

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  06/01/2012
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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S 000: Initial Comments

S 000

An annual inspection was conducted from May 30, 2012 through June 1, 2012. The survey findings were based on record review and staff interviews. The sample sizes were eighteen (18) personnel records based on a census of eighteen (18), three (3) foster parent records based on a census of three (3), four (4) foster child records based on a census of four (4) and eighteen (18) adoptive home records based on a census of eighteen (18).

Department of Health  
Health Regulation & Licensing Administration  
Intermediate Care Facilities Division  
800 North Capitol St., N.E.  
Washington, D.C. 20002

S 094 1611.1(b) Personnel Records

S 094

(b) Applicant's educational credentials;

This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure the personnel record for three (3) of eighteen (18) employees had a copy of their education credentials. (Employee's #1, #3, and #17)

Request for credentials has been made. Employee #17 has had an issue with obtaining credentials since the school she attended no longer exists. Results should be available by end 6/29.

The finding includes:

Review of personnel records on May 30, 2012, beginning at approximately 10:15 a.m., revealed that Employees #1, #3, and #17's record failed to have evidence of their education credentials.

Interview with the Program Director (PD) on June 1, 2012, at 3:15 p.m. verified that a copy of the employees education credentials were not available for review.

S 103 1611.1(k) Personnel Records

S 103

(k) Physical examination reports required in section 1612.2;

S103 Employee #17 & 18's received examinations and TB test but have not received the documentation to support the negative results. Have been given a two week time frame on results. Employee #8 has been notified of the issue and steps are being made to resolve within the next 5 days.

Health Regulation & Licensing Administration

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

*Shirley Coleman*

TITLE Director

(X6) DATE 6/21/12

Health Regulation & Licensing Administration

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S 103 Continued From page 1

S 103

This CONDITION is not met as evidenced by: Based on record review and interview, the child placing agency failed to ensure that three (3) of eighteen (18) employees had available for review, a physical examination report as required in section 1612.2. (Employees #8, #17, and #18)

The finding includes:

On May 30, 2012, beginning at approximately 10:15 a.m., review of the personnel records revealed no evidence that Employees #8, #17, and #18, who provided direct contact with foster children, had a physical examination report in their file.

In an interview with the Program Director on June 1, 2012, at approximately 3:15 p.m., it was verified that the physical examination reports were not available for review.

S 214 1620.1 Adoptive Home Study Services

S 214 S214

An adoptive home study shall be conducted prior to the placement of a child in a home.

No child has been placed in this home, nor will a child be placed prior to the study being completed. The home study has been completed but pending approval.

This CONDITION is not met as evidenced by: Based on record review and interview, the child placing agency failed to provide evidence of a home study prior to the placement of a child.

'Approved Home Study' will be added to a checklist maintained in the front of the record as an item that is required prior to approval and/or placement. No child will be placed in an adoptive home prior to an approved home study.

The finding includes:

On June 1, 2012, beginning at approximately 9:30 a.m., review of Adoptive Parent (AP) #14's record revealed a post placement adoption. Further record review revealed no evidence of an initial home study report.

All files will be reviewed by the Adoptions coordinator to ensure that all documents on the check list are present prior to the issuance of an approval certificate and a child being placed in the home. This practice is effectively immediately.

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S 214

An interview with the Program Director on June 1, 2012 at approximately 3:15 p.m., confirmed there was no documented evidence of an initial home study report available for review. She further indicated however, that a home study had to be completed because a child had been placed in the AP's home.

S 495 1642.10 Placement Considerations For Foster Care

S 495

S495 Strengths and Needs assessments are documented in the Family Team Meeting notes and/or case plans. Copies of these assessments were housed in the records of #1,2 and 3. Those copies have been attached for review.

A written assessment of the needs and strengths of the child and birth family shall be made prior to foster care placement.

This CONDITION is not met as evidenced by: Based on record review and interview, the child placing agency failed to ensure a written assessment of the needs and strengths of the child and birth family was made prior to the foster child placement for three (3) of four (4) foster child records reviewed. (Foster Child #1, #2, and #3)

LSS will request that a copy of the FTM and case plan are provided prior to and/or at the time of intake. In the case of emergency placements, LSS will participate in the scheduled FTM meeting that is mandated to occur within 48 hours of new cases opening with CFSA and will ensure that the case plan is created within 30 days of the placement, per CFSA's requirements.

LSS will develop and implement an intake check list that will include the requirement for documentation of a strength and needs assessment. Records management will also include this document to the audit tool and will monitor through random file audits.

The finding includes:

On June 1, 2012, beginning at approximately 9:30 a.m., review of Foster Child #1, #2 and #3's record revealed no evidence a written assessment of the needs and strengths of the child and birth family was made prior to the foster child placement, for three foster child records reviewed.

An interview with the Program Director (PD) on June 1, 2012, at approximately 3:15 p.m., verified the findings.

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S 510

S 510 1643.3(b) Supervision Of Children In Foster Homes

S 510

(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.

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 of four foster children in the sample. (Foster Child #4)

The finding includes:

On June 1, 2012, beginning at approximately 9:30 a.m., review of Foster Child #4's record revealed no evidence of annual medical examination.

An interview with the Program Director on June 1, 2012 at approximately 3:15 p.m., verified there was no annual medical examination in the record.

S 510

Youth obtained an annual physical on 6/12/12. Documentation of this is filed in the record. A copy is attached for review.

Records management will notify the foster parent and social worker 90-days prior to the expiration of the physical, dental and vision of a youth via email and/or US mail.

Records management will continue to conduct random audits quarterly. In addition, records management has implemented a color coded system where dental, medical and vision expiration dates are tracked on an excel spreadsheet that is reviewed weekly.