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PRINTED: 05/01/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	CPA-050	B WING_		04/19/2018	
NAME OF PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY	, STATE, ZIP CODE		
ADOPOLIS, INC	WASHING	CONSIN AN	/ENUE, NW 20015		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ISHOULD BE COME	
S 000 Initial Comments		\$ 000		7	
04/19/18. The surve interview, review of well as personnel re employees and five	Agency				
S 092 1611.1 Personnel Re	ecords	S 092			
Each child-placing agency shall have a personnel file on each employee, which shall include, but not be limited to, the following: This CONDITION is not met as evidenced by: Based on interview and record review, the agency failed to ensure a personnel file was provided for review for one of three employees (Employee #3). Findings included: During the entrance conference with the agency's ED on 04/19/18 at 10:15 AM, the personnel files for all employees working with the CPA were requested for review.			Corrective Action: An electronic personnel file for employee #3 is available and has bee printed on paper to make it available as requested at the inspection time.	4/23 en	
			Measures put into place to ensure that the deficient practice does not recur: Adopolis will take care to insure that each personnel file be available electronically or printed out on paper while preparing for future inspection		
Employee #3 was not the ED at 11:15 AM re not available for Emplo "only the bookkeeper."	8 at 11:00 AM. The file for provided. Interview with wealed a personnel file was byee #3 because she was		How the corrective action(s) will be monitored to ensure that the deficient practice will not recur: The CEO or designated employee wi have available all files for review wherequired.	11	
the ED at 11:15 AM revealed a personnel file was not available for Employee #3 because she was "only the bookkeeper." Interview with the ED at 11:30 AM revealed she Regulation & Licensing Administration with the ED at 11:30 AM revealed she in Regulation & Licensing Administration with the ED at 11:30 AM revealed she in Regulation & Licensing Administration with the ED at 11:30 AM revealed she in Regulation & Licensing Administration with the ED at 11:30 AM revealed she in the ED at 11:30 AM revealed she was "only the ED at 11:3		TURE	The CEO or designated employee wi have available all files for review wh	en (X6) DAT	

Health	Regulation & Licensi	ing Administration			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		CPA-050				
NAME OF	PROVIDEŘ OR SUPPLIER	QTDEET A	DDBERG CIT	V STATE TO CODE	04/	9/2018
		OMELIA		Y, STATE, ZIP CODE VENUE, NW		
LDOPO	LIS, INC		GTON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
S 092	Continued From pa	ge 1	S 092			
	had an electronic p #3 and she would p the surveyor at a la	ersonnel record for Employee rovide a copy of the record to ter date.		1612.2 Staff Functions and Qualifications.		
At the time of the survey exit on 04/19/18, no additional information was provided. S 109 1612.2 Staff Functions And Qualifications		S 109	Corrective Action: New medical letters were requested all three employees with the full lang required by the standard.	for guage	4/19	
	report on the applications including	igency shall require a written ant's mental and physical addictions which could applicant's capacity to work		Employees #1 the new certificate is ifile. Employee # 2 has a doctor appointme May 11 expecting to obtain the new certificate.		4/23
ī	Based on interview a failed to have a writte mental and physical three employees in the and #2).	not met as evidenced by: and record review, the CPA en report on the applicant's conditions for two of the ne sample (Employees #1		Measures put into place to ensure that the deficient practice does not recur: Employees have been notified that future medical letters will request that the doctor make a statement regarding the applicant's mental and physical	t	
1 1 6	0:25 AM, the ED states to object the comployee to object the comployee to object the comployee's physical at the complex physical at the compl	conference on 04/19/18, at ted that the CPA required tain a complete physical e an evaluation of the and mental health condition,		conditions including addictions which could adversely affect the applicant's ability to work with children, in accordance with the published standar		
a F 1	It the time of hire and Review of the person 1:00 AM, revealed th Employee #1's file	then annually thereafter. nel records on 04/19/18 at le following:		How the corrective action(s) will be monitored to ensure that the deficient practice will not recur: The CEO will review and approve eacemployee's document required for all		
re	xamination dated 02. Eview did not reveal a mployee's mental he	27/18. Further record		files to be in compliance at any time.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	WOLDATE DIVERSE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	CPA-050	B WING		04/19/2018	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ADOPOLIS, INC		SCONSIN AVE			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE COMPLE THE APPROPRIATE DATE	
S 109 Continued From page	ge 2	S 109			
status of Employee the ED stated that s employee needed a	#1's mental health condition, the was not aware that the mental health condition of the health certificate				
examination dated 0 review did not revea employee's mental h subsequent interview	e contained a physical 03/30/18. Further record I an evaluation of the nealth status. During a with the ED to ascertain the				
status of Employee at the ED stated that she employee needed a	#2's mental health condition, ne was not aware that the mental health condition the health certificate		£		
that each employee of examination to include	vey, the CPA failed to ensure obtained an annual physical de an evaluation of the and mental health condition nel record.				
		1			