

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>CPA-0090</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/31/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FOUNDATION FOR HOME AND COMMUNITY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1012 14TH STREET, NW 10TH FLOOR<br/>WASHINGTON, DC 20005</b> |
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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 August 24, 2017, the Department of Health, Health Regulation and Licensing Administration attempted to conduct an onsite annual survey. However, the survey was not conducted because the agency was not ready to renew there license.</p> <p>Interview with the Executive Director on-site revealed that CFSA did not renew there contract and therefore the agency was not operating in the District of Columbia.</p> <p>As a result of the aforementioned findings, the survey was aborted.</p> | S 000 |  |  |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_