

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-0061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/02/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KIDSAVE INTERNATIONAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5185 MACARTHUR BOULEVARD NW WASHINGTON, DC 20016</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>The Department of Health, Health Regulation and Licensing Administration conducted an abbreviated monitoring survey on January 2, 2014. The focus of this survey was to determine continued compliance with local licensure requirements.</p> <p>The survey findings were based on interview and the review of administrative and personnel records. The sample size was three(3) personnel records based on a census of three (3) employees, and four (4) Board of Directors files based on a census of four (4) files.</p> <p>The agency was is in compliance with the requirements of Title 29, Chapter 16, Standards of Placement, Care and Services for Child Placing Agencies. There were no deficiencies found at the time of this survey.</p>	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_