

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2012
NAME OF PROVIDER OR SUPPLIER PRESSLEY RIDGE SCHOOL		STREET ADDRESS, CITY, STATE, ZIP CODE 650 PENNSYLVANIA AVENUE SE WASHINGTON, DC 20003		
(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>Initial Comments</p> <p>An annual licensure inspection was conducted on May 4, 2012. The survey findings were based on record review and staff interviews. The sample size was seven (7) personnel records based on a census of seven (7), and one (1) foster parent record based on a census of one (1).</p> <p>There were no deficiencies found at the time of this inspection.</p>	S 000		

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TITLE

(X6) DATE

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