

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2011
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NAME OF PROVIDER OR SUPPLIER CONTEMPORARY FAMILY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2041 MARTIN L KING, JR AVE WASHINGTON, DC 20020
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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>An annual inspection was conducted on May 24, 2011. The survey findings were based on record review and a staff interviews. The sample size was five (5) personnel records based on a census of five (5).</p> <p>There were no deficiencies found at the time of this inspection and the agency was in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing.</p>	S 000		
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Health Regulation & Licensing Administration	TITLE	(X6) DATE
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