

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2010
NAME OF PROVIDER OR SUPPLIER LATIN AMERICAN YOUTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009		
(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 June 30 2010, through July 1, 2010. The survey findings were based on record review and staff interview. The sample sizes were six (6) personnel records based on a census of six (6), five (5) foster parent records based on a census of five (5), and nine (9) foster child records based on a census of nine (9). 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 096	1611.1(d) Personnel Records (d) Annual performance evaluations signed by both the employee and supervisor; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain an annual performance evaluation for one (1) of six (6) employees. (Employee #5) The finding includes: Review of personnel records on July 1, 2010, at approximately 3:00 p.m., revealed that Employee #5 did not have available for review an annual performance evaluation. Interview conducted with the Foster Care Team Leader on July 1, 2010, at approximately 3:30 p.m., confirmed the findings.	S 096	ANNUAL EVALUATION WAS COMPLETED ON SEPTEMBER 17, 2009. A NEW EVALUATION WILL BE COMPLETED AND PLACED ON DECK ON OR BEFORE SEPTEMBER 17, 2010. EVALUATION WILL BE SIGNED BY BOTH THE EMPLOYEE AND HER SUPERVISOR	9/17/10
S 100	1611.1(h) Personnel Records (h) Documentation of participation in in-service	S 100		

Health Regulation Administration

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

TITLE
[Signature]
PROGRAM MANAGER

(X6) DATE
7/15/10

6899

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If continuation sheet 1 of 2

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S 100	Continued From page 1 training; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one (1) of six (6) employee's had proof that they had participated in in-service training. (Employee #5) The finding includes: Review of personnel records on July 1, 2010, at approximately 3:20 p.m., revealed the agency failed to ensure that Employee #5 had proof that they had participated in in-service training. Interview with the Foster Care Team Leader on July 1, 2010, at approximately 3:45 p.m., confirmed the findings.	S 100	STAFF MEMBER MISSING IN TRAINING HOURS WILL COMPLETE 12-15 HOURS OF TRAINING BY SEPTEMBER 15, 2010.	9/15/10