Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **CPA-0077** 03/24/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1003 K STREET, NW. SUITE #207. CHILDREN'S HOME SOCIETY & FAMILY SERV WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PRÉFIX PROVIDER'S PLAN OF CORRECTION ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 An annual inspection was conducted on March 24, 2011. The survey findings were based on record review and a staff interview. The sample ijen & Licensing Administration sizes were six (6) personnel records based on a Intermediate Care Facilities Division census of six (6), seven (7) adoptive parent 899 North Capitol St., N.E. records based on a census of seven (7) and two Washington, D.C. 20002 (2) post placement records based on a census two (2). The agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing however deficiencies were cited. S 096 1611.1(d) Personnel Records This document was in the S 096 employee's file in the main office (d) Annual performance evaluations signed by both the employee and supervisor: but a copy had not been placed in the local file. Going forward This CONDITION is not met as evidenced by: Based on record review and interview, the staff supervised by anyone in Child-Placing Agency (CPA) failed to ensure that employees had annual performance evaluations the main office will have a signed by both the employee and the supervisor, for one (1) of six (6) employees. checklist in the personnel file. (Employee #4) noting the need for a copy of The finding includes: any items for the local Review of personnel records on March 24, 2011, at approximately 1:30 p.m. revealed that personnel file. That would Employee #4 had no evidence of an annual performance evaluation signed by both the include copies of annual employee and the supervisor for review. An interview with the Regional Director (RD) on This document is now presen March 24, 2011, at approximately 2:30 p.m. confirmed the findings. the local fil Health Regulation Administration LABORATORY DIRECTOR'S OR PROVIDENSITY LIE Regional Direct TIVE'S SIGNATURE STATE FORM

U2UV11

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **CPA-0077** 03/24/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1003 K STREET, NW. SUITE #207. CHILDREN'S HOME SOCIETY & FAMILY SERV WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRDVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 100 Continued From page 1 S 100 S 100 1611.1(h) Personnel Records S 100 3/30/2011 This document was also in the (h) Documentation of participation in in-service training: employee's file in the main office. This CONDITION is not met as evidenced by: As with the previous item, we will Based on record review and interview, the agency failed to ensure that one (1) of six (6) employee's institute the use of a checklist had proof that they had participated in in-service for personnel fles in order to training. (Employee #4) ensure complete files are held in The finding includes: both the Main office and the Review of parsonnel records on March 24, 2011. at approximately 1:30 p.m., revealed the agency local office. failed to ensure that Employee #4 had proof of participation in in-service training. An interview with the Regional Director (RD) on March 24, 2011, at approximately 2:45 p.m. confirmed the findings. Health Regulation Administration

STATE FORM

Willem 8MC-

6869

Regional Director

If continuation sheet 2 of 2 3/30/20 (