

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2012
NAME OF PROVIDER OR SUPPLIER BOARD OF CHILD CARE UNITED METHODIST		STREET ADDRESS, CITY, STATE, ZIP CODE 308 15TH STREET SE WASHINGTON, DC 20003		
(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 on January 18, 2012. The survey findings were based on record reviews and staff interviews. The sample sizes were fourteen (14) personnel records based on a census of fourteen (14), five (5) foster parent records based on a census of five (5) and one (1) foster child record based on a census of one (1).	S 000	<p><i>Renewed 12/8/12</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
S 093	1611.1(a) Personnel Records (a) The application for employment or resume; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that applications of employment were available for review for two (2) of fourteen (14) employees. (Employees #12 and #13) The finding includes: Review of personnel records on January 18, 2012, at approximately 2:20 p.m., revealed that employee #12 and #13 did not have applications for employment available for review. Interview with the Assistant Executive Director on January 18, 2012, after 3:45 p.m. verified that the applications for employment were not available for review.	S 093	<p>1. The Program Director and the Head of Maintenance will implement corrective actions for staff #12 and #13. Obtained applications for employment from the Head of Maintenance and filed in personnel file. 2. Program Director will assess staff members having the potential to be affected by the missing documentation, including: the review of all personnel files to make sure that they have applications. 3. Program Director will implement measures to ensure that this practice doesn't recur, including: due to these 2 staff's immediate supervisor being stationed in Baltimore, the Program Director and the Head of Maintenance will meet twice a year to review his staff files to ensure that all paperwork is in the personnel files. 4. Program Director will monitor corrective actions to ensure the effectiveness of these actions, including: developing a checklist to use when obtaining paperwork from new hires.</p>	1/27/12 3/12 6/12 and 12/12
S 094	1611.1(b) Personnel Records (b) Applicant's educational credentials; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure the personnel record for two (2)	S 094	<p>1. Program Director and Head of Maintenance will implement corrective actions for staff #12 and #13. Obtained educational credentials for one of the staff. Other will receive 3/12 2. Program Director will assess staff members having the potential to be affected by the missing documents,</p>	1/27

Health Regulation & Licensing Administration

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

STATE FORM

Katherine V. [Signature]

TITLE

Program Director

(X6) DATE

2-8-12

0899

VS0811

If continuation sheet 1 of 5

Health Regulation & Licensing Administration

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S 094	Continued From page 1 of fourteen (14) employees had a copy of their education credentials. (Employee's #12 and #13) The finding includes: Review of personnel records on January 18, 2012, at approximately 2:20 p.m., revealed that Employee #12 and #13's records failed to have evidence of their education credentials. Interview with the Assistant Executive Director (AED) on January 18, 2012, after 3:45 p.m. verified that a copy of the employee education credentials were not available for review.	S 094	including: the review of all staff members files to ensure that they have educational credential paperwork 3. Program Director will implement measures to ensure that this practice doesn't recur, including: meeting with Head of Maintenance twice a year to review his records. 4. Program Director will monitor corrective actions to ensure that this doesn't recur, including developing checklist to ensure paperwork is completed for new hires.	3/1/12 6/12 and 3/12
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 fourteen (14) personnel records reviewed. (Employees #12 and #13) The finding includes: A review of personnel records on January 18, 2012, beginning at approximately 2:20 p.m. revealed that the records belonging to Employee #12 and #13 did not have available for review three letters of reference. An interview with the Assistant Executive Director on January 18, 2012, after 3:45 p.m. verified that the employees letter of reference was not available for review.	S 095	1. Program Director and Head of Maintenance will implement corrective actions for staff members #12 and #13 affected by this practice, including: Obtained 1/27/12 3 letters of reference for one employee 1/27/12 receive the other by 2. Program Director will assess staff having the potential to be affected by this practice, including: the review of each staff member's file to ensure that all paperwork is received upon employment. 3. Program Director will implement measures to ensure that this practice doesn't recur, including: developing a checklist to use when hire staff and auditing files every 2 months. 4. Program Director will monitor corrective actions to ensure that this doesn't recur, including: developing a checklist and regular auditing of personnel files.	3/12 ongoing 3/12

Health Regulation & Licensing Administration

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S 096	Continued From page 2	S 096			
S 096	<p>1611.1(d) Personnel Records</p> <p>(d) Annual performance evaluations signed by both the employee and supervisor;</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the Child-Placing Agency (CPA) failed to ensure that employees had annual performance evaluations signed by both the employee and the supervisor, for four (4) of fourteen (14) employees hired by the agency. (Employees #1, #7 #12 and #13)</p> <p>The finding includes:</p> <p>Review of personnel records beginning on January 18, 2012, at approximately 2:20 p.m. revealed that Employees #1, #7, #12, and #13 had no evidence of an annual performance evaluation signed by both the employee and the supervisor for review.</p> <p>Interview with the Assistant Executive Director on January 18, 2012, after 3:45 p.m. verified that the annual performance evaluations signed by both the employee and the supervisor, were not available for review for Employees #1, #7, #12 and #13.</p>	S 096	<p>1. Program Director and Head of Maintenance will implement corrective actions for staff affected by this practice (#12, #13, #1 and #7) including: Obtained annual evaluations for 2 of the staff. # 12 and #13 will be obtained by</p> <p>2. Program Director will assess staff having the potential to be affected by this practice, including: auditing files every 2 months, developing tickler system to alert the Program Director when paperwork is about to expire and developing a spreadsheet with all evaluations and other paperwork due dates for all staff.</p> <p>3. Program Director will implement measures to ensure that this practice does not recur, including: auditing files every 2 months, developing a tickler system to alert the Director when paperwork is due, developing a spreadsheet with all paperwork due dates.</p> <p>4. Program Director will monitor corrective action to ensure effectiveness of these actions, including regularly auditing files</p>	<p>1/23/12</p> <p>3/12</p> <p>5/12</p> <p>5/12</p> <p>ongoing</p>	
S 099	<p>1611.1(g) Personnel Records</p> <p>(g) Name of employee's immediate supervisor;</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that the name of each employees immediate supervisor was documented in their personnel record for two (2) of fourteen (14)</p>	S 099	<p>1. Program Director and Head of Maintenance will implement corrective actions for staff #12 and #13 affected by this practice, including: there is a document for one of the employee's stating who his direct supervisor is. The other will be received by</p> <p>2. Program Director will assess staff having the potential to be</p>	<p>3/12</p> <p>2/12</p>	

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S 099	Continued From page 3 records reviewed. (Employees #12 and #13) The finding includes: Review of personnel records on January 18, 2012, at approximately 2:20 p.m. revealed that Employees #12 and #13, did not have available for review, the name of her immediate supervisor documented in her personnel records. Interview with the Assistant Executive Director on January 18, 2012, after 3:45 p.m. verified that the name of each employees immediate supervisor was not available and documented in their personnel records.	S 099	affected by the same practice, including auditing records. 3. Program Director will implement a checklist which will be used upon hire to ensure that every staff's immediate supervisor is listed in their file. 4. Program Director will monitor corrective action to ensure that this practice does not recur, including: auditing files every 2 months.	3/12 ongoing 4/12- ongoing	
S 100	1611.1(h) Personnel Records (h) Documentation of participation in in-service training; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that two (2) of fourteen (14) employees had proof that they had participated in in-service training. (Employees #12 and #13) The finding includes: Review of personnel records on January 18, 2012, at approximately 2:20 p.m., revealed the agency failed to ensure that Employees #12 and #13 had participated in in-service training. An interview with the Assistant Executive Director (AED) on January 18, 2012, after 3:45 p.m. verified that there was no proof that the employees had participated in in-service training.	S 100	1. Program Director and Head of Maintenance will implement corrective action for staff #12 and #13 affected by this practice, including: Obtained certificates of training 2. Program Director will assess staff having the potential to be affected by this practice, including: sending memos reminding staff to submit their training certificates to their immediate supervisor. copying a sign in sheet of internal trainings to be put in personnel files. Keeping track of training hours with excell spreadsheet and tickler system. 3. Program Director will implement measures to ensure that this practice does not recur, including: Auditing files every 2 months for certificates of training and all paperwork.	1/27/12 2/12	

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S 101	Continued From page 4	S 101		
S 101	<p>1611.1(i) Personnel Records</p> <p>(i) Signed statement by employee that written personnel policies were reviewed;</p> <p>This CONDITION is not met as evidenced by: EBased on record review and interview, the agency failed to ensure that two (2) of fourteen (14) employees had a signed statement by the employee that written personnel policies were reviewed. (Employees #12, and #13)</p> <p>The finding includes:</p> <p>Review of personnel records on January 18, 2012, at approximately 2:20 p.m. revealed the agency failed to ensure that Employees #12 and #13 had a signed statement by the employees that written personnel policies were reviewed. .</p> <p>Interview with the Assistant Executive Director on January 18, 2012 after 3:45 p.m., verified that there was no signed statement by the employees that written personnel policies were reviewed and available.</p>	S 101	<p>1. Program Director and Head of Maintenance will implement corrective actions for staff #12 and #13 affected by this practice, including: Obtained signed statements by staff that personnel policies were read. 1/27/12</p> <p>2. Program Director will assess staff having the potential to be affected by this practice, including: developing checklist for reviewing paperwork upon employment. Auditing personnel records to ensure that they have signed a statement stating they have read the personnel policies. 2/12-ongoing</p> <p>g</p> <p>3. Program Director will implement measures to ensure that this practice does not recur, including: auditing files every 2 months. 3/12</p> <p>4. Program Director will monitor corrective actions to ensure the effectiveness of these actions, including:auditing records every 2 months. 3/12</p>	