

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 11/08/2017
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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
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S 000	<p>Initial Comments</p> <p>An annual licensure survey was conducted on November 8, 2017. The survey findings were based on interviews and review of administrative records, as well as the review of three (3) personnel records, eight (8) home studies and five (5) Board of Director members.</p> <p>There were no deficiencies identified during the inspection. 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____