

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INTERNATIONAL FAMILIES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS CIRCLE NW WASHINGTON, DC 20005</b>
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S 000	<p><b>Initial Comments</b></p> <p>An annual licensure survey was initiated beginning on May 29, 2015. Six (6) personnel records were reviewed, based on a census of four (4) current employees and two (2) former employees. In addition, the records of six (6) members of the Board of Directors were reviewed. The agency was without a current caseload of prospective adoptive families; however, the records of (4) adoptive parents (from the immediate past) were reviewed.</p> <p>Additionally, the survey included investigation into a complaint received via email by the Department of Health, Health Regulation and Licensing Administration (HRLA) on May 18, 2015. The complainant had the following concerns:</p> <p><b>Allegation #1:</b> The family seeking adoption had been promised five referrals; however, only one child was referred to them and the child had severe health problems.</p> <p><b>Findings:</b> The President denied the agency ever promised a minimum number of referrals to the complainant or to any prospective adoptive parent. The Vice Executive Director also denied the agency promised a set number of referrals. She confirmed the agency had referred one child; however, the child had a rash on the face that was treatable, and did not have severe health concerns. This was documented in case notes that were subsequently forwarded. The case notes reflected ongoing efforts made by the agency to obtain referrals for the complainant up to, and even after, the complainant informed the agency that she and her husband would no longer proceed with seeking an adoption (in August and September 2013).</p>	S 000		
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Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	(X6) DATE <b>8/18/2015</b>
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S 000	<p>Continued From page 1</p> <p>Conclusion: This allegation could not be substantiated.</p> <p>Allegation #2: The agency had lost its accreditation in 2011, preventing them from facilitating international adoptions.</p> <p>Findings: According to the U.S. State Department website, the agency lost its accreditation on March 27, 2014. This was confirmed through telephone interview and email with the Council on Accreditation. The complainant was seeking an adoption in 2012 and 2013, a period in which the agency was accredited.</p> <p>Conclusion: This allegation could not be substantiated.</p> <p>Allegations #3: The family's personal information was transferred to another agency without her approval.</p> <p>Findings: The complainant was interviewed by telephone on June 4, 2015. She stated that the agency's President initially told her that their information was shared with another agency in Virginia; however, that agency told her they did not have her file and would only request it if she paid a \$3,000 transfer fee, which she declined. The agency's President stated that when the agency lost its accreditation, all prospective adoptive parents on their caseload were given contact information for two adoption agencies willing to provide assistance. He stated that no personal or confidential information was shared without prior approval. Telephone interviews with the directors of the two agencies to whom parents had been referred confirmed that those agencies only received personal information about prospective adoptive parents if/when the parents</p>	S 000	<p><b>Although none of the allegations were substantiated, IFI has used this as a learning experience and has set in place clearer worded fee schedules and allocation of funds as well as making clear when fees are due and if they are refundable or not. Also putting into place contracts that show what the agency is responsible for and what is expected of the adoption process.</b></p>	

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S 000	<p>Continued From page 2</p> <p>contacted them.</p> <p>Conclusion: This allegation could not be substantiated.</p> <p>Allegations #4: The agency's website currently states they can facilitate international adoptions; whereas, they are not legally allowed to do so without their accreditation.</p> <p>Findings: The website discusses the agency's record of facilitating international adoptions and invites visitors to read about and apply for adoptions from India and China. The agency's President and the Vice Executive Director stated that their social worker is legally authorized to perform home studies and that all new inquiries are referred to accredited agencies. The agency is seeking re-accreditation in 2015. The ability for International Families Inc. (IFI) to perform home studies under the supervision of an accredited agency and IFI's interest in becoming accredited in 2015 were confirmed via telephone interview with the Council on Accreditation.</p> <p>Conclusion: This allegation could not be substantiated. There was no evidence that the agency performed any illegal services.</p> <p>The investigation and survey findings were based on interviews and the review of records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Board of Directors - BOD Child-Placing Agency - CPA Council on Accreditation - COA Criminal Record Check - CRC District of Columbia - D.C.</p>	S 000		

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S 000	Continued From page 3  Federal Bureau of Investigations - FBI International Families, Inc. - IFI Metropolitan Police Department - MPD Social Security Administration - SSA	S 000		
S 015	<p><b>1603.4 Responsibility Of The Board Of Directors</b></p> <p>The Board shall approve the annual budget of anticipated income and expenditures necessary to provide the services of the child-placing agency. The Board shall approve the annual financial audit report.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to show evidence that its BOD approved an annual budget and audit, for the one annual budget (2015) reviewed.</p> <p>The finding includes:</p> <p>When interviewed at the agency's offices on May 29, 2015, at approximately 10:30 a.m., the President stated that their BOD had reviewed and approved a budget for 2015 and their approval had been documented in the BOD minutes. However, on June 1, 2015, beginning at 10:55 a.m., review of the minutes that were made available for review (BOD meetings held on February 9, 2014, March 23, 2014, June 14, 2014, June 29, 2014 and January 29, 2015) failed to show evidence that the BOD voted to approve a budget for 2015.</p> <p>On June 2, 2015, at 12:35 p.m., the agency's President stated that the 2015 budget had been prepared by the CPA's treasurer and President and approved by the full BOD. He expressed surprise that BOD approval had not been noted in</p>	S 015	<p><b>S015 1603.4. Responsibility of the Board of Directors</b></p> <p>It is IFIs policy that the annual budget and audit reports are approved by the BOD. The 2015 audit and budget were approved by the BOD but the reason why it was not noted in any of the minutes is due to the BOD approving the budget/audit via email because of the time of year and the necessity to send the approvals to the COA. Thus not reflected in any minutes. IFI had considered a telephonic board meeting to approve the budget, but IFI's lawyer had advised us that it was not necessary and email confirmation from the board would suffice. This approval is available to the DOH authorities at any time.</p> <p>While there are no systematic changes being put into place since this is already a policy of IFI, that the BOD review the annual budget and audit report, IFI has put into place committees within the Board that separately review and develop the budget and audit reports in order to further and assure oversight and to monitor this long standing policy of IFI.</p> <p>There is a separate committee for the budget and a separate committee for the audit.</p>	

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S 015	<p>Continued From page 4</p> <p>the minutes. Review of the 2015 budget document itself revealed no date(s) on which it had been reviewed and/or approved by the BOD. On the previous day (June 1, 2015), the BOD secretary had forwarded a list of BOD members showing the date on which each member reportedly sent an email, approving the budget and an audit report (date not sepcified). According to this list, their approvals were received over the period December 15, 2014 - January 2, 2015. There was no explanation offered as to why BOD approval had not been documented in the BOD minutes.</p> <p>At the time of the survey, however, there was no additional documentation presented to verify the BOD had approved the annual budget and audit.</p>	S 015		
S 020	<p>1606.1 Record Keeping</p> <p>Each child-placing agency shall maintain financial records of all receipts, disbursements, assets, and liabilities in such a manner as to facilitate adequate financial reporting and shall establish an accounting system capable of tracking all movements of funds and the actual expenditures for each case.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to show evidence that it had established and implemented an accounting system capable of tracking the funds used to provide services for each adoption case, to include receipts, for the one parent who filed a complaint. (Parent #1)</p> <p>The finding includes:</p> <p>According to an email recieved on May 18, 2015,</p>	S 020	<p><b>S020 1606.1 Record Keeping</b></p> <p><b>IFI maintains all financial records carefully and regularly with all receipts , disbursements, assets and liabilities. Otherwise it is not possible for the auditor to audit the books. However these receipts are not kept in the files of the parents. They are maintained separately by the accountant and then will be handed over to the auditor to prepare the financial reports. IFI has all the audited reports by the independent CPA annually.</b></p> <p><b>As a child placement agency it is difficult to record financial distribution of a parents fee on a case by case basis. This is due to various factors:</b></p>	

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S 020	<p>Continued From page 5</p> <p>Parent #1 complained that she and her husband had paid \$12,800 for adoption services and remained without an adopted child two years later.</p> <p>On June 1, 2015, beginning at 4:35 p.m., review of Parent #1's case file revealed a photocopy of a check used to pay the \$500 application fee on February 14, 2012. Not in the file, but presented on the next day (June 2, 2015) was a photocopied check, dated April 27, 2012, paying \$13,000 to the CPA ("dossier" was noted on the check). The file included documentation from India showing Parent #1's dossier had been delivered to an orphanage on June 17, 2012. There were no receipts, however, observed in the parent's file that would show how the funds had been spent.</p> <p>On June 1, 2015, at approximately 4:35 p.m., the agency's President stated that the \$500 application fee and \$13,000 had gone towards paying for Parent #1's dossier, authentication fees and other expenses incurred. He stated that "she was requesting a refund... they only paid our agency fee... we worked with her for 1 1/2 to 2 years..."</p> <p>On June 2, 2015, at 12:53 p.m., the President stated that Parent #1 had received a copy of the agency's "India Adoption Fee Breakdown." Review of the document revealed the \$13,500 went towards the application, translation, notarization and certification, dossier authentication, humanitarian, miscellaneous documents and the agency fee. When the President was asked about each of the various fees listed, he provided a description but then stated there were no receipts available for review or other means of accounting for how and where</p>	S 020	<p><b>(Continued from page 5)</b></p> <p><b>1. A portion of the fee distributed is the agency fee. This includes: salaries, office rent, international phone calls, and communicating with the Central Authorities.</b></p> <p><b>2. The second portion, the dossier fee, is used towards authentication, notarization and translation and logging in with Indian Central Authority, Fed Ex and other miscellaneous postal expenses.</b></p> <p><b>3. The fees that the parents pay are grouped together and all of these fees are paid for by the administrative and dossier fees of the clients in the program. They are not individual receipts on a per client basis. For example, logging into the Central Authority and international travel and expenses incurred during the international trips are not for an individual family. Therefore expenses and receipts can not be put into an individual file for each parent. They are given to the accountant and then the auditor to prepare the financial statements. While due to these reasons mentioned it is not possible to obtain individual receipts for every separate category that the families fees go towards, IFI is still planning on taking measures to address and establish clear financial records as much as possible for each family. This will be done by incorporating a financial database to go along with the existing database that is kept for the families information and case notes. The CPA and auditor already monitor all the receipts and expenditures of IFI while creating a yearly audit report. IFI has set up a financial committee to develop and review the yearly budget as well as an audit committee to review the audit annually.</b></p>

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S 020	<p>Continued From page 6</p> <p>Parent #1's monies were spent in each category. At approximately 2:40 p.m., the President repeated that the CPA did not have a system established for tracking case-specific expenditures.</p> <p>At the time of the investigation, the agency was not utilizing a method of financial record keeping that allowed for review of actual expenditures made on behalf of each parent, including Parent #1.</p>	S 020	<p><b>(Continued from page 6)</b></p> <p><b>IFI is incorporating this so that it will be available at the office in addition to information available through the auditor.</b></p> <p><b>IFI anticipates having this additional financial record keeping in effect by the 21st of September. Giving IFI the time to bring this up in their next board meeting to notify the board of this new method. It also gives the financial and audit committees time to meet and incorporate this method with the auditor.</b></p>	
S 021	<p>1607.1 Audit</p> <p>Each child-placing agency shall have its financial records audited annually by an independent certified public accountant.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to show evidence that its financial records had been audited annually by an independent certified public accountant, for one of the past two years being reviewed. (2013)</p> <p>The finding includes:</p> <p>On June 1, 2015, at approximately 2:00 p.m., review of an audit report, dated May 1, 2015, revealed that it was for the calendar year 2014. On June 3, 2015, at 3:30 p.m., the President agreed by telephone to forward previous audit reports. Review of the documentation received via email revealed a "compilation report" that covered the calendar years 2011 and 2012. There was no documentation, however, showing evidence that the agency had obtained an audit for the year 2013.</p>	S 021	<p><b>S021 1607.1. Audit</b></p> <p><b>IFI maintains audit reports every year. There may have been a misunderstanding that led to compilation reports being sent for documentation. A 2013 audit report has been completed and is available at anytime to the DOH authorities.</b></p>	

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S 096	Continued From page 7	S 096		
S 096	1611.1(d) Personnel Records	S 096	<b>S096. 1611.1(d). Personnel Records- Annual Performance Evaluations</b>	
	<p>(d) Annual performance evaluations signed by both the employee and supervisor;</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that employees had annual performance evaluations signed by both the employee and the supervisor, for five (5) of six (6) employee files reviewed. (Staff #2, #3, #4, #5 and #6)</p> <p>The findings include:</p> <p>On May 29, 2015, at 10:20 a.m., the President presented six (6) employee files for review at the start of the survey. Review of the personnel records, beginning at 10:56 a.m., revealed the following:</p> <p>A. Staff #2, #3 and #4 had each received a performance evaluation for the calendar year 2014. The performance evaluations had been prepared and signed by the CPA's Executive Director (Staff #1) on January 30, 2015. Continued review, however revealed that none (0) of the three evaluations had been signed by the respective employee.</p> <p>B. Review of Staff #5's personnel record on May 29, 2015 also showed a performance evaluation for the calendar year 2014 that was prepared and signed by Staff #1 on January 30, 2015. The evaluation had not been signed by Staff #5. On June 2, 2015, at 12:17 p.m., the President stated that Staff #5's "file should be closed" as he had since learned from Staff #1 that Staff #5 resigned in April 2014. No explanation was offered as to why Staff #1 prepared a performance evaluation</p>		<p><b>An evaluation was done for Staff #5 because she was employed for a few months in 2014. She was approved to continue to work in 2015 because she expressed an interest to come to back to IFI if it received its reaccreditation. Though she is not a current employee of IFI, we have no reservations of her to come back and pursue her position at IFI. Regardless of this positive feeling and evaluation towards Staff #5, her file should be currently closed and therefore should not have been presented to the Surveyor.</b></p> <p><b>The person presenting these files to the Surveyor was not the President of the Board. It was a board member and one of the founding members of IFI and volunteered his services to be present for the inspection due to other staff members conflicting schedules. This member was not aware of what personnel files were relevant and needing to be presented to the Surveyor for inspection and that only DC staff members files needed to be presented.</b></p>	



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S 096	<p>Continued From page 8</p> <p>on January 30, 2015 for an employee who reportedly left the agency eight months earlier.</p> <p>C. Review of Staff #6's personnel record on May 29, 2015 also showed a performance evaluation for the calendar year 2014 that was prepared and signed by Staff #1 on January 30, 2015. The evaluation had not been signed by Staff #6. When queried about Staff #6 on May 29, 2015, at 11:24 a.m., the President stated that Staff #6 worked in their New York office and did not provide services for prospective adoptive parents from the D.C. region. He offered no explanation as to why he had presented Staff #6's personnel file for review.</p> <p>At the time of the survey, the CPA failed to ensure that annual performance evaluations were signed by both the supervisor and the employee.</p>	S 096		
S 102	<p>1611.1(j) Personnel Records</p> <p>(j) Criminal record (other than minor traffic violations);</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that each employee's personnel record included a current and complete CRC, for four (4) of six (6) employee records reviewed. (Staff #2, #4, #5 and #6)</p> <p>The findings include:</p> <p>On May 29, 2015, at 10:20 a.m., the President presented six (6) employee files for review at the start of the survey. Review of the personnel records, beginning at 10:56 a.m. revealed the following:</p>	S 102	<p><b>S 102 1611.1(j) Personnel Records Criminal Record other than minor traffic violations</b></p> <p><b>A. Staff #2 was employed from 2001-2004 and then left IFI. She then came back to work for IFI from the end of 2011 to present. . She had her criminal records and FBI finger prints in her file. Though when the families were transferred to other agencies, Staff #2 volunteered her services to see through the completion of these families cases. She submitted her clearances to the new agencies upon their request. When asked for a copy of the clearances the agency was able to email her a copy of her MPD clearance and VA clearance. They are now in her file. The MPD clearance that was supplied to the Supervisor on the day of his visit was a filing error due to the last names being the same of hers and her husbands. And the nationwide fingerprinting was initiated on June 4, 2015.</b></p>	

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S 102	<p>Continued From page 9</p> <p>A. Staff #2's record included a CRC obtained from the MPD on May 2, 2013. Review of that CRC, however, revealed that it was that of her husband (BOD #6). There was no evidence of a CRC for Staff #2. Her record reflected that she had been employed by the agency since 2001.</p> <p>When the agency President was queried about Staff #2's CRC on June 1, 2015, at 1:25 p.m., he presented a CRC, dated May 13, 2014. It reflected a review of criminal records in the state of Virginia. There was no evidence, however, of a comprehensive CRC obtained at the time of hire and no evidence of a CRC that included D.C.</p> <p>Note: On June 9, 2015, at 11:04 a.m., the CPA forwarded a document via email showing that Staff #2 had initiated a request for a nationwide finger printing on June 4, 2015.</p> <p>B. Staff #4's record included the results of a finger print background check, dated September 1, 2001. Her record, however, indicated that she had been hired in 2007. Review of the September 1, 2001 finger print check revealed it was obtained in California and the SSA number listed began with the numbers 420.</p> <p>1. Continued review of Staff #4's record reflected she allegedly had obtained a clearance through the Montgomery County, Maryland, dated November 14, 2007; however, the SSA number given on that document began with the numbers 213 (not 420) and there was a different date of birth listed.</p> <p>2. Continued review of Staff #4's record failed to show evidence of a CRC that included D.C.</p>	S 102	<p><b>(Continued from page 9)</b></p> <p><b>B. Staff #4 was the Office Manager in charge of maintaining all the records including the Personnel files. Staff #4 was also working with IFI in 2001-2002 in a different capacity. She left the position and came back to work with IFI in 2007. This is why she has a clearance from 2001.</b></p> <p><b>In the past, IFI has had the policy of the Executive Director and the Office Manager going over the files together annually before the inspection. However this year the ED was out of the country due to a death in her immediate family and left the Office Manager in charge of the documents in the Personnel Files.</b></p> <p><b>After becoming aware of the 2007 Social Security discrepancy Staff #4 was questioned about it but had no real answer, later when Staff #4 was questioned as to why different Staff members Personnel records were used to photo copy and to reproduce records for other Staff members, her reply was due to the office being in disarray from the ceiling flooding from earlier in the year. She did not know where certain documents were located and was not aware of how to fill up the Personnel files for the coming inspection. Unfortunately all of this was discovered due to the Surveyor pointing these out. The ED and VED did arrive in time to meet the Surveyor and to question Staff #4. They have looked into these grave discrepancies and are correcting the staff and BOD files. Staff#4 has not been available for any further questioning, she has been terminated from the position of Office Manager. While there is no clear answer as to why all of these records are the way they are, the remaining IFI staff, with help from some Board members are instituting some systemic changes in the responsibilities of file maintenance and the periodic oversight and upkeep needed to insure these types of events will never recur.</b></p>	
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S 102	<p>Continued From page 10</p> <p>When the agency President was queried about Staff #4's CRC documents on June 1, 2015, at 1:15 p.m., he stated "that's what she submitted" and he was previously unaware of any discrepancies with SSA numbers listed on the documents in the file. He indicated that he would ask Staff #4 for an explanation.</p> <p>Note: On June 9, 2015, at 11:04 a.m., the CPA forwarded a document via email showing that Staff #4 had initiated a request for a nationwide finger printing on June 4, 2015. The new document reflected the same SSA number that was observed on the September 1, 2001 finger print check obtained in the state of California (beginning with the numbers 420). No new information was shared regarding the other document that listed a different SSA number and date of birth.</p> <p>C. [Cross-refer to S096] Review of Staff #5's record revealed she had been hired on November 2, 2007. There was no evidence, however, of a CRC. Similarly, review of Staff #6's record also failed to show evidence of a CRC.</p> <p>These two employees were presented as employees of the D.C. office. However, once questions were asked about some of the documentation, such as CRCs, this surveyor was informed that Staff #5 worked from their New York office and was no longer employed by the agency. The President stated her "file should be closed" and that Staff #6 also worked in their New York office. Staff #6 reportedly did not provide services for prospective adoptive parents from the D.C. region. The President did not offer an explanation as to why their personnel records were presented for review in their D.C office.</p>	S 102	<p><b>(Continued from page 10)</b> <b>Once the files are in proper order and in compliance with DOH authorities, the ED and the Board President will oversee personally the upkeep of the personnel files. They will be updated as necessary during the Presidents evaluation of the ED.</b></p> <p><b>C. Staff #5 and #6 are based out of the New York office and are not current employees of IFI. Their files should not have been presented. Their volunteer did not realize their files were not to be presented (Cross reference S096. 1611.1(d). Personnel Records Second paragraph)</b></p> <p><b>The volunteer also stated there was no policy regarding criminal record check. To rectify this please attached personnel file policy.</b></p>	
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S 102	<p>Continued From page 11</p> <p>Note: When asked on June 9, 2015, at 1:45 p.m., if the CPA had written policies regarding obtaining criminal records checks, the President replied "no." He stated that they ensure that all applicants were asked (verbally) to obtain a CRC at the time of hire. Review of the CRCs in the employee files showed some had obtained nationwide finger printing whereas others had not. Some had obtained clearances from state or local Child Abuse Registries whereas others had not.</p> <p>At the time of the survey, the CPA failed to maintain personnel records to include documented evidence that a comprehensive criminal records check was obtained for each employee at the time of hire.</p> <p>It should be noted that on June 1, 2015, at approximately 2:00 p.m. (while reviewing the files maintained for current members of the agency's BOD), it was observed that the President had obtained a CRC through the MPD, dated August 30, 2015. In addition to the original copy, the President's file contained a duplicate copy of the August 30, 2015 CRC which had been altered in two ways:</p> <ul style="list-style-type: none"> <li>- a "3" in the social security number had been changed to an "8;" and,</li> <li>- there was white out covering his first and middle name as well as his personal signature.</li> </ul> <p>At approximately 2:15 p.m., the President was presented with the duplicate MPD background check and queried about the alterations. He replied that he believed that he had made the alterations at the time that he sought an FBI finger print background check. His file contained an FBI finger print check, dated January 2, 2014.</p> <p>It should be further noted that the President's</p>	S 102	

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S 102	Continued From page 12  SSA number was almost identical (the first 7 numbers matched) as the SSA number observed on Staff #4's background check that was allegedly obtained through Montgomery County, Maryland on November 14, 2007.	S 102		
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 agency failed to ensure that every employee's personnel record included a current physical examination report as required in section 1612.2, for four (4) of the six (6) employee files reviewed. (Staff #1, #4, #5 and #6)  The findings include:  On May 29, 2015, at 10:20 a.m., the President presented six (6) employee files for review at the start of the survey. Initially, he stated that updated health certificates were expected of all staff annually; however, he changed that to "every two years" on the next day (June 1, 2015). Review of the personnel records, on May 29, 2015, beginning at 10:56 a.m. revealed the following:  A. Staff #1's record reflected a health clearance (written by a physician on a prescription sheet), dated March 11, 2011. Another health clearance, also written on a prescription sheet, had the date March 11, 2013. Closer inspection of this second clearance revealed that a 3 had been written over the last 1 in 2011, changing the date from 2011 and 2013. When both sheets were placed together, one behind the other, it was observed	S 103	<b>S103 1611.1(k) Personal records</b> <b>(k) Physical examination reports required in section 1612.2</b> <b>A. There is an original medical in the file for Staff #1 with the date of August 1, 2013. This is available for DOH review at anytime. All we can assume is that Staff #4 was attempting to locate this and therefore after not doing so, she tried to reproduce it believing that the original was damaged in the ceiling leaks. In an attempt to correct these unethical actions, Staff #4 is has been removed from her job, as this is not an acceptable way to handle documents. We are trying to correct this so it will never happen again and take responsibility for our former employee. Please see attached policy. And from now on all the medicals that are required from the staff will only be accepted in a format that has been given by IFI. Please see attached medical format.</b> <b>B. Staff #4 obtained a new record on June 5, 2015. She has since left the agency and we no longer require the updated immunizations. A reason for her termination will be included in her file and her file is no longer active.</b> <b>C. Staff #5 and Staff #6 health document mix up were also due to the errors of Staff #4 in the preparation of the inspection. The only explanation for these documents being mixed up is that these documents were present in the files that were damaged with the roof leak and Staff #4 tried to recreate the documents. This is a behavior that is not acceptable in our agency and again has caused IFI to terminate Staff #4 from her position at the agency.</b>	

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S 103	<p>Continued From page 13</p> <p>that the hand written text on both clearances were identical.</p> <p>On June 1, 2015, at 12:44 p.m., the agency's President presented a new health certificate for Staff #1. It was dated June 1, 2015; he confirmed that she had obtained the health screening earlier that day. Review of a June 2015 physical evaluation reflected failure to obtain an updated physical within two years, in accordance with the agency's policies as stated.</p> <p>B. Staff #4's record indicated that she had been hired on November 1, 2007. There was no evidence, however, of a physical evaluation in the record.</p> <p>1. On June 1, 2015, at 1:21 p.m., the agency's President presented a health certificate for Staff #4. He stated that it had not been in the employee's file on the day before.</p> <p>2. The health certificate for Staff #4 was dated from 2011. Upon further discussion, the President acknowledged that more than two years had passed since that physical exam. He stated that he would ask her to obtain an updated medical, in accordance with agency policies.</p> <p>3. On June 9, 2015, at 11:04 a.m., the CPA forwarded a document via email showing that Staff #4 visited a hospital clinic on June 5, 2015. Review of the document did not reflect the employee's immunization status (including no mention of a tuberculin screening) nor did it address her overall health status, to include mental and physical conditions that might adversely affect her ability to work with children.</p> <p>C. Staff #5's personnel record contained three</p>	S 103	<p><b>(Continued from page 13)</b></p> <p><b>IFI has created a new policy for personnel records and files, to ensure that all staff members are clear on what is to be expected from them. Please see the attached policy. There will be a signed copy from all the staff members noting that they have read the policy and will adhere to it. This will be kept in their file and IFI will have it in all the staff members files by the 1st of August 2015.</b></p>	
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S 103	<p>Continued From page 14</p> <p>different versions of the same health certificate, dated July 17, 2012, that showed her name cut and pasted over that of another staff (Staff #6). When the documents were placed together, one behind the other, it was observed that the text on the three physicals were identical, except for the altered staff names. Staff #6's name was observed further down on one of the three documents.</p> <p>When the agency President was queried about Staff #5's health certificate on June 1, 2015, at 12:45 p.m., he stated that Staff #5 and #6 both worked in their New York office. When asked if he or others had known about the name alteration, he replied "no;" it had not been identified prior to this survey. He then stated he would "ask the doctor about it" and he would ask Staff #5 to get an updated physical.</p> <p>On June 2, 2015, at 12:17 p.m., the President reported that Staff #5 was "not working for us any more... She's working for somebody else. The file should be closed." At 2:24 p.m., he further stated that the name alteration had been "on the New York side" and he had "sent it to her &lt;Staff #5&gt; for verification" and she had been "gone for over a year." He viewed it as an "oversight."</p> <p>D. On May 29, 2015, at 11:21 a.m. review of Staff #6's record failed to show evidence of a physical examination report. When the President was queried on May 29, 2015, at 11:24 a.m., he stated that Staff #6 worked in their New York office and had not provided services for prospective adoptive parents from the D.C. region. He did not offer an explanation as to why her personnel record was presented for review in their D.C office. Moments later, at 11:38 a.m., review of Staff #5's personnel record revealed Staff #6's</p>	S 103		
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S 103	Continued From page 15  health certificate, which had been altered to reflect Staff #5's name. (See above)  When asked on June 2, 2015, at approximately 2:27 p.m., whether the agency receives original health certificates from its employees, the President replied "not always." He repeated what he had said on the day before, that the agency's administrative staff here had not altered the names. He expressed deep concern and stated the agency would be more careful when it receives such documents in the future.  Note: When asked on June 9, 2015, at 1:48 p.m., if the CPA had written policies and procedures regarding obtaining physical examination reports, the President replied "no." He stated that they ensure that all applicants were asked (verbally) to obtain one at the time of hire and staff were told to get an update every two years.  At the time of the survey, the CPA failed to maintain personnel records to include documented evidence that a comprehensive physical examination report (that reflects mental and physical status) was obtained for each employee at the time of hire and at the frequency determined by the agency's governing body.	S 103		
S 104	1611.1(l) Personnel Records  (l) Letter of resignation or reason for termination, upon termination of employment with the agency; and  This CONDITION is not met as evidenced by:	S 104	<b>S104 1611.1(1) Personnel Records (l) Letter of Termination</b>  <b>Staff #5 informed the Executive Director by phone of her resignation. The rest of the board and staff were notified of the phone conversation. There has now been a policy established for resignation or termination. Please see attached Personnel Files Policy.</b>	



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S 104	<p>Continued From page 16</p> <p>Based on interview and record review, the CPA failed to obtain letters of resignation for all staff who stopped working for the agency, for the one staff who reportedly left the agency after it lost its accreditation in March 2014. (Staff #5)</p> <p>The finding includes:</p> <p>On May 29, 2015, beginning at 10:56 a.m., review of the personnel records that were presented that day for review revealed a file being maintained for a China Program Coordinator (Staff #5).</p> <p>When the agency President was queried about Staff #5's health certificate and criminal record check on June 1, 2015, at 12:45 p.m., he stated that Staff #5 worked in their New York office. He said he would ask Staff #5 to get an updated physical and ask her to send a copy of her background check. He then stated that she had not worked with them for approximately a year and a half... since the agency lost its accreditation.</p> <p>On June 2, 2015, at 12:17 p.m., the President stated that Staff #5 was "not working for us any more... She's working for somebody else. The file should be closed."</p> <p>On June 2, 2015, at 1:54 p.m., further discussion with the President revealed that when he spoke with the Executive Director (Staff #1) regarding Staff #5, she informed him that the employee had given her verbal resignation on April 3, 2014 or April 4, 2014. The President then acknowledged that the agency had not obtained a resignation letter from Staff #5 for inclusion in the personnel record.</p>	S 104		
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S 109	Continued From page 17	S 109	<b>S109 1612.2 Staff Functions and Qualifications</b>	
S 109	<p><b>1612.2 Staff Functions And Qualifications</b></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 <b>CONDITION</b> is not met as evidenced by: Based on record review and interview, the agency failed to ensure that every applicant for employment provided a written report on the applicant's physical and mental status, for one (1) of the six (6) employee files reviewed. (Staff #4)</p> <p>The finding includes:</p> <p>On May 29, 2015, at 10:20 a.m., the President presented six (6) employee files for review at the start of the survey. Initially, he stated that updated health certificates were expected of all staff annually; however, he changed that to "every two years" on the next day (June 1, 2015). Review of the personnel records, on May 29, 2015, beginning at 10:56 a.m. revealed that Staff #4's record indicated that she had been hired on November 1, 2007. There was no evidence, however, of a physical evaluation in the record.</p> <p>A. On June 1, 2015, at 1:21 p.m., the agency's President presented a health certificate for Staff #4., dated from 2011. Upon further discussion, the President acknowledged that more than two years had passed since that physical exam. He stated that he would ask her to obtain an updated medical, in accordance with agency policies.</p> <p>B. On June 9, 2015, at 11:04 a.m., the CPA forwarded a document via email showing that</p>	S 109	<p><b>IFI staff neither see the children physically or have any connection with the children since they deal with international adoptions. IFI only deals with the paperwork. The Social Worker does go to interview the parents at the time of initial paperwork and then again for a Post Placement review after the child has come into this country. She just questions the child and the parents at that point. There is still no physical contact with the child. Since this is the condition and no staff member has direct contact with the children IFI did not insist on a specific health examination as long as the employee obtains a medical certificate stating they are fit to work.</b></p> <p><b>However, if there is a requirement of specific blood work that needs to be done, IFI will have a health evaluation form that all employees must use when getting their medical report. Please see the attached new health evaluation form.</b></p>	

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S 109	<p>Continued From page 18</p> <p>Staff #4 visited a hospital clinic on June 5, 2015. Review of the document revealed it did not reflect the employee's immunization status (including no mention of a tuberculin screening) nor did it address her overall health status, to include mental and physical conditions that might adversely affect her ability to work with children.</p> <p>Note: When asked on June 9, 2015, at 1:48 p.m., if the CPA had written policies and procedures regarding obtaining physical examination reports, the President replied "no." He stated that they ensure that all applicants were asked (verbally) to obtain one at the time of hire and staff were told to get an update every two years.</p> <p>At the time of the survey, the CPA failed to show documented evidence that a comprehensive physical examination report, to include mental and physical status, was obtained for each employee at the time of hire and at the frequency determined by the agency's governing body.</p>	S 109		
S 296	<p>1625.1(b) Adoption Records</p> <p>(b) The home study;</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to maintain a copy of each home study report in the prospective adoptive parent (PAP) records, for the one PAP to register a complaint. (Parent #1)</p> <p>The finding includes:</p> <p>The Department of Health, Health Regulation and Licensing Administration (HRLA) received an email on May 18, 2015 that included a number of</p>	S 296	<p><b>S 296 1625.1(b) Adoption Record (b) The Home Study</b></p> <p><b>CPA maintains a copy of all the parents documents in their files. A parents file includes their dossier which includes their homestudy. However Parent #1 requested that all of their documents be returned to them. IFI sent them to Parent #1 via courier services. As a result, there are no hard copies of the homestudy in specifically Parent #1s file. However, IFI does have a soft copy for Parent #1 and can provide one to the DOH if they would like to see the copy.</b></p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INTERNATIONAL FAMILIES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS CIRCLE NW WASHINGTON, DC 20005</b>
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(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
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S 296	<p>Continued From page 19</p> <p>allegations made against the CPA by a family (Parent #1) who had sought the agency's assistance with adopting a child from India.</p> <p>Parent #1's records were reviewed in the CPA office on June 1, 2015, beginning at 4:35 p.m. The PAP's record showed no evidence of a home study. The record did, however, reflect that a home study report had been included in a dossier that had been delivered to an orphanage on June 17, 2012.</p> <p>On June 1, 2015, at 5:21 p.m., the agency's President was queried regarding the home study. He stated that Parent #1's home study had been performed by another agency located in Northern Virginia because IFI did not employ a social worker who was licensed in that state. When asked why there was no copy of the home study report available for review, he stated the CPA had sent the entire file to Parent #1 and had seen "no need to make copies... copies of the home study are in India and the originals."</p> <p>On June 3, 2015, at 4:25 p.m., Staff #2 stated over the telephone that the CPA had copied the Parent #1's file at the parent's request and had mailed it to her immediately via courier service. She could not explain why there was no copy of the home study available for review.</p> <p>At the time of the investigation, there was no evidence the CPA ensured that Parent #1's home study report was maintained in the adoptive parent's record.</p>	S 296		
S 305	<p>1625.1(k) Adoption Records</p> <p>(k) All correspondence related to the adoption;</p>	S 305		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INTERNATIONAL FAMILIES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS CIRCLE NW WASHINGTON, DC 20005</b>
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S 305	<p>Continued From page 20</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to maintain a copy of all correspondence related to adoption in the prospective adoptive parent (PAP) records, for the one PAP to register a complaint. (Parent #1)</p> <p>The finding includes:</p> <p>According to an email received on May 18, 2015, Parent #1 complained that she and her husband had sought the agency's assistance with adopting a child from India. Two years passed and the only one child that was referred to them was diagnosed with "severe heart disease." The complainant said she had asked the CPA to find a child with "limited special needs."</p> <p>Parent #1's records were reviewed in the CPA office on June 1, 2015, beginning at 4:35 p.m. On that date, the PAP's record showed no evidence that the CPA was maintaining correspondence between the CPA and the PAP. Review of Parent #1's initial application for services, dated February 10, 2012, revealed they had written "NO!" where asked if they would consider adopting a "special or acceptable needs" child.</p> <p>On June 1, 2015, at approximately 4:50 p.m., the agency's President was queried regarding past referrals of children to Parent #1 for possible adoption. He believed IFI had referred two boys to the PAPs; however, the PAPs had rejected both for reasons not known to the President. He described the process whereby the CPA calls the orphanage periodically, or sends them an emailed inquiry. If the orphanage indicates there's a child available that meets the PAP's request,</p>	S 305	<p><b>S305 1625.1(k) Adoption Records.</b> <b>(k) All correspondence related to the adoption</b></p> <p><b>IFI maintains case notes for families and are kept in the database of the families. They are available for review and can be sent to the DOH. Just as the case notes for Parent #1 was sent by the VED when requested.</b></p> <p><b>While IFI understands it's possible to keep correspondence in the file, but in an attempt to be green and conserve paper, IFI keeps correspondence in its database which are available for review at any time. The volunteer present was unaware of this record keeping practice. It is also easier to keep correspondence in a database on the computer rather than a paper document in the file. The database ensures that all the correspondence with any family is recorded in one place.</b></p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INTERNATIONAL FAMILIES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS CIRCLE NW WASHINGTON, DC 20005</b>
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S 305	<p>Continued From page 21</p> <p>the CPA will telephone the PAP to let them know about the possible referral. When asked if those telephone calls and emails were documented, he replied "yeah." He subsequently agreed to obtain the correspondence (namely, case notes and emails) that the CPA had with Parent #1.</p> <p>On June 2, 2015, at 12:47 p.m., the President presented a stack of emailed correspondences between the CPA and the orphanage in India. None (0) of those emails reflected referrals of children available for adoption. Also presented was an email received from the PAP on May 6, 2012, and the CPA's prompt reply. At 1:22 p.m., the President stated "most of the time we speak to her; she calls us." At 1:40 p.m., he stated there were no other emails and no case notes available for review.</p> <p>The Vice Executive Director (Staff #2) was interviewed by telephone on June 3, 2015, beginning at 3:51 p.m. She stated there had been one referral of a boy with a rash on the side of his face. The rash reportedly came and went with treatment. When asked about a boy with heart disease, Staff #2 replied "there may have been a misunderstanding about that... Not to my knowledge." When asked if she had documented any of these telephone conversations, she replied she could "look through my case notes."</p> <p>On June 9, 2015, at 11:04 a.m., the CPA forwarded several documents including case notes for Parent #1. Review of said case notes revealed they covered the period April 30, 2012 (Dossier and payments received from Parent #1) until the PAP's case was transferred to a different orphanage on January 12, 2014. One case note, dated April 11, 2013, reflected the CPA having informed Parent #1 of the boy with a "recurring</p>	S 305		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INTERNATIONAL FAMILIES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS CIRCLE NW WASHINGTON, DC 20005</b>
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S 305	<p>Continued From page 22</p> <p>rash on the cheek. Can be treated." The note also reflected Parent #1 was "not interested." The husband "won't be interested since from Special Needs list."</p> <p>At the time of the investigation, there was no evidence the CPA ensured that all correspondence with Parent #1 regarding adoption was maintained in the adoptive parent's record.</p>	S 305		