

PRINTED: 05/19/2011
FORM APPROVED

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 05/09/2011
NAME OF PROVIDER OR SUPPLIER LUTHERAN SOCIAL SERVICES OF NCA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4400 GEORGIA 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 from May 5, 2011 through May 9, 2011. 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), four (4) foster parent records based on a census of four (4), three (3) foster child records based on a census of three (3) and twenty five (25) home study records based on a census of thirty (30). There agency was in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing, however deficiencies were cited.	S 000			
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 a letter of reference for two (2) of the eighteen (18) personnel records reviewed. (Employee's #2 and #6) The finding includes: A review of personnel records on May 6, 2011, at approximately 10:00 a.m. and 10:30 a.m. respectively revealed that the records belonging to employee's #2 and #6 record did not have three letters of reference. An interview with the Human Resource Director on May 6, 2011, at approximately 3:00 p.m. confirmed the findings.	S 095			
S 103	1611.1(k) Personnel Records	S 103			

6/7/11
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
800 North Capitol St., N.E.
Washington, D.C. 20002

We have requested from all employees to provide references by 5/31/11 in order to meet this condition.
Morning forward the application has been updated to request at least 3 references from each new hire.

Health Regulation & Licensing Administration

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

TITLE D.N. HR

(X6) DATE 5/24/11

STATE FORM

6821

W76B11

If continuation sheet 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/09/2011
NAME OF PROVIDER OR SUPPLIER LUTHERAN SOCIAL SERVICES OF NCA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA 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 103	Continued From page 1 (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 ten (10) of eighteen (18) employee's had available for review physical examination reports. (Employee's #1, #4, #6, #7, #8, #10, #11, #12, #13, and #17) The finding includes: A review of personnel records on May 6, 2011, beginning at approximately 9:45 a.m. revealed that employee's #1, #4, #6, #7, #8, #10, #11, #12, #13, and #17 failed to have a current physical examination report in his/her records. An interview with the Human Resources Director on May 9, 2011, at approximately 3:00 p.m. confirmed the findings.	S 103	Currently, we have been updating these records every 2 years as spelled out by COMAR because our request to be amended to requirements in DCH regulations had not been addressed. However, moving forward we will be tracking this data every year as requested by our DCH monitor. Employees without an updated physical T.B. results have been notified and have been given until 6/30/11 to comply. Several have already done so. Sgt. Andrew B. Betsen 5/26/11 Director, HR		