

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 08/26/2016
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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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Initial Comments

An annual licensure survey was conducted on August 26, 2016. The survey findings were based on interviews and review of the personnel and administrative records. The sample size was three (3) personnel records based on a census of three (3) employees.

Interview with the agency's Director of Performance/Contract Manager on August 26, 2016, at 10:42 a.m., revealed that the agency had not provided adoption services since 2011 and foster care services to children since the year of 2012. Further discussion revealed that the CPA lost their contract with the Child & Family Services Agency and was encouraged by the Child & Family Services Agency to maintain its District of Columbia child placement license to be eligible to provide services when needed.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE