Health I	Regulation & Licensin	g Administration				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING.			(X3) DATE SURVEY COMPLETED	
		CPA-030	B. WING.		11/1	3/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
BOYS T	OWN WASHINGTON D	IC INC	RGENT ROAI IGTON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CONNER WITH AND CROSS-REFERENCED TO LOST CONNER OF THE PROVIDER OF	ANON SHOULD BE THEIRPROPRIATE CY) Divisi	(X5) COMPLETS DATE
S 000	Initial Comments		S 000	4-10	- IX 3**	
	November 13, 2015 fourteen (14) person census of nineteen foster parent record	survey was conducted on i. The sample size was nnel records based on a (19) employees, fifteen (15) is based on a census of thirty b) foster children records of thirty five (35).		Washington, D.C.	W 3/7/19	
	The survey findings and the review of re	were based on interviews cords.				
		e abbreviations that may he body of this report.				
		T (District of Columbia's d Child Welfare System				
S 109	1612.2 Staff Function	ns And Qualifications	S 109	1612,2 Staff Functions and \$ 109:	Qualifications	y.
THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	report on the applications including	gency shall require a written ant's mental and physical addictions which could applicant's capacity to work		To onsure this deficioncy do Town's Licensing and Place will send a letter to foster pu with expiring physical examinations, 60 days in act At least twice monthly, the forming them of the pending	ement Specialist arents (contracted to pri dvance to inform them of foster parent's assigned pexpiration date. Additi	of the expiration of Consultant will onally, the Licens
	Based on record rev failed to ensure that parent (contracted to contained a copy/sur examination for one	not met as evidenced by: lew and interview, the facility the record of each foster provide foster care) mmary report of their physica (1) of fifteen (15) foster e. (Foster Parent #7)		Specialist will follow-up wee physical examination occur prior to the expiration date, the Agency's Recruitment a	s and documentation is Information will be revie	housed in the He
	The finding includes:	Foster Parent 1: Foster Parent 2: Foster Parent 3:	FBI comple	a licensed foster parent ted 12/11/15. Physical ampleted 1/3/16	t with the agency. does not expire u	Effective 12/- ntil 3/12/16
	On November 13, 20 ation & Licensing Administ	015, at 4:21 p.m., review of ration				
ODATODY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X8) DATE
ORMORT	- WCD	1. 7		Executive	70-1	الماما

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Health Regulation & Licensing 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-030 11/13/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4801 SARGENT ROAD NE** BOYS TOWN WASHINGTON DC, INC. WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX JEACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY S 109 Continued From page 1 \$ 109 Foster Parent #7's record revealed a health certificate dated September 6, 2013. The above mentioned report was the latest health certificate in the file for review. On November 13, 2015, at 5:12 p.m., review of the agency's policies and procedures revealed all employees, contractors and volunteers providing direct services to youth are subject to health screens every two years. Interview with the program support services coordinator on November 13, 2015, at 5:18 p.m., confirmed that foster care providers are required to have health screens at the same frequency. (every two years) as the staff who provide direct services to the youth. At the time of the survey, the agency falled to ensure health screening for foster parent families as required. 1639.4(t) Foster Home Study S 464 1639.4(t) Foster Home Study \$ 464 \$464 To ensure this deficiency does not recur, Boys Town's Licensing and (t) Clearance with the child abuse and neglect Placement Specialist will send a letter along with appropriate paper vork registry and record of criminal convictions, if any; all foster parents that reside in DC 60 days in advance to inform the r DC Child Abuse and Neglect Registry expiration date. At least twice monthly, This CONDITION is not met as evidenced by: the foster parent's assigned Consultant will remind them of the pending Based on record review and interview, the CPA expiration date. Additionally, the Licensing Specialist will follow-up failed to ensure that each home study report weekly during the 30 days prior to ensure the forms have been completed. included the findings of criminal record checks so that they can be submitted minimally 3 weeks prior to expiration. This and clearances with the child abuse and neglect information will be reviewed weekly at the Recruitment and Placement registry, for four (4) of the fifteen (15) foster Meeting. parent files reviewed. (Foster Parents #1, #4, #8, and #9) The findings include: On November 13, 2015, beginning at 1:35 p.m.,

Health F	Regulation & Licensin	ng Administra	ation			TORMAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			R/SUPPLIER/CLIA CATION NUMBER:	(X2) MULTIPL A, BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		CPA-0	30	B. WING		11/13/2015
NAME OF	PROVIDER OR SUPPLIER		STREET AL	DORESS, CITY, S	STATE, ZIP CODE	
BOYS TO	OWN WASHINGTON E	C, INC		RGENT ROAL GTON, DC 20		
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S 484	Continued From pa	ge 2		S 464		
	review of the foster during the home sto			Plea	se see above (S109) for completi	on dates
	a. Foster Parent #1 record check was d was no DC child ab available for review.	ated August use and neg	14, 2014. There			
	 b. Foster Parents # were dated April 15, 2013 for Parents #1 were no DC child at available for review. 	2014 and N and #2 resp ouse and neg	ovember 15, ectively. There			
	c. Foster Parent #8' dated September 11 child abuse and neg	, 2013 and t	here was no DC			
	d. Foster Parents #5 were dated Septemi 16, 2014, for Parent There were no DC c registry on file.	per 5, 2014 a s #1 and #2,	and September respectively.			
	On November 13, 20 program support sei that the criminal reciand neglect registry parents annually. [It foster parent is cate	vices coordi ord checks a were to be u should be no	nator indicated nd child abuse pdated for foster oted that the			
	On November 13, 20 agency's policies and checks revealed that year, all existing emprolunteers will be reciplearances. At 5:40 pervices coordinator mentioned findings.	d procedures t during Janu ployees, con- quired to ren- p.m., the pro-	s on background uary of every tractors and ew their gram support			

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Health	Regulation & Licensin	g Administration			TORMA	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER;			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE		
BOYS T	OWN WASHINGTON D	E. UMC.	RGENT ROASTON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDER (CROSS-REFERENCE)	DBE	(X5) COMPLETE DATE
S 464	Continued From pag	ge 3	S 484			
	ensure its policy on	background checks was				
	At the time of the survey, the agency failed to ensure its policy on background checks was implemented for each foster parent/family. 10 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 CPA falled to ensure that each foster child received an annual medical and/or dental examination, for five (5) of the eleven (11) foster children in the sample. (Foster Children #1, #2, #3, #4, and #5) The findings include: On November 13, 2015, at 10:33 a.m., interview with the program support services coordinator revealed that medical and dental assessments are required to be provided at least annually for the foster children receiving services through the agency. On November 13, 2015, beginning at approximately 10:44 a.m., record review revealed Foster Children #1, #2, #3, and #4's records did not include a dental assessment in the last year. Similarly, Foster Children #3 and #5's records did provide any evidence of an annual physical		S 510 1643.3(b) Supervision of Children in Fos S510 To ensure this deficiency does not recur, notify each foster parent, 60 in advance of vision examinations for each youth place notification, each Consultant will give fos will be filled out by medical personnel. A will obtain documentation during their we placed in a designated location at the offican update spreadsheet, update FACES information will be reviewed weekly during the placed in the file. 1. Youth has a current dental and physical be no documentation housed in the file. 2. Youth has a current dental and physical be documentation housed in the file.		oys Town's one parents a control of the parents a control of the parents a control of the parents as a that Admid file in you there is a there is	sical, dental and a. At the time of opy of the form that intment, Consultant t. Forms will be ninistrative Assistanth's flie. This ement Meetings.
	On November 13, 20	15, at 4:54 p.m., the				

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STATEMENT OF DEFICIENCIES (IN) PROVIDER OF CORRECTION (IN) COPY OF COPY		Regulation & Licensia	g Administration			PORMI APPROVED
NAME OF PROVIDER OR SUPPLIER BOYS TOWN WASHINGTON DC, INC 1801 SARGENT ROAD NE WASHINGTON, DC 20017						
### BOYS TOWN WASHINGTON DC, INC ### WASHINGTON, DC 20017 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETE DEFICIENCY			CPA-030	B, WING		11/13/2015
WASHINGTON, DC 20017 (X4) D	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
IX4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) S 510 Continued From page 4 Program Support Services Coordinator confirmed the aforementioned missing and/or delinquent medical and dental assessments. At 5:07 p.m., the Quality Assurance Manager revealed that the appointment dates for all of the foster children's physical and dental appointments are documented in FACES. The agency continues to require that a copy of the physical and dental assessments be kept in each foster child's record. At the time of the survey, the CPA failed to provide evidence that each foster child received an annual medical and dental assessment. [It should be noted that this is a repeat	BOYS TO	OWN WASHINGTON D	JL. INLi			
PREFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION) S 510 Continued From page 4 Program Support Services Coordinator confirmed the aforementioned missing and/or delinquent medical and dental assessments. At 5:07 p.m., the Quality Assurance Manager revealed that the appointment dates for all of the foster children's physical and dental appointments are documented in FACES. The agency continues to require that a copy of the physical and dental assessments be kept in each foster child's record. At the time of the survey, the CPA failed to provide evidence that each foster child received an annual medical and dental assessment. [It should be noted that this is a repeat			WASHING	-		
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