

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 07/18/2012
NAME OF PROVIDER OR SUPPLIER LATIN AMERICAN YOUTH CENTER		STREET ADDRESS, CITY STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009	
(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 000 Initial Comments

S 000

An annual licensure inspection was conducted from July 17, 2012 thru July 18, 2012. The survey findings were based on record review and staff interviews. The sample size was six (6) foster parents eleven (11) foster children and four (4) personnel records.

The agency was found to be in substantial compliance with Title 29 Chapter 16. Standards of Placement, Care, and Services for Child Placing however deficiencies were cited.

S 510 1643 3(b) Supervision Of Children In Foster Homes

S 510

(b) Obtain age appropriate health supervision for children in care to include at least annual medical and dental examinations. This supervision shall include emergency and routine medical care and correction of remedial medical problems of each child.

This CONDITION is not met as evidenced by: Based on record review and interview, the child placing agency failed to ensure foster children had an annual medical examination, for one (1) of nine (9) foster children in the sample. (Foster Child #2)

The finding includes.

On July 17, 2012 beginning at approximately 11:15 a.m. review of Foster Child #2's record revealed no evidence of an annual medical examination.

An interview with the Child Placement Agency Program Manager on June 17, 2012, at approximately 3:15 p.m., verified there was no

Child had an annual medical evaluation; his physical took place last April 2012. However, the medical report was not available. As of July 19, the report was in file.

From this point on, staff will make sure to bring the DC health certificate to the appointment and bring medical record back to the office the same day of the appointment.

Health Regulation & Licensing Administration

TITLE: 12-01-11 ir(1) DATE: kit1

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

STATE FORM

6899

BMX 1

if continuation sheet 1 of 1

Health Regulation & Licensure Administration

STATEMENT OF DEFICIENCY AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2012
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NAMES (FACILITY, PROVIDER OR SUPPLIER) LATIN AMERICAN YOUTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009
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S .510 Continued From page 1	annual medical examination in the record.	S 510		
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