducted on June 24, 2015. The sample size was nine(9) personnel records based on a census of nine (9) current employees, seven (7) family records based on a census of (11) eleven.</p> <p>The survey findings were based on interview and the review of administrative and personnel records.</p> <p>The agency was is in compliance with the requirements of Title 29, Chapter 16, Standards of Placement, Care and Services for Child Placing Agencies. There were no deficiencies found at the time of this survey.</p>	S 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_