

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>LITTLE BLUE HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>524 IRVING STREET NW WASHINGTON, DC 20010</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 June 3, 2011 . The survey findings were based on record review and a staff interviews. The sample size was four (4) personnel records based on a census of four (4).  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.	S 000		

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TITLE

(X6) DATE

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