

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2010
NAME OF PROVIDER OR SUPPLIER CHILDREN'S HOME SOCIETY & FAMILY SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 7720 ALASKA 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 inspection was conducted on March 23, 2010, through March 24, 2010. The survey findings were based on record review and staff interviews. The sample sizes were four (4) personnel records based on a census of four (4), seven (7) adoptive parent record based on a census of seven (7) and two (2) post placement records based on a census two (2). 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.	S 000		
S 103	1611.1(k) Personnel Records (k) Physical examination reports required in section 1612.2; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that two (2) of four (4) employees had available for review, a current physical examination report as required in section 1612.2. (Employees #2 and #3) The finding includes: Review of personnel records on March 24, 2010, at approximately 2:30 p.m., revealed that employees #2 and #3, did not have available for review a current physical examination. Interview with the Regional Director on March 24, 2010, at approximately 3:30 p.m., confirmed the findings.	S 103	We had been completing physical updates every two years - as the DC regulation did not specify a time frame for these. Now that it has been brought to our attention, we have changed the employee guidelines to reflect the need for annual medicals. We have a process already in place where we check each month to see what items will be expiring in the following month. Staff are sent reminders, and appropriate forms, along with a deadline for completion. This same process will now be used each year, rather than every 2 years, for medicals.	

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

Cileen SM

Regional Director

TITLE

(X6) DATE

Apr. 5, 2010