STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-030		R/CLIA MBER:	(C2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(33) BATE SURVEY COMPLETED 10/28/28/10	
NAME OF F	PROVIDER OR SUPPLIER		i	RESS, CITY, GENT ROA	STATE, ZIP CODE	
BOYS TO	OWN WASHINGTON I	OC, INC		TON, DC 2		
(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 CORRECT (EACH CORRECTIVE ACTION SHOLI CROSS-REPERBICED TO THE APPR DEFICIENCY)	ILD BE COMPLETE
s 000	Initial Comments An annual inspection was conducted from October 26, 2010, through October 28, 2010. The survey findings were based on record review and staff interviews. The sample sizes were twenty one (21) personnel records based on a census of twenty one (21), four (4) foster parent records based on a census of four (4), four (4) foster child records based on a census of four (4) and two (2) board members records based on a census of two (2). The agency was not in compliance with Title 29 Chapter 16, Standards of Piacement, Care, and Services for Child Placing however and deficiencies were cited.			S 000	OVERNMENT OF THE DISTRICT OF O DEPARTMENT OF HEALTH DEPARTMENT ON ADMINIST HEALTH REGULATION ADMINIST HEALTH REGULATION ADMINIST 825 MORTH CAPITOL ST., N.E., 2N WASHINGTON, D.C. 2000 WASHINGTON, D.C. 2000	2
S 011	as determined by is background investignation. This CONDITION I Based on record re Child-Placing agent of the Board were of determined by letter of eight board members background investig (8) board members) The findings include 1. Review of the borecords on October	ard shall be of good of their of reference and gations, is not met as evidence view and interview, it by failed to ensure more of good character as as of reference for two libers and a criminal pation for one (1) out. (Board Members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m. respectively in the standard members #15 as 28, 2010, at approximation p.m.	ced by: he embers co (2) out of eight and #2	S 011	Board members #1 and #2 have been int the requirement to submit letters of refer due date has been given to board member to provide two letters of reference. All potential members who show interest participating on the board will be placed committee before they are placed on the member then has a one month probation provide the organization with two letters reference. The following measures will be presented Excomive Director to the Board of Director to the Board of Director measures will be discussed at the next for measures will be included in the Board of The actions will be monitored by the Ex Director and the Development Director, are part of the initial point of contact with potential board members, and they will the proper protocol is being followed.	tin on a board. The ary period to of of or a board. The ary period to of of or

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-030		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLET	(XII) DATE SURVEY COMPLETED 10/28/2010	
IAME OF F	ROVIDER OR SUPPLIER	<u> </u>	STREET A	DDRESS, CITY,	STATE ZIP CODE			
•	NOTEMHEAW NWC	DC, INC		RGENT ROAGTON, DC		·		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INPORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X8) COMPLE DATE		
8 011	Continued From page 1			5 011	Continued from page 1			
During a face to face interview Support Coordinator on Octob approximately 3:15 p.m., it was that board members #1 and # contain letters of reference.		ce interview with the or on October 28, 2 i p.m., it was ackno ns #1 and #2's reco	010, at wiedged		in the month of November board completed all criminal backgrou griminal background check will review on 11/24/10. Results sho return no later than December 3 All potential members who shov participating on the board will be committee before they are place member then has a one month p	nd checks. The be submitted for all be expected to 1, 2010. v interest in e placed on a d on the board. The robationary period.	12/31/1	
	Review of the b October 28, 2010, revealed no eviden investigation. During a face to far	at approximately 12 ce of a criminal bad	2:00 p.m. ckground		Within the one month probation member will complete all clears. The following measures will be Executive Director to the Board measures will be discussed at the meeting and will be duly noted i measures will be included in the	presented by the of Directors. The e next formal board		
	Support Coordinate approximately 3:30 that board member evidence of a crimi	or on October 28, 2 p.m., it was ackno r #1's record did no	010, at wiedged t contain	•	The actions will be monitored by Director and the Development I are part of the initial point of conpotential board members, and the proper protocol is being followed.	ntact with all ey will ensure that the		
S 481	481 1640.3(c) Notification Regarding Application (c) Updated medical reports on all members of the household;			S 481	Foster Parent #3's physical was documentation is on file. Foster current TB test dated for 2009 of the sudit. However, the parent with physical and will provide document 23, 2011.	Parent #4 did have a		
	This CONDITION Based on record re Child-Placing Agen Foster Home mem on all members of the four (4) foster h Homes #3 and #4)	wiew and interview by (CPA) failed to o bers updated medi the household, for t comes in the sample	, the ensure cal reports two (2) of		The agency will maintain a tracinotify perents 120 days in advandocumentation of their medical agency will also ensure that all they must have documentation as well as TB results on file ever The Program Director will conditioner parent records to ensure of	ce to request updated evaluations. The parents are aware that of a complete physical ry two years. Inct random audits of		
	The finding includes:					}		
	Review of Foster I October 28, 2010, a respectively reveals February 18, 2008 dated July 7, 2008 face to face interview	at 1:00 p.m., and 1: ed a medical report for foster mother # for foster mother #	:45 p.m. : dated 3, and one 4. During a					

	Health Regulation Administration (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER CPA-030		VCLIA IBER:	(22) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/28/2010		
NAME OF PROVIDER OR SUPPLIER BOYS TOWN WASHINGTON DC, INC STREET ADDRESS, CITY, STATE, ZP CODE 4801 SARGENT ROAD NE WASHINGTON, DC 20017								
QLA) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE		
5 481	approximately 3:4	age 2 on October 28, 2010, p.m., it was confirme did not have a curren	d that	S 481		•		
			-					
	•							
				•			•	