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-000033 07/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW LATIN AMERICAN YOUTH CENTER WASHINGTON, DC 20009 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 An annual licensure survey was conducted on 07/02/19. The survey findings were based on interview, review of administrative records, as well as the review of four personnel records, 20 board member records, seven foster children, and ten foster parent homes. Listed below are abbreviations that appear throughout the body of this report: BOD - Board of Directors CPA - Child Placing Agency CPR - Child Protective Registry FC - Foster Child FBI -Federal Bureau of Investigation S 011 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. Letters of reference and criminal background This CONDITION is not met as evidenced by: investigations: Based on record review and interview, the CPA The corrective action plan is that the program manager will audit board member files on a quarterly failed to provide evidence that letters of reference basis to ensure that all files include required for 20 of 20 BOD members (BOD #1 - #20) and reference letters as well as criminal background investigations. Furthermore, the program manager will coordinate with LAYC's COO to ensure all incoming board members have letters of criminal background investigations for one of the 20 BOD members (BOD #17) were available for review. reference on file in a timely manner. Findings included: 1.Regarding letters of reference for BOD members #1.#20, LAYC had acquired letters for board members #1,2,3,4,5,8,9,10,14,15,16,19 and 20. The letters had been misfiled and have now been added to the individual personnel files. They are also During the entrance conference on 07/02/19 at 10:15 AM, personnel records were requested for all BOD members of the CPA. attached to this document. For BOD members #6,7,11,12,13,17 and 18 letters of reference will be obtained by September 3, 2019, 9/3/2019 1. Review of the personnel records for BOD members #1 - #20 on 07/02/19 at 10:30 AM revealed no evidence that letters of reference had Health Regulation & Licensing Administration LABORATORY DIRECTIONS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

8899

Program Manager -Foster Care

8/9/19

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-000033 07/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW LATIN AMERICAN YOUTH CENTER WASHINGTON, DC 20009 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 011 Continued From page 1 S 011 been obtained to determine that the BOD members were of good character. At the time of the survey, the CPA failed to provide evidence of letters of reference for BOD members #1 - #20. 2. On 07/02/19 at 10:30 AM, record review of Regarding the local criminal background clearance for BOD member #17. At the time of the audit the clerance had been submitted but had not been BOD member #17's personnel file showed a criminal background clearance from the FBI and received by LAYC. Since then, LAYC has received CPR. The personnel record lacked documented the results and added them to the BOD member's personnel file. They are also attached to this evidence that local jurisdiction criminal document. background clearance had been completed. Interview with Staff #1 at 12:50 PM revealed that BOD member #17 should have obtained a local jurisdiction background clearance. At the time of the survey, the CPA failed to show evidence that a comprehensive criminal background check had been obtained for BOD member #17. S 344 1628.14(b) Social Services Related To Child S 344 Placing (b) The child's record which shall include the following: (1) Full name; (2) Address and telephone number of birth parents; (3) Race; (3) Sex; (4) Date and place of birth; (5) Nationality; (6) Health including medical history of past generations; (7) Physician's report, illnesses, immunization reports, and dental records; (8) Full names of children, siblings, grandparents and significant others of birth parents; (9) Social security number, if available; (10) Birth history; (11) Developmental history; (12) Birth certificate number; (13) Daily scheduled activities; (14) School records; (15) Dates of placement and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		07/02/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AC	ADDRESS, CITY, STATE, ZIP CODE			
LATIN A	MERICAN YOUTH CE	NIER	LUMBIA RO STON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
3 344	Continued From page 2 address and names of adoptive foster parents; (16) Documents pertaining to the child's legal status; and (17) Summary of family history and an assessment of circumstances leading to the case plan for the child and maintain progress reports. This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to ensure that each child's record included a physician's report for two of the ten FC in the sample (FC #9 and #10), a social security card for one of the ten FC in the sample (FC #1), and a birth certificate for one of the ten in the sample FC (FC #1).		S 344	Child records: The corrective action plan related to ensuring complete child records, will include quarterly audits by the Foster Care Program Manager to ensure all required documentation, including yearly physical examination, birth certificates and social security card are present in the file. If the child does not have a social security card due to being undocumented, the social worker will document this in the file.		
	10:15 AM, Staff #1 is examination was obtoester child. Staff #1 security cards should 1. On 07/02/2019 at records revealed no FC #9 and FC #10. Interview with the Stadid not obtain update the foster children m 2. On 07/02/19 at 3:0 record revealed no ecard or that a requestional worker.	11:00 AM, review of the FC physician examinations for aff #1 confirmed that the CPA ed physician examinations for		1. Regarding physician examinations for FC FC#10, the examinations did take place; however, the pre-adoptive foster parent had taken the to their appointment and had not provided the worker with the proper documentstion. FC#9 and FC#10 have been adopted and their case has been closed as of July 29, 20. The program manager will obtain the docum from the adoptive parent by September 3, 20. Regarding evidence of a social security of FC#1, the copy of the social security card win the file. See attachment	wever children ne social 19. sentation 019 .	9/3/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		07/02/2019			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE				
LATIN A	MERICAN YOUTH CE	NIEK	LUMBIA ROA STON, DC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)				
and the state of t	Continued From pa	ge 3	S 344				
	3. On 07/02/19 at 3:00 PM, review of FC #1's record revealed no evidence of a birth certificate. Interview with Staff #1 confirmed that there was no birth certificate contained within the record.			Regarding record of the birth certifical the copy of the birth certificate was found and is also attached.	e for FC#1, I in the file		
					7		
	At the time of the su that the CPA had ma FC #1, #9, and #10.	rvey, there was no evidence aintained complete records for					
					1		
					1		
					*		
					1		
					İ		
					1		
					1		