PRINTED: 03/31/2010 FORM APPROVED

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION AME OF PROVIDER OR SUPPLIER PCC STRIDE INC	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM CPA-0069		A. BUILDIN		TE SURVEY MPLETED
	CPA-0069		F	IG	
	CPA-0069				
			B. WING _	o	3/26/2010
CC STRIDE INC		STREET ADD	RESS, CITY,	STATE, ZIP CODE	
		3001 BLAD WASHINGT		G ROAD NE 0018	
PRÉFIX (EACH DEFICIENC)	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) COMPLET DATE
S 000 Initial Comments			S 000		
26, 2010. The surv record review and s sizes were twelve (on a census of twe record based on a foster child record I The agency was for compliance with Tit of Placement, Care	on was conducted on ey findings were base staff interviews. The s 12) personnel records lve (12), one (1) foster census of one (1), and based on a census of und to be in substantia the 29 Chapter 16, Sta e, and Services for Ch efficiencies were cited.	ed on sample s based r parent d one (1) one (1). al ndards ild			
S 094 1611.1(b) Personne	el Records		S 094		:
(b) Applicant's educ	cational credentials;				
Based on record re failed to ensure the of twelve (12) empl	is not met as evidence view and interview, th personnel records of oyees had a copy of th als. (Employees #7)	e agency one (1)		The program assistant has received copy of employee #7 education credentials and placed them in the personnel file. The program assistant will audit	a 04/14/1
The finding include:	S:			personnel files quarterly to ensure: PCC Stride is in compliance with al	Ongoin
at approximately 2:	el records on March 20 00 p.m., revealed that ot have available for n dentials.	t į		Title 29 Chapter 1611 Personnel Record requirements that personnel documents are up to date and filed i a timely manner.	
	rogram Director on M tely 3:40 p.m. confirm			a unity manner.	
S 096 1611.1(d) Personne	el Records		S 096		
	ance evaluations sign and supervisor;	ed by			

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

6899

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		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/26/2010	
NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY,	STATE, ZIP CODE	00/20/2010	
PCC STI	RIDE INC			DENSBUR	G ROAD NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)		
S 096	Based on record re failed to obtain an for one (1) of twelv #8) The finding include Review of personn at approximately 2	CONDITION is not met as evidenced by: d on record review and interview, the agency to obtain an annual performance evaluation ne (1) of twelve (12) employees. (Employee inding includes: ew of personnel records on March 26, 2010, proximately 2:15 p.m., revealed that byee #8 did not have for review, their annual		 S 096 Per the DC Regulation 1611.1 (c) PCC Stride, Inc. is to provide an performance evaluations. Emplo#8 has been on staff less than 12 months and the annual evaluatio due in August 2010. The Progra Director will complete an annual performance evaluation on empl#8. PCC Stride, Inc.'s new payroll sy has a Human Resource compone capable of tracking performance 	e be		
S 105		-		S 105	evaluation due dates, therefore allowing the Program Assistant to notify the appropriate supervisor the a performance evaluation is due.	ongoinș at	
:	(m) Job position de	escription.					
	This CONDITION is not met as evidence Based on record review and interview, the failed to obtain a job position description f (1) of twelve (12) employees. (Employee		ne agency for one		The job description for employee # has been placed in the personnel fil		
	The finding includes: Review of personnel records on March 26, 2010, at approximately 2:20 p.m., revealed that employee #8 did not have available for review, a job position description. Interview conducted with the Program Director on March 26, 2010, at approximately 3:55 p.m. confirmed the findings.				PCC Stride, Inc. has developed a new employee checklist that tracks and identifies the documents that all new hires should receive, including the job description and those that should be included in the personnel file as indicated in Chapter 1611.	ongoing w	

YMXW11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		CPA-0069	·	B. WING		03/26/2010			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET A			DRESS, CITY, STATE, ZIP CODE					
PCC STR					ADENSBURG ROAD NE GTON, DC 20018				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE			
S 411	Continued From pa	ge 2		S 411					
	1638.2 Foster Care Each child-placing a foster homes for the This CONDITION i Based on record re Child-Placing Agend foster home they us the placement of ch The findings include Review of Foster He 2010, at 4:00 p.m., license had expired Interview with the P	agency shall use only e placement of childr s not met as evidence view and interview, th cy (CPA) failed to en sed had a current lic sildren. (Foster Hom e: ome #1's record on f revealed their foster	en. ced by: he sure the ense for e #1) March 26, home March 26,	S 411	 PCC Stride, Inc. has ensured the Foster Home #1 has a current of home license. The foster home was approved by the Child and Services Agency and received Stride, Inc and has been placed record. The RTL Manager will develop monitoring and tracking system ensure that all renewal licensin processes are initiated 90 days foster home licensure expiration 	Foster e license l Family by PCC l in the p a n to lg 05/15/10 prior to			
				•					
Health Regula	ition Administration		68	99 \	/MXW11	If continuation sheet 3 of 3			

Health Regulation Administration