

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CPA-0089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/17/2016
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NAME OF PROVIDER OR SUPPLIER  FAMILY MATTERS OF GREATER WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 425 EYE STREET NW, SUITE 700 WASHINGTON, DC 20001
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S 000	Initial Comments  An initial licensure survey was conducted on March 17, 2016. The survey findings were based on interview with administrators and review of personnel and administrative records, as well as the review of foster parent and foster children records.  The sample size was seventeen (17) personnel records based on a census of seventeen (17) employees; three (3) foster parents based on a census of three (3); and, four (4) of four (4) foster children.  Note: The below are abbreviations that may appear throughout the body of this report.  BOD - Board of Directors CPA- Child Placing Agency FBI - Federal Bureau of Investigations MPD - Metropolitan Police Department	S 000	<p><b><u>S 001 1602.5 BOARD OF DIRECTORS</u></b></p> <p><b><u>Plan of Correction:</u></b></p> <p>Each identified member of the Board of Directors has been contacted by agency management regarding the need and urgent timeline for background clearances and additional references. The status of documentation and timelines for completion are as follows:</p> <p>Background clearances for BOD #2, and BOD #10 have been received and submitted with this report. <span style="float: right;">4/4/2016</span></p> <p>Background clearances for BOD #3 and BOD #4 are in process and expected to be received within two weeks <span style="float: right;">4/18/2016</span></p> <p>References for BOD #2, BOD #4, BOD #9 are in process with an expected completion date of two weeks. <span style="float: right;">4/18/2016</span></p> <p>BOD #12 and BOD #7 are both currently on extended leave with undetermined return dates. Initiation of pending background and reference checks for these identified Board Members will commence immediately upon return to duty, with a completion date of no more than <b>30 days following return.</b></p>
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 <del>CONDITION</del> is not met as evidenced by: Based on interview and record review, the CPA failed to show evidence that comprehensive criminal background investigations and/or character reference checks had been obtained for each member of its Board of Directors (BOD),  for seven (7) of the twelve (12) current board members. (BODs #2, #3, #4, #7, #9, #10 and #12)  The findings include:	S 011	

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

TITLE

(X6) DATE

STATE FORM

6899

TYLD11

If continuation sheet 1 of 7

*[Signature]*, LCSW, Program Director April 4, 2016

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S 011	<p>Continued From page 1</p> <p>On March 17, 2016, at approximately 10:00 a.m., interview with the program director revealed that some of the directors serving on the CPA's BOD had yet to obtain FBI and MPD background checks and/or character reference checks. The deputy executive director, who joined the conversation at 10:45 a.m., also stated that there were some board members whose background checks had not been secured. The deputy executive director indicated that the staff person responsible for obtaining references had been terminated for failing to perform his/her duties as assigned.</p> <p>On March 17, 2016, beginning at 5:55p.m., review of the documentation made available for the current BOD members revealed the following:</p> <p>I. There was no evidence that BODs #2, #4 and #7 had obtained FBI and MPD background checks and there were no character reference checks documented;</p> <p>II. There was no evidence that BODs #3 and #7 had obtained FBI and MPD background checks;</p> <p>III. There was no evidence that the CPA had obtained character reference checks for BOD #9; and,</p> <p>IV. There was no information made available for review regarding BOD #12; therefore there was no evidence that BOD #12 had obtained FBI and MPD background checks.</p> <p>At the time of the survey, the agency failed to ensure that comprehensive background checks were obtained for each individual serving on its BOD.</p>	S 011	<p><b>S 001 1602.5 BOARD OF DIRECTORS, cont.</b></p> <p><b><u>Ongoing Practice and Quality Assurance Plan</u></b></p> <p>In order to ensure that identified deficiencies with BOD documentation remain corrected and in compliance going forward, the following oversight plan has been reviewed with relevant staff members for immediate implementation:</p> <p>Upon initiating the interview process with a newly identified prospective Board Member, the Executive Assistant will provide clearance information and submission deadline and secure information for three professional references. The Executive Assistant will be responsible for contacting the identified references and tracking receipt of federal and state police clearances prior to activation on the Board of Directors. Upon an offer being extended by the Board Chair, the Deputy Executive Director will review the incoming Board Member file as a Quality Assurance measure, to determine that necessary background documentation has been secured and filed appropriately, prior to involvement in Board of Directors activities or meetings.</p> <p>This process is effective as of April 1, 2016.</p>

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S 096 : Continued From page 2

S 096

S 096: 1611.1(d) Personnel Records

S 096

(d) Annual performance evaluations signed by both the employee and supervisor;

This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that each employee's personnel file reflected an annual performance evaluation,

(those employed for more than a year). (Employees #1, #2, #3, #4, #5, #8, #9, #14, #15 and #16)

The finding includes:

On March 17, 2016, beginning at 11:03 a.m., review of the personnel records revealed that ten (10) of the ten (10) longtime employees (Employees #1, #2, #3, #4, #5, #8, #9, #14, #15 and #16) had received annual performance evaluations for the 12-month period ending September 30, 2014. Each employee had signed his or her evaluation during the last week of December 2014. Previously, performance evaluations had been documented for each 12-month period ending September 30th on each year prior to 2014. Continued review, however, revealed no evidence that employees had received performance evaluations for the 12-month period ending September 30, 2015. On March 17, 2016, at approximately 1:30 p.m., the director was queried to ascertain the status of

**S 096: 1611.1 (d) Personnel Records:**

**Plan of Correction:**

As shared during the on-site licensing review, Family Matters was operating on an amended annual evaluation timeline for FY 15, due to a full agency move that was in process during the standard evaluation time and caused delays in evaluation processing. In accordance with the email presented during the on-site review, annual evaluations for FY15 were completed for all staff on March 25, 2016.

Evaluations for employees #1, #2, #3, #4, #5, #8, #9 #14, #15, and #16, covering the period of 10/1/14-9/30/15, have been completed, signed by both the employee and supervisor, and submitted to the Human Resources department for final review and filing.

**3/25/2016**

**Ongoing Oversight and Quality Assurance Plan:**

As outlined in the review findings, Family Matters has demonstrated ongoing previous compliance with annual evaluation timelines. The FY15 delay was an anomaly caused by a full agency move which was in process within the evaluation cycle time frame. Family Matters will be following the ongoing evaluation process which outlines that all annual evaluations are completed and finalized by December 31<sup>st</sup> of each calendar year for the prior fiscal year. In the event that an agency wide event is expected to coincide with this timeline, the Human Resources Director will establish an earlier timeline to prevent delay in completion.

**4/1/2016**

employee performance evaluations. She confirmed that annual evaluations had not been conducted in 2015. She presented an email, dated March 4, 2016, in which the deputy executive director instructed supervisors to

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S 096 Continued From page 3  
  
complete personnel evaluations by March 25, 2016.

At the time of the survey, the CPA failed to consistently document annual performance evaluations for all employees.

S 103, 1611.1(k) Personnel Records  
  
(k) Physical examination reports required in section 1612.2;

This CONDITION is not met as evidenced by: Based on record review and interview, the CPA failed to ensure that each employee 's personnel record included a written report on his or her physical and mental status as required in section 1612.2 and every two (2) years thereafter, for five (5) of seventeen (17) employees. (Employees #3, #7, #9, #10 and #14)

The findings include:

During the entrance conference on March 17, 2016, at approximately 9:55a.m., the program director stated that the CPA required each employee to obtain a complete physical examination at the time of hire and then every two years onward. Review of the personnel records, beginning at 11:03 a.m., revealed the following:

The CPA failed to ensure that each applicant obtained a comprehensive physical evaluation for inclusion in his or her personnel record at the time of hire, as follows:

A. Employee #7's date of hire was September 14,

S 096

S 103

s 103, 1611.1(k) Personnel Records

(k) Physical examination reports required in section 1612.2;

Plan of Correction:

A. The employee health form for employee #7 was secured and filed on March 23, 2016 and submitted to DOH for verification on March 24, 2016. Receipt verification received. **3/24/2016**

B. The employee health form for employee #10 was secured and filed on March 22, 2016 and submitted to DOH for verification on March 24, 2016. Receipt verification received. **3/24/2016**

Of Note: Employees #3, #9, #14 were found to have initial clearance but were delayed in submitting their most recent two year update. Employee #3 submitted their updated health form on March 25, 2016. Employee #9 and #14 have indicated medical appointments for updated screenings.

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S 103	<p>Continued From page 4</p> <p>2015. His/her file included the results of a TB screening (negative) that was performed on August 14, 2015. There was no evidence, however, that the newly-hired employee had obtained a comprehensive health screening reflective of his/her mental and physical condition; and,</p> <p>B. Employee #10's date of hire was August 25, 2015. There was no evidence that the employee had obtained a comprehensive health screening reflective of his/her mental and physical condition.</p> <p>On March 17, 2016, at 5:45p.m., the program director was queried to ascertain the status of the two aforementioned employees. She examined their records and confirmed there were no health certificates on file. She further indicated that she would ask Employees #7 and #10 if they had been given the standardized health certificate form that the agency routinely gave applicants when they sought positions with the CPA.</p> <p>At the time of the survey, the CPA failed to ensure that each applicant obtained a comprehensive physical evaluation at the time of hire, and for inclusion in his or her personnel record.</p>	S 103	<p><b><u>s 103, 1611.1(k) Personnel Records, Cont.</u></b></p> <p>(k) Physical examination reports required in section 1612.2;</p> <p><b><u>Ongoing Oversight and Quality Assurance Plan:</u></b></p> <p>In order to ensure that all completed health forms are secured and filed for each employee prior to employment, the following system will be followed to secure and track documentation.</p> <ol style="list-style-type: none"> <li>1. At the time that a conditional offer of employment is made, a list of all required screenings and background check documents (including health form) will be provided. The established start date will be no less than two weeks following offer letter to ensure time to secure all documentation.</li> <li>2. The employee folder initiated at time of contingent offer letter will include a pre-hire document checklist, including the health form, which will be updated as required documents are received. The Program Director will log document receipt and dates on unit tracking spreadsheet and place in employee file. The Human Services director will provide secondary review in advance of start date to ensure all required documentation has been secured and demonstrates no issues that would preclude work with children. If all documents are not present, employee will be prohibited from starting until received and reviewed.</li> <li>3. The employee document tracking spreadsheet is reviewed monthly by the Program Director and Human Resources Director, with all documents expiring in the coming 90 days highlighted for renewal.</li> <li>4. Staff requiring health form updates will be notified 60-90 days in advance to allow for appointment and form completion turn around time.</li> </ol> <p><b><u>This process is effective April 1, 2016</u></b></p>	
S 109	<p>1612.2 Staff Functions And Qualifications</p> <p>Each child-placing agency shall require a written report on the applicant's mental and physical conditions including addictions which could adversely affect the applicant's capacity to work with children.</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the CPA</p>	S 109		

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S 109	Continued From page 5  failed to ensure that each applicant for employment obtained a written report on his or her physical and mental status, for two (2) of seventeen (17) employees. (Employees #7 and #10)  The finding includes:  [Cross-refer to S103.1] There was no evidence that the agency obtained written reports of Employees #7 and #10's mental and physical condition at the time of hire.	S 109	<p><b><u>S 109 1612.2 Staff Functions And Qualifications</u></b></p> <p>The finding includes: [Cross-refer to S103.1] There was no evidence that the agency obtained written reports of Employees #7 and #10's mental and physical condition at the time of hire.</p> <p><b><u>Plan of Correction:</u></b> As outlined in the correction plan for 103.1,</p> <p>A. The employee health form for employee #7 was secured and filed on March 23, 2016 and submitted to DOH for verification on March 24, 2016. Receipt verification received. <b>3/24/2016</b></p> <p>B. The employee health form for employee #10 was secured and filed on March 22, 2016 and submitted to DOH for verification on March 24, 2016. Receipt verification received. <b>3/24/2016</b></p> <p><b><u>Ongoing Oversight and Quality Assurance Plan:</u></b> As S109 is noted as a cross reference to 103.1, and includes a duplicate indicator of the same documentation, it is requested that the Ongoing Oversight and Quality Assurance Plan outlined above for 103.1 is incorporated by reference for section S109.</p>	
S9999	Final Observations  The following observations were made during the survey process. It is recommended that these areas be reviewed and a determination be made regarding appropriate actions in order to prevent potential non-compliant practices:  I. Review of the CPA's Bylaws revealed that the Bylaws allowed the president to fill in as the presiding officer at Board of Directors (BOD) meetings, in the event that neither the chairman nor the vice chairman could attend the meeting. Review of minutes taken at BOD meetings for the period October 2014- February 2016 revealed no instances when the chairman and vice chairman were absent. However, the Bylaws, as written, could potentially lead to a violation of 1602.4.  II. Interviews with the program director and the deputy executive director, followed by the review of minutes taken at BOD meetings for the period October 2014- February 2016 revealed that the Board had held meetings at least quarterly, as required by 1603.5. Review of the CPA's Bylaws, however, revealed that the Bylaws did not specify	S9999		

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S9999	Continued From page 6 the need to hold BOD meetings at least quarterly.	S9999		
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