

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-0075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CATHOLIC CHARITIES OF THE ARCHDIOCESE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1438 RHODE ISLAND AVENUE NE WASHINGTON, DC 20018</b>		
(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><b>Initial Comments</b></p> <p>An annual inspection was conducted on March 15, 2011. The survey findings were based on record reviews and staff interviews. The sample sizes were three (3) personnel employee records based on a census of three (3) and three (3) of nineteen board member records .</p> <p>There were no deficiencies found at the time of this inspection and the agency was in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care and Services for Child Placing.</p>	S 000		

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TITLE

(X6) DATE

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

STATE FORM

6899

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If continuation sheet 1 of 1