

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELPING CHILDREN GROW INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2120 BLADENSBURG ROAD, NE WASHINGTON, DC 20018</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
S 000	<p>Initial Comments</p> <p>An annual licensure survey was conducted on April 3, 2015. The sample sizes were based on eight (8) personnel records. The agency currently has no foster parents and/or foster children.</p> <p>The survey findings were based on interview and the review of records.</p> <p>There were no deficiencies identified during the inspection. The agency was found to be in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services.</p>	S 000		

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