## Health Reciulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		A CONTRACTOR STATE OF THE PARTY	PLE CONSTRUCTION  NG:	(X3) DATE SURVEY COMPLETED				
		CPA-003		B WING_	D.	06/20/2013				
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREE			ADDRESS, CITY.STATE. ZIP CODE						
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLANOF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTY)	DBE COMPLETE				
\$ 000	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.				Regulation Carried St., Regula					
	Each child-placing agency shall require a written report on the applicant's mental and physical conditions including addictions 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				The affected employees had already be notified that they did not have the requestration of their mental and physical wellbeing. Employees were given 30 defrom date of this survey, to comply with this requirement.  The current staffing company contract, from which the contract staff is under, be revised to include this measurement. Current staffing contractors are being required to comply within 45 days, from date of this Survey. (See attached staff agency checklist for contract workers)					
ealth Regulation & L1cens1ng Administration  Newscale August 10/3/1/2										
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Melissa Graves										

STATE FORM

If continuation sheet 1 of 3

Health Regulation & Licensina Administration											
STATEMENT OF DEFICIENCES		(X1) PROVIDERJSUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVLY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A BUILDING:		COMPLETED					
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		CPA-003		B. WING_	www.	06/	20/2013				
NAME OF PRO	OVIDER OR SUPPLIER		STREET AL	DRESS.CITY.STATE.ZIP CODE							
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LUTHERA	N SOCIAL SERVICE	S OF NCA,INC	WASHING	GTON, DC 20011							
	SUMMARYSTA	TEMENT OF DEFICIENCE	c	In	PROVDER'S PLANOF CORRECTION	NA.					
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i		THE STATE OF THE S			DEFICIENCY)						
S 109 Continued From page 1				S 109							
	a medical evaluation; and,										
	modicarovaldation	π,απα,					1 1				
3	B. Employee #3 only	had a purified prote	in								
i d	lerivative (PPD) rep	oort in his file.					† I				
When interviewed on June 18, 2013, beginning at 4:40 p.m., the CPA's human resources director							1				
					1						
(HRD) acknowledged that there was no documented evidence that the aforementioned					İ						
	employees had obtained comprehensive medical evaluations for inclusion in their files.										
i											
It should be noted that Employees #1, #2 and #4 were contract social workers. On June 20, 2013, at approximately 9:05 a.m., a follow-up interview with the HRD revealed that their contracts did not specifically address the medical evaluations required by this regulation.											
10	equired by this regul	ation.			ISS will address the identified defici						
\$ 510 11	6/13 3/h) Supervisio	n Of Children In Fos	tor	S 510	LSS will address the identified defici		puly 20, 13				
	omes	in Or Children in ros	ter	3 3 10	scheduling and completing annual d						
1	-				examination in a timely manner (Ref						
(b	) Obtain age appro	priate health supervi	sion for		corrective action for #2, #3, #4, and	#5, #6,					
child(ren) in care to include at least annu			al		#7, #8, #9, and #10)						
	medical and dental examinations. This				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
4		rvision shall include emergency and routine			We will make the following systemic	1	July 20, 13				
	oblems of each chil	rection of remedial	medical		adjustments to ensure this will not b						
Pi	problems of each child.				ongoing issue: the Records Manage						
Th	is CONDITION is	not met as evidence	d by:		implement a data spreadsheet to ca	oture					
		ew and interview, the			expiring dates of all dental and physi	cals					
	acing agency failed				for clients within 60 days. Records	ı					
		annual dental exam	modified elimination and a final		Manager will provide assistance in	1					
		en (19) foster children			obtaining documentation directly fro	m	J 1				
	mple. (Foster Chil /,#8,#9 and #10)	dren #1, #2, #3, #4,	#5,#6,		providers when foster parents fail to						
#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				submit in a timely manner.						
Th	The finding includes:				•						
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Or	1 Jun 19, 2013, beg	ginning at 10:30 a.m.	, review								

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PRINTED: 06/21/2013 FORMAPPROVED

Health Reaulation & Licensma Administration (X1) PROVIDER/SUPPLIER/CUA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED. A.BUII DING: ----B.WING CPA-003 06/20/2013 STREET ADDRESS. CITY. STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4406 GEORGIA AVENUE NW LUTHERAN SOCIAL SERVICES OF NCA, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG **PREFIX (EACHCORRECTIVE ACTION SHOULD BE** REGULATORY OR LSC DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S510 S 510 Continued From page 2 As part of LSS's quality assurance system, July 20, 13 of the records of Foster Children #1, #2, #3, #4, random audits of youth records are #5, #6, #7, #8, #9 and #10 revealed no evidence of dental examinations. 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. 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.