STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CPA-0069	A. BUILDING _____ B. WING _____	03/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROGRESSIVE LIFE CENTER, INC	1003 MONTANA AVENUE NE WASHINGTON, DC 20002

(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 from March 10, 2011 through March 11, 2011. The survey findings were based on record review and staff interviews. The sample sizes were sixteen (16) personnel records based on a census of sixteen (16), five (5) foster parent records based on a census of five (5), seven (7) foster child records based on a census of seven (7), and three (3) new board member records based on a census of eleven board members. The agency was not found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing; and deficiencies were cited.	S 000		
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 Child-Placing agency failed to ensure members of the board were of good character as determined by letters of reference and criminal background investigation for three (3) of eleven (11) board members. (Board Members #1, #2, and #3) The findings include: During a record review and interview on March 10, 2011, at approximately 11:00 a.m., it was revealed that board members #1, #2, and #3, had no evidence that Federal Bureau of Investigation criminal background investigations had been performed.	S 011	ID Prefix Tag: S011 1602.5 Board of Directors Corrective Action: By April 1,2011 documentation in file confirming request for letters of reference and/or criminal investigation reports from appropriate local or federal law enforcement agencies. The documents will be filed as soon as they are received. Measures to Ensure Deficient Practice Does Not Occur: PLC will continue to enforce its policy mandating that all board and staff adhere to our contract compliance requirements or be subject to sanctions which range from a warning to dismissal. How Corrective Action Monitored: Progressive Life Center's Performance and Quality Improvement Staff will continue to conduct quarterly reviews of all HR files to ensure best practice approaches are utilized, and to provide a consistent, independent monitoring tool. Completion Date: April 1, 2011 X Revised	

Health Regulation Administration

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	CPA-6009	A. BUILDING _____ B. WING _____	03/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROGRESSIVE LIFE CENTER, INC	1933 MONTANA AVENUE NE WASHINGTON, DC 20002

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S 011	Continued From page 1 An interview with the Human Resources Specialist (HRS) on March 10, 2011, at approximately 3:15 p.m. confirmed the findings.	S 011		
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 one (1) of sixteen (16) employee's had proof that they had participated in in-service training. (Employee #6) The finding includes: Review of personnel records on March 10, 2011, at approximately 11:40 a.m., revealed the agency failed to ensure that employee #6 had proof that they had participated in in-service training. An interview with the Human Resources Specialist on March 10, 2011, at approximately 3:15 p.m. confirmed the findings.	S 100	ID Prefix Tag: S100 1611.1(h) Corrective Action: The in-service training did occur and the certificate will be placed in the employee file by March 31, 2011. Measures to Ensure Deficient Practice Does Not Occur: PLC will continue to enforce its policy mandating that all board and staff adhere to our contract compliance requirements or be subject to consequences which range from a warning to dismissal. How Corrective Action Monitored: Progressive Life Center's Performance and Quality Improvement staff will continue to conduct quarterly reviews of all HR files to ensure best practice approaches are utilized, and to provide a consistent, independent monitoring tool. Completion Date: March 28, 2005	
S 461	1640.3(c) Notification Regarding Application (c) Updated medical reports on all members of the household; This CONDITION is not met as evidenced by: Based on record review and interview, the Child-Placing Agency (CPA) failed to ensure that one (1) of the five (5) foster parent records reviewed had a current medical report in the record. (Foster Parent #6)	S 461	ID Prefix Tag: S461 1640.3(c) Corrective Action: All Foster Parent files will be reviewed to ensure all forms, and clearances are in compliance and up to date by 4/1/11. Any outstanding information will be brought into compliance by 4/1/11 Foster Parents will not be reimbursed beyond 4/1/11 should information not be submitted to the PLC RTL (Recruitment Training and Licensing) Specialist prior to 4/1/11 Measures to Ensure Deficient Practice Does Not Occur: The Corrective Action Plan will be facilitated by the PLC Recruitment, Training, and Licensing staff. The NIA Program Director will verify completion of the plan on 4/1/11. and submit evidence of compliance to the D.C. Operations Director on 4/1/11. How Corrective Action Monitored: Effective immediately, all Foster parent files will be reviewed monthly to ensure complete compliance. The NIA Program Director must sign acknowledgement of the file review audit sheet that will be located in each file to acknowledge file compliance. Non-compliant files must be brought into compliance within seven business days in order for foster parent reimbursement to be authorized. Completion Date: 4/1/11	

Health Regulation Administration

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	CPA-0008	A. BUILDING _____ B. WING _____	03/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROGRESSIVE LIFE CENTER, INC	1938 MONTANA AVENUE NE WASHINGTON, DC 20002

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S 491	Continued From page 2 The finding includes: Review of foster parent #5's record on March 11, 2011, at approximately 2:00 p.m., revealed there was no evidence of a current medical report on file. During a face to face interview with the Recruitment Training Licensing Specialist (RTLS) on March 11, 2011, at approximately 3:30 p.m., it was confirmed that foster parent #5 did not have a current medical report on file.	S 491		
S 510	1643.3(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 Child-Placing agency failed provide annual dental, and medical examinations for four (4) out of seven (7) foster children. (Foster Children #1 #3, #4 and #7) The finding includes: Review of the foster care records for foster children #1, #3, #4, and #7's files on March 11, 2011 between the hours of 10:30 a.m. and 12:00 p.m., revealed no evidence of current dental or medical evaluations in their records. An interview with the Director Of Operations and	S 510	ID Prefix Tag: S510 1643.3(b) Corrective Action: All youth and child files will be reviewed to ensure all medical, dental, and vision exams are current and up to date by 4/1/11. Any outstanding information will be brought into compliance by 4/1/11 Any outstanding medical, dental, or vision needs will be addressed by 4/1/11. All PLC social work staff will be held accountable to ensure this occurs. Measures to Ensure Deficient Practice Does Not Recur: The corrective action plan will be facilitated by all D.C. NIA Social Workers and monitored by the NIA Clinical Supervisors by reviewing each file and assisting the social workers address any barriers causing compliance. The D.C. NIA Program Director will ensure all files have been brought into compliance by reviewing all documents obtained and reporting such to the D.C. Operations Director How Corrective Action Monitored: Effective immediately all child and youth files will be reviewed monthly to ensure complete compliance. The NIA Program Director must sign acknowledgement of the file review audit sheet that will be located in each file to acknowledge file compliance. Non-compliant files must be brought into compliance within 7 business days and discussed and reviewed with staff during weekly supervision. Completion Date: 4/1/11	

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	CPA-0060	A. BUILDING _____ B. WING _____	03/11/2011

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PROGRESSIVE LIFE CENTER, INC	1933 MONTANA AVENUE NE WASHINGTON, DC 20002

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S 510	Continued From page 3 the Case Manager on March 11, 2011, at approximately 3:30 p.m. confirmed the findings	S 510		