

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/03/2013
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NAME OF PROVIDER OR SUPPLIER INTERNATIONAL FAMILIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5 THOMAS CIRCLE NW WASHINGTON, DC 20005
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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
S 000	<p>Initial Comments</p> <p>The Department of Health, Health Regulation and Licensing Administration conducted an abbreviated monitoring survey on December 3, 2013. The focus of this survey was to determine continued compliance with local licensure requirements.</p> <p>The survey findings were based on staff interviews and the review of administrative and personnel records. The sample size was five(5) personnel records based on a census of five (5) employees, and one (1) home study record based on a census of five (5) adoptions.</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 _____