

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2018
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NAME OF PROVIDER OR SUPPLIER CONTEMPORARY FAMILY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6323 GEORGIA AVENUE, NW SUITE 300 WASHINGTON, DC 20011
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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>On 06/27/18, at 10:10 a.m., DC Health, Health Regulation and Licensing Administration arrived to Contemporary Family Services, Inc. located at 6363 Georgia Avenue, NW, Suite 300, to conduct a licensure survey. The inspection could not be conducted due to no available staff to assist with the surveying process.</p> <p>A direct support person (DSP) and four day program clients were present in the facility. The DSP contacted the agency's Quality Assurance (QA) Manager for the Day Program and after speaking with the QA Manager, he informed the surveyor that he was on his way to an appointment and should arrive to the site in approximately three hours. The QA Manager then said that the surveyor could go to their main office located in Hyattsville, Maryland to review the CPA records. He further stated that he would contact the Human Resource Department to receive instructions for the survey.</p> <p>An inspection of the office space was conducted. There were several offices, office phones, computers and fax machines.</p> <p>As a result of the aforementioned findings, the survey was aborted.</p>	S 000		
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE