Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING CPA-049 01/18/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 308 15TH STREET SE BOARD OF CHILD CARE UNITED METHODIST WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES **PROVIDER'S PLAN OF CORRECTION** (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFIGIENCY S 000 S 000 Initial Comments Department of Hea An annual inspection was conducted on January Health Regulation & Licensing Administration 18, 2012. The survey findings were based on Intermediate Care Facilities Division record reviews and staff interviews. The sample 899 North Capitol St., N.E. sizes were fourteen (14) personnel records based on a census of fourteen (14), five (5) foster parent Washington, D.C. 20002 records based on a census of five (5) and one (1) foster child record based on a census of one (1). 1. The Program Director and the Head S 093 S 093 1611.1(a) Personnel Records of Maintenance will implement corrective actions for staff #12 and #13 (a) The application for employment or resume; Obtained applications for employment from the Head of Maintenance and filed in personnel file. 2. Program Director 1/27/12This CONDITION is not met as evidenced by: will assess staff members having the Based on record review and interview, the agency potential to be affected by the failed to ensure that applications of employment missing documentation, including: were available for review for two (2) of fourteen the review of all personnel files to (14) employees. (Employees #12 and #13) make sure that they have applications 3/12 3. Program Director will implement measures to ensure that this practice The finding includes: doesn't recur, including:due to these 2 staff's immediate supervisor being stationed in Baltimore, the Program Review of personnel records on January 18. Director and the Head of Maintenance 2012, at approximately 2:20 p.m., revealed that will meet twice a year to review his staff files to ensure that all employee #12 and #13 did not have applications 6/12 paperwork is in the personnel files. 4. Program Director will monitor for employment available for review. and 12/12corrective actions to ensure the Interview with the Assistant Executive Director on effectiveness of these actions, including: developing a checklist January 18, 2012, after 3:45 p.m. verified that the to use when obtaining paperwork applications for employment were not available from new hires. for review. 1. Program Director and Head of Maintenance S 094 S 094 1611.1(b) Personnel Records will implement corrective actions for staff 1/2#12 and #13. Obtained educational credentials (b) Applicant's educational credentials; for one of the staff. Other will receive 3/122. Program Director will assess staff This CONDITION is not met as evidenced by: members having the potential to be Based on record review and interview, the agency affected by the missing documents, failed to ensure the personnel record for two (2) Health Regulation & Licensing Administration (X8) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Program Sirector 2-8-12 STATE FORM VSORt If continuation sheet 1 of 5

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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	
308 15TH			DRESS, CITY, STATE, ZIP CODE I STREET SE GTON, DC 20003				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IQULD BE	(X5) COMPLETE DATE
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.			S 094	<pre>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 practi doesn't recur, including: meeting w Head of Maintenance twice a year to review his records. 4. Program Director will monitor corrective actions to ensure that th does not recur, including developin checklist to ensure paperwork is completed for new hires.</pre>		3/1/12 ice
							with 6/12
							and th i \$/12 ng
	(AED) on January ? verified that a copy	Assistant Executive I 18, 2012, after 3:45 ; of the employee edu ot available for review	o.m. Joation				
S 095	1611.1(c) Personne (c) At least three (3	el Records) letters of reference		S 095	1.Program Director and H will implement corrective staff members #12 and #1. this practice, including 1/27/12	e actions 3 affected	for by
	This CONDITION Based on record re failed to obtain a le the fourteen (14) po (Employees #12 ar	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:			3 letters of reference for one emp Will/Heceive 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.		3/12
	-						ongoin
	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.				 Program Director will im measures to ensure that thi doesn't recur, including: d a checklist to use when hir auditing files every 2 mont 4. Program Director will mo 	s practice eveloping e staff and hs. nitor	`3/12 ,
					corrective actions to ensur doesn't recur, including: d checklist and regular audit personnel files.	eveloping a	1

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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 P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	STATE, ZIP CODE	· · · ·	
BOARD	OF CHILD CARE UNI	red methodist		STREET S			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE 1 MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	id PREFIX 'TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
S 096	Continued From pa	ge 2		S 096	(1) The second s Second second s Second second s Second second s Second second seco	\$P\$1999年1999年1999年1999年1999年1999年1999年19	1997 - 1997 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 -
S 096	1611.1(d) Personne (d) Annual performa	el Records ance evaluations sig	ned by	S 096	1. Program Director and H Maintenance will implemen corrective actions for st by this practice (#12, #2	nt taff affected	
	both the employee	and supervisor;	·		including: Obtained annua	al evaluations	
,		s not met as evidend view and interview, t]	for 2 of the staff. # 12 will be obtained by	and #13	1/23/12
		cy (CPA) failed to en			2. Program Director will	assess	3/12
3	employees had ann signed by both the for four (4) of fourte	employee and the su employee and the su en (14) employees h yees #1, #7 #12 and	aluations upervisor, hired by		staff having the potenti affected by this practic including: auditing files every 2 m developing tickler syste	ce, nonths,	5/12
נ 	The finding includes	•	,		the Program Director whe is about to expire and d spreadsheet with all eva and	en paperwork leveloping a	
	January 18, 2012, a revealed that Emplohad no evidence of	el records beginning at approximately 2:20 byees #1, #7, #12, an an annual performa y both the employee W.) p.m. nd #13 nce		other paperwork due date staff. 3. Program Director will measures to ensure that practice does not recur, including:auditing files 2 months, developing a t system to alert the Dire	implement this every ickler	5/12
	January 18, 2012, a annual performance	ssistant Executive D after 3:45 p.m. verifie e evaluations signed he supervisor, were for Employees #1,	ed that the by both		when paperwork is due, of spreadsheet with all pap due dates. 4. Program Director will corrective action to ens effectiveness of these a including regularly audi	developing a berwork u monitor sure actions,	ongoing
S 099	1611.1(g) Personne	Records		S 099	 Program Director and Maintenance will impleme actions for staff #12 an 	ent corrective	3/1:
	(g) Name of employee's immediate supervisor; This CONDITION is not met as evidenced by:				by this practice, includ is a document for one of employee's	ling: there	u
, , ,	Based on record re failed to ensure that immediate supervis	s not met as evident view and interview, f t the name of each e or was documented r two (2) of fourteen	he agency mployees in their		stating who his direct s The other will be receiv 2. Program Director will staff having the potenti	ed by assess	2/12

Health Regulation & Licensing Administration STATE FORM

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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 P	ROVIDER OR SUPPLIER		STREET AL	NDRESS, CITY, STATE, ZIP CODE				
BOARD	of Child Care U ni	TED METHODIST		I STREET S GTON, DC				
(X4) ID PREFIX TAG			ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO TI DEFICIENCY		ON SHOULD BE COMPLET HE APPROPRIATE DATE			
S 099	Continued From pa	Continued From page 3			affected by the same pr including auditing reco		3/12	
	records reviewed. (Employees #12 and #13) The finding includes: Review of personnel records on January 18,				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.		; ongoing	
							1	
	2012, at approxima Employees #12 and	tely 2:20 p.m. reveal d #13, did not have a e of her immediate s	led that wailable		 Program Director will corrective action to en this practice does not including: auditing fill months. 	nsure that recur,	; 4/12- ongoing	
	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.							
	1611.1(h) Personnel Records			S 100	1. Program Director an Maintenance will imple	ment correctiv	, te1/27/12	
	(h) Documentation training;	Documentation of participation in in-service ling;			action for staff #12 a by this practice, incl Obtained certificates 2. Program Director wi	uding: of training	1	
	Based on record re failed to ensure tha employees had pro in-service training.	CONDITION is not met as evidenced by: ed on record review and interview, the agency d to ensure that two (2) of fourteen (14) loyees had proof that they had participated in ervice training. (Employees #12 and #13)			having the potential t this practice, includi memos reminding staff to sub training certificates to their supervisor, copying a of internal trainings	o be affected ng: sending mit their immediate sign in sheet	ру	
	The finding include	5.			put in personnel files of training hours with	. Keeping trad	2/12 sk	
	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.				spreadsheet and tickle 3. Program Director wi measures to ensure tha does not recur, including: every 2 months for cer	r system. ll implement t this praction Auditing files		
	(AED) on January ' verified that there v	ne Assistant Executiv 18, 2012, after 3:45 p vas no proof that the ticipated in in-service	o.m.		training and all paper			

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Health Regulation & Licensing Administration

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: CPA-049 CPA-049 NAME OF PROVIDER OR SUPPLIER STREET AND		DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		- COMPLI	(X3) DATE SURVEY COMPLETED 01/18/2012	
		DDRESS, CITY,	STATE, ZIP CODE					
BOARD	OF CHILD CARE UNI	TED METHODIST		H STREET S GTON, DC				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
S 101	Continued From pa	ige 4		S 101				
S 101	 1611.1(i) Personnel Records (i) Signed statement by employee that written personnel policies were reviewed; 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) The finding includes: 			S 101	 Program Director and Maintenance will implet actions for staff #12 a by this practice, inclusing signed statements by st policies were read. Program Director will having the potential to by this practice, inclu- checklist for reviewing employment. Auditing put to ensure that they have statement stating they the personnel policies 2/12- 	d nnel /27/12 ng n		
	2012, at approxima agency failed to en #13 had a signed s that written personn Interview with the A January 18, 2012 a there was no signed	el records on Januar itely 2:20 p.m. reveal sure that Employees tatement by the emp hel policies were revi assistant Executive D fter 3:45 p.m., verifie d statement by the e hel policies were revi	ed the #12 and loyees ewed. lirector on ed that mployees		9 3. Program Director will measures to ensure that does not recur, includie every 2 months. 4. Program Director will corrective actions to effectiveness of these including: auditing recursors including auditing auditing recursors including auditing auditing recursors including auditing auditi	t this practice ing: auditing f ll monitor ensure the actions,	iles 3/12	
oth Renul	ation & Licensing Admini	etration		<u> </u>				