

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2013
NAME OF PROVIDER OR SUPPLIER LUTHERAN SOCIAL SERVICES OF NCA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA AVENUE NW WASHINGTON, DC 20011		
(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 licensure survey was conducted from June 18, 2013 through June 20, 2013. The sample sizes were twenty-three (23) personnel records based on a census of twenty-two (22) employees and one intern (1); four (4) foster parent records based on a census of four (4); and nineteen (19) foster child records based on a census of nineteen (19). The survey findings were based on staff interviews and record reviews.	S 000	<p><i>Received 10/29/13</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
S 109	1612.2 Staff Functions And Qualifications Each child-placing agency shall require a written report on the applicant's mental and physical conditions including additions which could adversely affect the applicant's capacity to work with children. This CONDITION is not met as evidenced by: Based on record review and interview, the child-placing agency (CPA) failed to ensure all employees had a written report on his or her mental and physical condition, for four (4) of twenty-two (22) employees and one (1) intern. (Employees #1, #3, #3 and #4) The findings include: On June 18, 2013, beginning at 12:40 p.m., review of the agency's personnel records revealed the following: 1. Employees #1 and #2 did not have medical evaluations that reflected their mental condition or status; 2. Employee #4's record was without evidence of	S 109		<p>The affected employees had already been notified that they did not have the required July 20, 13 written documentation which reported the condition of their mental and physical wellbeing. Employees were given 30 days, from date of this survey, to comply with this requirement.</p> <p>The current staffing company contract, from which the contract staff is under, will July 20, 13 be revised to include this measurement. Current staffing contractors are being required to comply within 45 days, from date of this Survey. (See attached staffing agency checklist for contract workers)</p>

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Melissa Graves TITLE *CEO* 10/29/13
Melissa Graves

RDTV11

If continuation sheet 1 of 3

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STATE FORM

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S 510	Continued From page 2 of the records of Foster Children #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10 revealed no evidence of dental examinations. During the Exit conference held on June 20, 2013, at 9:30 a.m., the CPA's human resources director (HRD) stated that she would share the information with the program assistant for follow-up.	S510	As part of LSS's quality assurance system, July 20, 13 random audits of youth records are completed monthly. The Records Manager will monitor the above Corrective action by conducting child specific audits of dental and medical documentation for those whose examinations are due to expire within 10-15 days.	