

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  
**BOYS TOWN WASHINGTON DC, INC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4801 SARGENT ROAD NE  
WASHINGTON, DC 20017**

(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 licensure survey was conducted on December 2, 2014. The sample sizes were eight (8) personnel records based on a census of eight (8), five (5) foster parent records based on a census of five (5) and, seven (7) foster children records based on a census of seven (7).

The survey findings were based on interviews and the review of records.

S 000

Note: The below are abbreviations that may appear throughout the body of this report.

- Child Placing Agency - CPA
- Executive Director - ED
- FACES - FACES.NET (District of Columbia's Statewide Automated Child Welfare System Family and Children Electronic System)
- Foster Family Services Coordinator
- Foster Child - FC
- Foster Family - FF

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 CPA failed to obtain at least three letters of reference for one (1) of the four (4) personnel records reviewed for staff hired after December 11, 2012 (Staff #6).

The findings include

On December 2, 2014, beginning at approximately 11:03 a.m., review of Staff #6's personnel record revealed no letters of reference were included in the files presented. Further

S 095

**S 095 1611.1(c) Personnel Records**

References for the deficient file (staff #6) will be obtained by January 22, 2015.

To ensure this deficient practice does not recur, three references will be obtained for all new hires, prior to their start date, by Boys Town's Human Resources Department in Omaha, NE. This deficiency will be monitored through quarterly audits of staff files in conjunction with audits that occur for the contract and license held by the Foster Family Services Program.

Health Regulation & Licensing Administration  
REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Sarah Nantz*

TITLE

*Executive Director*

DATE

*12/23/14*

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(IX) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOYS TOWN WASHINGTON DC, INC</b>			STREET ADDRESS CITY STATE ZIP CODE <b>4801 BARGENT ROAD NE WASHINGTON, DC 20017</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
5 065	Continued From page 1  record review revealed Staff #G's hire date was January 4, 2013.  Interview with the ED on December 2, 2014, at 1:47 p.m. revealed that the agency requires three letters of reference. After reviewing Staff #G's personnel files with the surveyor, the ED confirmed the the required three letters of reference were not included.  At the time of the survey, the CPA failed to ensure that each employee's personnel file documented at least three letters of reference.	S 085			
5 510	1843.3(b) Supervision Of Children In Foster Homes  (b) Obtain age appropriate health supervision for child(ren) in care to include at least annual medical and dental examinations. This supervision shall include emergency and routine medical care and correction of remedial medical problems of each child.  This CONDITION is not met as evidenced by:  Based on record review and interview, the CPA failed to ensure that each foster child received an annual medical and/or dental examination, for two (2) of the seven (7) foster children in the sample (FC #1 and #2)  The findings include:  On December 2, 2014, at 9:59 a.m., interview with the ED revealed that medical and dental assessments are required to be provided at least annually for the foster children receiving services	S 510			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOYS TOWN WASHINGTON DC, INC</b>		STREET ADDRESS CITY STATE ZIP CODE <b>4801 SARGENT ROAD NE WASHINGTON, DC 20017</b>		
(X4) IC PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IC PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 610	<p>Continued From page 2</p> <p>through the agency</p> <p>a. On December 2, 2014, beginning at approximately 12:27 p.m., record review revealed FACES documented that FC #2 had an appointment for a physical examination on July 18, 2014. Continued record review however revealed there was no assessment in the record to document the outcome of a physical examination on July 18, 2014.</p> <p>a. On December 2, 2014, at approximately 12:39 a.m., record review revealed FACES documented that FC #1 had an appointment for a physical examination on November 8, 2013. The most recent medical assessments in FC #1's record revealed it was dated November 8, 2013, and was expired.</p> <p>On December 2, 2014, at 12:33 p.m., continued record review revealed FACES documented that FC #1's most recent dental appointment was on August 16, 2013. Additional record review further confirmed the appointment, and that FC #1's dental assessment was expired.</p> <p>On December 2, 2014, at 2:40 p.m., the ED was notified of the aforementioned missing and/or delinquent medical and dental assessments. The ED revealed that the appointment dates for all of the foster children's physical and dental appointments are captured in FACES. Additional discussion with the ED indicated that when the appointments are completed, there should also be an assessment form to document the outcome. The ED then contacted the social worker to determine the current status of the assessments. At 4:17 p.m., the ED confirmed that there was no further information regarding the aforementioned missing and/or delinquent</p>	S 510	<p><u>5.510-643.2 (b) Supervision of Children in Foster Homes</u></p> <p>A medical and dental appointment will be scheduled for the youth files found deficient (FC #1 and #2) by January 15, 2015.</p> <p>To ensure this deficient practice does not recur, Social Workers will prompt Foster Parents to begin scheduling medical, dental and vision appointments 2 months prior to expiration. This will ensure all youth have a medical examination once per year, vision appointment once per year and a dental examination every six months. Foster Parents will be prompted to have the doctor complete paperwork confirming the youth was seen and give completed paperwork to the Social Worker, to be housed in the youth file. Social Workers will update FACES within 72 hours of receiving paperwork. This deficiency will be monitored through monthly quality assurance audits by Boys Town's Quality Management Council.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CPA-030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  12/02/2014
--	---	--	--

NAME OF PROVIDER OR SUPPLIER: BOYS TOWN WASHINGTON DC, INC  
STREET ADDRESS, CITY, STATE, ZIP CODE: 4801 SARGENT ROAD NE WASHINGTON, DC 20017

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REFERENCE TO CFR OR LSC IDENTIFYING INFORMATION)	C PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 510	Continued From page 3  medical and dental assessments  At the time of the survey, the CPA failed to ensure that each FC was provided an updated medical and dental assessment at least annually	S 510		

*John Mark*  
*Executive Director*  
*12/23/14*