

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/20/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BARKER FOUNDATION, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1066 30TH STREET NW WASHINGTON, DC 20007</b>
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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 licensure survey was conducted from September 20, 2013 through September 20, 2013. The sample sizes were twenty-four (24) personnel records, seven (7) adoptive parent records and seven (7) post placement records and three (3) new board members records. The survey findings were based on staff interviews and record reviews. There were no deficiencies found at the time of the inspection.</p>	S 000		
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Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE