

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2014
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NAME OF PROVIDER OR SUPPLIER DATZ FOUNDATION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4545 42ND STREET NW SUITE 307 WASHINGTON, DC 20016
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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 October 9, 2014. The sample sizes were four (4) personnel records based on a census of four (4) employees and contractors, and five (5) adoptive parent records based on a census of ten (10) adoptive parents/families.</p> <p>The survey findings were based on staff interview and the review of records.</p> <p>The agency was found to be in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing.</p>	S 000		

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