

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-0060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/09/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROGRESSIVE LIFE CENTER, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1933 MONTANA AVENUE NE WASHINGTON, DC 20002</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 from February 8, 2012 to February 9, 2012. The survey findings were based on record reviews and staff interviews. The sample sizes were twenty (20) personnel records based on a census of twenty (20), eight (8) foster parent records based on a census of eight (8) and ten (10) foster child records based on a census of ten (10).	S 000	<b>ID Prefix Tag: S-465</b>  <b>Corrective Action:</b> All foster parent files will be reviewed to ensure all medical and clearances are in compliance and up to date by 3/31/2012. Any outstanding information will be brought to compliance by 5/1/2012. Foster Parents will not receive total reimbursement beyond 5/1/2012 should information not be submitting to PLC RTL (Recruitment Training and Licensing Specialist prior to 5/1/12.  <b>Measures to Ensure Deficient Practice Does Not Recur:</b> The Corrective Action Plan will be facilitated by the PLC Recruitment, Training, and Licensing staff. The NIA Program Director will verify completion of the plan on 3/31/12-5/1/12, and submit evidence of Compliance to the DC Operations Director on 5/1/12.  <b>How Corrective Action Monitored:</b> Foster Parent Chart will be reviewed monthly to ensure complete compliance. The NIA Director and Records Coordinator must sign acknowledgement of the file review audit sheet that will be located in each file to acknowledge file compliance. Non-compliant files must be brought into compliance within seven business days in order for foster parent reimbursement to be authorized.	
S 465	1639.4(u) Foster Home Study  (u) A summary of reports from physical examination of each person in the household within six (6) months of the study which verifies that persons in the household do not have communicable diseases, any specific illness, or disabilities which would interfere with the family's ability to parent a child;  This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that physical examinations of each person in the household within six (6) months of the study did not have communicable diseases, any specific illness, or disabilities, for two of thirteen foster home study records reviewed. (Foster Parent #5)  The finding includes:  A review of foster parent records on February 9, 2012, beginning at approximately 9:30 a.m., revealed Foster Parent #5 had an expired physical examination report in the file.  An interview with the Program Director on February 9, 2012, at approximately 2:30 p.m., verified that a current physical examination report was not available.	S 465		

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

STATE FORM

*[Signature]*

*Contract Mgr.*

(X5) DATE  
**3/9/12**

6863

RQME11

If continuation sheet 1 of 3

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S 510	<p>1643.3(b) Supervision Of Children In Foster Homes</p> <p>(b) Obtain age appropriate health supervision for child(ren) 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.</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the Child-Placing Agency failed to ensure foster children had annual medical evaluations for two (2) out of ten (10) foster children (Foster Child #9, and #10) and an annual dental examination for two (2) out of ten (10) foster children. (Foster Child #9, and #10 )</p> <p>The findings include:</p> <p>1. Review of foster care service records for Foster Child #9, and #10 on February 9, 2012, between 9:30 a.m. and 3:00 p.m., revealed no evidence of current medical evaluations.</p> <p>An interview with the Program Director (PD) on February 9, 2012, at approximately 2:40 p.m., verified that current medical evaluations were not available.</p> <p>2. Review of records for Foster Child #9 and #10, on February 9, 2012, between 9:30 a.m. and 3:00 p.m., revealed no evidence of current dental evaluations.</p> <p>An interview with the Program Director (PD) on February 9, 2012, at approximately 2:40 p.m., verified that current dental evaluations were not</p>	S 510	<p><b>ID Prefix Tag: S-510</b></p> <p><b>Corrective Action:</b> All youth and child files will be reviewed to ensure all medical, dental, and vision exams are current and up to date by 3/31/12. Any outstanding information medical, dental, or vision needs will be addressed between 3/31/12-5/1/12. All PLC social work staff will be held accountable to ensure this occurs.</p> <p><b>Measures to Ensure Deficient Practice Does Not Recur:</b></p> <p>The corrective action plan will be facilitated by all DC NIA Social Workers and monitored by the NIA Clinical Supervisors by reviewing each file and assisting the social workers address any barriers ensuing compliance. The DC NIA Program Director and Supervisors will ensure all files have been brought into compliance by reviewing all documents obtained and reporting such to the DC Operations Director.</p> <p><b>How Corrective Action Monitored:</b> Effective immediately all child and youth files will be reviewed monthly to ensure complete compliance. The Record Room Coordinator will acknowledge file compliance with completion of DC NIA monthly audit.</p> <p>Non-compliant files must be brought into compliance within 7 business days and discussed and reviewed with staff during weekly supervision.</p> <p>Completion Date: 5/1/12</p>	

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S 510	Continued From page 2 available.	S 510	