

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2017
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NAME OF PROVIDER OR SUPPLIER BARKER FOUNDATION, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1066 30TH STREET NW WASHINGTON, DC 20007
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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 annual licensure survey was conducted on May 31, 2017. The survey findings were based on interview with administrators and review of personnel and administrative records, as well as the review of adoptive family records (with children) and families with completed home studies (without children).</p> <p>The personnel records were reviewed for all employees (34 records). A random sample of eleven (11) records maintained for families with completed home studies who were waiting for children were reviewed, based on a census of twenty-nine (29), and a random sample of five (5) records for families with children (post-placement) were reviewed, based on a census of ten (10).</p> <p>The agency was found to be in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services.</p>	S 000		

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