

Health Regulation & Licensing 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>10/01/2013</b>
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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>
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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 inspection was conducted on October 1, 2013. The survey findings were based on record reviews and staff interviews. The sample sizes were two (2) personnel records based on a census of two (2), three (3) adoption home study records based on a census of three (3) and two (2) birth parent records based on a census of two (2). There were no deficiencies found at the time of this inspection.</p>	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_