

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/15/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>INTERNATIONAL FAMILIES INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS CIRCLE NW WASHINGTON, DC 20005</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	Initial Comments  An annual inspection was conducted on May 15, 2012. The survey findings were based on record review and a staff interview. The sample sizes were five (5) personnel records based on a census of five (5) adoptive parent records. There were no deficiencies noted at the time of the inspection.	S 000		

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TITLE

(X6) DATE

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

STATE FORM

6899

CGC911

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