

Received 4/6/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BARKER FOUNDATION, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1066 30TH STREET NW WASHINGTON, DC 20007
---	--

(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

S 000

An annual licensure survey was conducted from 03/14/18 through 03/15/18. The survey findings were based on interview with SDCSS and the review of personnel records, which included 19 employees, ten SW consultants, and four board members. Additionally, a review of 19 HS adoptive parents records (without children) and nine HS adoptive parents (with children) was conducted.

Listed below are abbreviations that appear throughout the body of this report:

- CPA - Child Placing Agency
- HS - Home Study
- PPD - purified protein derivative
- SDCSS - Senior Director of Clinical and Support Services
- SW- Social Worker

S 098 1611.1(f) Personnel Records

S 098

(f) Documentation of any professional licensure;

This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to ensure that each professionally licensed employee had documentation of a license for one of 19 employees (Employee #8).

Findings included:

On 03/14/18 at 10:56 AM, review of the personnel records revealed that Employee #8 was a licensed SW. Further review of the record showed no evidence that Employee #8 had documentation of a SW license. During an interview with the SDCSS on 03/14/18 at 1:30 PM, she confirmed that Employee #8 did not

Employee #8 holds a current social work license in other States, and has applied for a license in DC via reciprocity. Proof of application is on file and license will be added to the file as soon as it is received. Processing time is estimated to be 6 – 8 weeks. Moving forward, all social work employees will be required to have the appropriate local license prior to working in each jurisdiction, and this will be enforced utilizing a pre-employment checklist.

4/30/18

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Pat Clucke, Sr. Director Clinical & Support Services

4/6/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BARKER FOUNDATION, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1066 30TH STREET NW WASHINGTON, DC 20007
---	--

(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 098	Continued From page 1 have a current SW license on file and indicated that this employee has applied for a new SW license. At the time of the survey, the CPA failed to ensure that all licensed employee files contained a current professional license.	S 098		
S 110	1612.3 Staff Functions And Qualifications Each child-placing agency shall prior to employment, perform a criminal records check on any person who will have direct contact with the children and clients. The child-placing agency shall ensure that each employee is free of any conviction or pending charges without a final disposition for the commission of, attempt to commit, or assault with intent to commit any of the following criminal offenses or a criminal offense which is equivalent to any of the following: This CONDITION is not met as evidenced by: Based on record review and interview, the CPA failed to ensure that two of nineteen (19) employees had complete criminal record checks on their personnel records file (SW contractors #2 and #3). Findings included: Review of personnel records on 03/15/18 at 2:30 PM revealed that SW contractors #2 and #3 did not have a District of Columbia criminal record check within their personnel files. During an interview on 03/15/18 at 3:30 PM, the SDCSS verified that the SW contractors' personnel files were incomplete.	S 110	SW Contractors #2 & #3 have had criminal clearances from DC in the past, however the annual clearance for 2017, though sent in for processing to DC Police in 2017, had not been returned by the time of this inspection. Results were received and placed in the file as of 3/19/18. Moving forward clearances will be sent in earlier in anticipation of possible delays in processing by the police department.	3/19/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BARKER FOUNDATION, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1066 30TH STREET NW WASHINGTON, DC 20007
---	--

(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 244	<p>1620.5(r) Adoptive Home Study Services</p> <p>(r) A summary of the medical report for each member of the adoptive family living in the household, within six (6) months of the study, which verifies that each person has no communicable disease, specific illness, or disabilities which would interfere with the family's ability to parent a child;</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the CPA failed to provide evidence of a medical report for each member of the HS adoptive parents living in the household within six months of the HS for one of nine HS adoptive parents (HS adoptive parent #3).</p> <p>Findings included:</p> <p>Record review conducted on 03/15/18 at 3:30 PM revealed a HS for parent #3 dated 09/17/2017. Further review of the record showed a medical report dated 10/23/15 and a PPD dated 03/22/16.</p> <p>On 03/14/18 at 10:15 AM during the entrance conference with the SDCSS, she indicated that HS adoptive parents should have a medical report within six months of the HS. In an additional interview on 03/15/18 at 10:30 AM, the SDCSS confirmed that there was no updated medical report for HS adoptive parent #3.</p>	S 244	<p>HS Parent #3 was asked to submit an updated physical form dated within 6 months of the 9/17/17 home study update. Form was received and placed in the file. Current policies will be enforced to ensure that physicals are completed within the 6 month timeframe for home studies or home study updates. This will be enforced through regular file reviews.</p>	3/20/18
S 295	<p>1625.1(a) Adoption Records</p> <p>(a) The application with photograph;</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the CPA failed to maintain family records which included</p>	S 295		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-054	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BARKER FOUNDATION, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1066 30TH STREET NW WASHINGTON, DC 20007
---	--

(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 295	<p>Continued From page 3</p> <p>an application with photograph for one of 19 HS adoption parents records (HS adoptive parents #24).</p> <p>Findings included:</p> <p>Review of the record for HS adoptive parents #24 on 03/15/18 at 4:00 PM revealed no evidence of a photograph with the application. During an interview on 03/15/2018 at 4:25 PM, the SDCSS acknowledged that the international adoption application for HS adoptive parents #24 did not contain a photograph.</p>	S 295	<p>HS Adoptive Parents #24 were asked to submit photos for their file. Photos were printed and placed in file on 3/20/18. Current policies will be enforced to ensure that photographs are received with every application and placed in the file. This will be enforced through regular file reviews.</p>	3/20/18
-------	--	-------	--	---------