

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2010
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NAME OF PROVIDER OR SUPPLIER ADOPOLIS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5247 WISCONSIN AVENUE, NW WASHINGTON, DC 20015
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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>An annual inspection was conducted on April 7, 2010. The survey findings were based on record reviews and staff interviews. The sample sizes were two (2), home study records based on a census of two (2), four (4) post adoptive records, based on a census of four (4), and three (3) personnel records based on a census of three (3).</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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

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