

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CPA-030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/14/2011
NAME OF PROVIDER OR SUPPLIER  BOYS TOWN WASHINGTON DC, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4801 SARGENT ROAD NE WASHINGTON, DC 20017		
(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)	(X6) COMPLETE DATE
S 000	Initial Comments  An annual inspection was conducted from September 13, 2011, through September 14, 2011. The survey findings were based on record reviews and staff interviews. The sample sizes were twenty two (22) personnel records based on a census of twenty two (22), four (4) foster parent records based on a census of four (4) and eight (8) foster child records based on a census of eight (8).	S 000		
S 182	1619.1 Case Plan  Each child-placing agency shall develop a written case plan on each child prior to placement. In cases of emergency placements, the assessment and case plan shall be initiated within one (1) week and completed within six (6) weeks of placement.  This CONDITION is not met as evidenced by: Based on record review and interview, the Child-Placing Agency (CPA) failed to develop a written case plan on each child prior to placement. In cases of emergency placements, the assessment and case plan shall be initiated within one (1) week and completed within six (6) weeks of placement. (Foster Child #1, #2, #3, #4, #6, #7, and #8)  The finding includes:  Review of foster child records beginning on September 13, 2011, at approximately 10:00 a.m. revealed no evidence that the CPA, had develop a written case plan for Foster Child #1, #2, #3, #4, #6, #7, and #8's record prior to placement.  The program support coordinator on September	S 182	Currently the program support coordinator youth and family records committee completes random sample audits of files to ensure that current case plans are in files. Feedback is provided to foster care supervisor for follow-up to include case plans in client's file. In addition to monthly checks compliance officer will work with administrative staff to remind social workers to print case plans. The concern is not that the case plans are not being completed, but they are not being printed and filed in the clients file. The compliance officer will send follow-up email monthly reminding administrative staff to file case plans. Case plans from missing foster care clients file will be filed no later than October 14, 2011.	

Health Regulation & Licensing Administration

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

*Phyllis Hill-Brown*  
 TITLE: Program Support  
 (X6) DATE: 10/9/11

STATE FORM

6899

4D7511

If continuation sheet 1 of 2

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  GPA-030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/14/2011
NAME OF PROVIDER OR SUPPLIER  BOYS TOWN WASHINGTON DC, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4801 SARGENT ROAD NE WASHINGTON, DC 20017	
(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)
S 182	Continued From page 1  14, 2011 at approximately 3:15 p.m. acknowledged that the agency had failed to ensure that a copy of the current case plan was in foster child #1, #2, #3, #4, #6, #7, and #8's record.	S 182	