

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2013
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NAME OF PROVIDER OR SUPPLIER PSI II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 770 M STREET SE WASHINGTON, DC 20003
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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>The Department of Health, Health Regulation and Licensing Administration conducted an abbreviated monitoring survey on November 22, 2013. The focus of this survey was to verify continued compliance with their previous Plan of Correction, received June 1, 2012. In addition, fundamental health and safety regulations, including medical and dental assessments, and criminal background checks.</p> <p>The survey findings were based on staff interviews and the review of administrative and personnel records. The sample size was two (2) personnel records based on a census of nine(9) employees, two (2) foster parent records based on a census of nine (9), and two (2) foster children's records based on a census of nine (9).</p> <p>PSI II, Inc. is in compliance with the requirements of 22 DCMR, Chapter 16: Standards of Placement, Care and Services for Child Placing Agencies.</p>	S 000		
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE