

Health Regulation & Licensing Administration

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/23/2018 |
|--|---|--|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER BETHANY CHRISTIAN SERVICES OF DC | STREET ADDRESS, CITY, STATE ZIP CODE 1234 MASSACHUSETTS AVENUE, NW #C-1017 WASHINGTON, DC 20005 |
|---|---|

| (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 **S 000**

An annual licensure survey was conducted on 08/23/18. The survey findings were based on interviews and the review of personnel records, which included a foster family, five personnel records, seven home study records, and five BOD members.

Listed below are abbreviations that appear throughout the body of this report:

BOD - Board of Directors
CPA - Child Placing Agency

S 008 1602.2 BOARD OF DIRECTORS **S 008**

The Board shall have, as members, at least five (5) unrelated persons, who are representatives of diverse communities and experience, have knowledge of and belief in the program, and are able to contribute to it from their experience.

This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to have at least five unrelated persons present at the Board meetings.

Findings included:

During the entrance conference on 08/23/18 at 10:15 AM, Employee #1 revealed that there were five BOD members. Review of the BOD meeting minutes on 08/23/18 at 11:30 revealed the following:

- BOD meeting dated 06/11/18 had two BOD members present and one BOD member on the phone;
- BOD meeting dated 05/12/18 only had one member present;
- BOD meeting dated 02/12/18 had two BOD

Bethany Christian Services of DC will ensure that there are 5 members on it board by 10/15/18

Bethany Christian Services of DC will ensure that a quorum is met at all board meetings by 12/15/18

| | | |
|--|---|------------------------------|
| Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE Assistant Branch Director | (X8) DATE 10/12/18 |
|--|---|------------------------------|

Health Regulation & Licensing Administration

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0088 | (X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____ | (X3) DATE SURVEY COMPLETED 08/23/2018 |
|--|--|--|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BETHANY CHRISTIAN SERVICES OF DC | STREET ADDRESS, CITY, STATE, ZIP CODE 1234 MASSACHUSETTS AVENUE, NW #C-1017 WASHINGTON, DC 20005 |
|--|--|

| (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 008 Continued From page 1

members present and one BOD member on the phone; and
- the BOD meeting dated 10/23/17 had two members present.

During an interview on 08/23/18 at 11:00 AM, Employees #2 and #3 stated that when the BOD meets quarterly, it is a combination of both of their offices. Although some members represent the District of Columbia office, other members represent the other jurisdiction's office.

At the time of the survey, the CPA failed to have a quorum of BOD members present at the BOD meetings.

S 008

Bethany Christian Services of DC will work to actively recruit board members so we meet the minimum of 5 at any given time. This will be an ongoing effort that will begin by 10/1/18.

S 011 1602.5 BOARD OF DIRECTORS

Members of the Board shall be of good character as determined by letters of reference and criminal background investigations.

This CONDITION is not met as evidenced by: Based on record review and interview, the CPA failed to provide evidence that letters of reference had been obtained for one of five BOD members (BOD #5).

Findings included:

During the entrance conference on 08/23/18 at 10:30 AM, personnel records were requested for all BOD members of the CPA.

Review of a personnel record for BOD #5 on 08/23/18 at 11:25 AM revealed no evidence that letters of reference had been obtained to determine that the BOD member was of good character.

S 011

Bethany Christian Services of DC will ensure that all Board Members have letters of reference in their files by 10/15/18.

Board member files will be audited quarterly by the DC Office Manager to ensure

Health Regulation & Licensing Administration

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B WING: _____ | (X3) DATE SURVEY COMPLETED 08/23/2018 |
|--|--|---|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BETHANY CHRISTIAN SERVICES OF DC | STREET ADDRESS, CITY, STATE, ZIP CODE 1234 MASSACHUSETTS AVENUE, NW #C-1017 WASHINGTON, DC 20005 |
|--|--|

| (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 011 | Continued From page 2 At the time of the survey, the CPA failed to provide evidence of letters of reference for BOD member #5. | S 011 | | |
|-------|---|-------|--|--|