

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUNDATION FOR HOME AND COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 14TH STREET, NW 10TH FLOOR WASHINGTON, DC 20005
--	--

(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 initial licensure survey was conducted on June 14, 2016. The survey findings were based on interview with administrators and review of personnel records.</p> <p>The sample size was eight (8) personnel records based on a census of eight (8) employees.</p> <p>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		
-------	--	-------	--	--

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____