

PRINTED: 06/08/2010
FORM APPROVED

Health Regulation 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 06/03/2010
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NAME OF PROVIDER OR SUPPLIER LUTHERAN SOCIAL SERVICES OF NCA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA AVENUE NW WASHINGTON, DC 20011
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(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
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S 000	<p>Initial Comments</p> <p>An annual inspection was conducted from June 1, 2010, through June 3, 2010. The survey findings were based on record review and staff interviews. The sample sizes were nineteen (19) personnel records based on a census of nineteen (19), seven (7) foster parent records based on a census of seven (7), and seven (7) foster child records based on a census of seven (7).</p> <p>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.</p>	S 000	<p><i>Received 4/22/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
S 094	<p>1611.1(b) Personnel Records</p> <p>(b) Applicant's educational credentials:</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure the personnel records for six (6) of nineteen (19) employees had a copy of their education credentials. (Employees #1, #2, #3, #4, #9, and #10)</p> <p>The finding includes:</p> <p>Review of personnel records on June 1, 2010, at approximately 10:30 a.m., revealed that employee's #1, #2, #3, #4, #9, and #10 did not have available for review, their education credentials.</p> <p>Interview with the Program Director on June 3, 2010, at approximately 3:15 p.m. confirmed the findings.</p>	S 094	<p><i>Affected staff not identified. Corrective action will include everyone.</i></p> <p><i>- All staff are required to submit educational credentials by 7/15</i></p> <p><i>- The H2 Department has secured a third party vendor to assist with the ongoing collection of this data.</i></p>	

Health Regulation Administration

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

TITLE

(X6) DATE

L20W11

If continuation sheet 1 of 3

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S 095	Continued From page 1	S 095	Affected staff not identified Corrective Action will include everyone LSSNCA HR department will - References are being obtained and are due by July 1st - Request/Checks will be made starting 6/28 - Application has been updated to request references. - LSSNCA HR department has initiated a third party vendor to oversee the collection of reference checks on going - Currently every employee's supervisor is listed on their performance review however going forward offer letters will include direct Supervisors	7/15
S 095	1611.1(c) Personnel Records (c) At least three (3) letters of reference; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain letters of reference for sixteen (16) of the nineteen (19) personnel. (Employee #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #13, #14, #15, #16, #17, and #18) The finding includes: Review of personnel records on June 1, 2010, at approximately 11:00 a.m., revealed that employees #1, #2 and #3, #4, #5, #6, #7, #8, #10, #11, #13, #14, #15, #16, #17, and #18, did not have available for review, three letters of reference in their files. Interview with the Program Director on June 1, 2010, at approximately 3:30 p.m. confirmed the findings.	S 095		
S 099	1611.1(g) Personnel Records (g) Name of employee's immediate supervisor; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that the name of each employee's immediate supervisor was documented in their personnel files for four (4) of nineteen (19) records reviewed. (Employee's #1, #5, #10, and #19) The finding includes: Review of personnel records on June 2, 2010, at approximately 2:30 p.m. revealed that employee's #1, #5, #10, and	S 099		

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S 099	Continued From page 2 #19 did not have available for review, the name of her immediate supervisor documented in their personnel files. Interview with the Program Director on June 3, 2010, at 3:40 p.m., confirmed the findings.	S 099		
S 100	<p>1611.1(h) Personnel Records</p> <p>(h) Documentation of participation in in-service training;</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that four (4) of nineteen (19) employee's had proof that they had participated in in-service training. (Employee's #2, #9, #12, and #14)</p> <p>The finding includes:</p> <p>Review of personnel records on June 2, 2010, at approximately 3:40 p.m. revealed the agency failed to ensure that employee's #1, #2 and #3 had proof that they had participated in in-service training.</p> <p>Interview with the Program Director on June 3, 2010, at approximately 4:00 p.m., confirmed the findings.</p>	S 100	<p>Affected staff not identified therefore corrective action will include all staff</p> <ul style="list-style-type: none"> - HR department to request training of all staff due by 7/15 - HR department is implementing software that will allow employees to have training tracked electronically - This system will allow an audit to be performed to catch outstanding records. 7/7 	