

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2015
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NAME OF PROVIDER OR SUPPLIER PROGRESSIVE LIFE CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1933 MONTANA AVENUE NE WASHINGTON, DC 20002
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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 April 2, 2015. The survey findings were based on interviews and review of the personnel and administrative records. The sample size was two (2) personnel records based on a census of two (2) employees.</p> <p>Interview with the agency's designated administrator on April 2, 2015, at 11:30 a.m., revealed that the agency had not provided foster care services to children since the last survey on April 4, 2014. During the interview, the designated administrator indicated that the agency wants to maintain its District of Columbia child placement license to be eligible to provide services when needed.</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 _____