

Received 8/22/18

PRINTED: 08/14/2018
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LATIN AMERICAN YOUTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009
--	--

(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 on 07/27/18. The survey findings were based on interviews and the review of personnel records, which included five foster children, four foster families, seven employees and five board members.

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

- CPA - Child Placing Agency
- CPR - Child Protection Registry
- ED - Executive Director
- FC - Foster Child
- FP - Foster Parent
- PM - Program Manager
- SW - Social Worker

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 interview and record review, the CPA failed to ensure that each employee's record included a signed annual evaluation for one of the seven employee files reviewed (Employee #1).

Findings included:

Review of the personnel files on 07/27/18 at 10:20 AM revealed no evidence that Employee #1 had an annual performance evaluation as part of the personnel file. During an interview on 07/27/18 at 1:30 PM, the PM confirmed that Employee #1 did not have a completed annual evaluation as a part of the personnel file.

Annual Evaluation:

The corrective action plan is that the Program Manager will follow up with Human Resources to ensure that staff receive a performance evaluation once a year and that a signed copy is placed in their file.

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

[Signature]

LAAC Program Manager

8/22/18

STATE FORM

6899

JQQH11

If continuation sheet 1 of 5

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LATIN AMERICAN YOUTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009
--	--

(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 096 Continued From page 1
At the time of the survey, the CPA failed to ensure that all employee files contained a completed and signed annual performance evaluation.

S 096
Regarding Employee #1, she is not supervised by Program Manager, therefore Program Manager has followed up with Human Resources to request that her performance evaluation is completed and a signed copy is in her file. Human Resources has informed Program Manager that since Employee #1 is new to her role, she will have a performance evaluation after she has completed 1 year of employment which will occur June 2019. At that time a signed copy of the evaluation will be placed in her file.

S 105 1611.1(m) Personnel Records
(m) Job position description.
This CONDITION is not met as evidenced by: Based on record review and interview, the CPA failed to ensure that each employee's job description was included in the personnel record for one of the seven employee files reviewed (Employee #1).

S 105
Job Description:
The corrective action plan is that the Program Manager will follow up with Human Resources to ensure that employees' job descriptions are in their file prior to an employee's first day, even if it is an internal change of position.

Findings included:
On 07/27/18 at 10:20 AM, review of Employee #1's personnel record revealed no evidence of a completed and signed job description. During an interview on 07/27/18 at 2:00 PM, the PM indicated Employee #1 indicated that Employee #1 became the new ED on 06/20/18. The PM reviewed Employee #1's personnel record and confirmed that there was no signed job description within the personnel file.

At the time of the survey, the CPA failed to ensure that each employees record contained a signed job description.

S 109 1612.2 Staff Functions And Qualifications
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.

S 109
Regarding Employee #1, her job description was placed in her file. A copy is attached.

June 30, 2019

8/22/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LATIN AMERICAN YOUTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009
--	--

(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 109 Continued From page 2

S 109

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 condition for one of seven employees in the sample (Employee #1).

Findings included:

Review of personnel records on 07/27/18 at 10:20 AM revealed that Employee #1's file did not contain a physical examination as part of the record. Interview with the PM on 07/27/18 at 1:30 PM confirmed that Employee #1 did not have an updated physical examination in the personnel file.

At the time of the survey, the CPA failed to ensure that all employee files contained a completed physical examination.

Physical Examination:
The corrective action plan is that upon hire new staff members will be informed of the requirement of obtaining a written report of physical examination that reports on his or her physical and mental status every two years. The Program Manager in collaboration with Human Resources will audit the personnel files once a year to track staff compliance with this requirement.

S 344 1628.14(b) Social Services Related To Child Placing

S 344

(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

Regarding Employee #1, she will obtain a physical by 9/30/18 and the report will be placed in her file.

9/30/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LATIN AMERICAN YOUTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009
--	--

(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 344 Continued From page 3

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 social security number for one of the four FC (FC #2), and the CPA failed to include school records for one of the four FC (FC #5).

Findings included:

1. On 07/27/18 at 1:00 PM, review of FC #2's record revealed no evidence of a social security card. Further review revealed no evidence that the SW had applied for a social security card.
2. On 07/27/18 at 1:00 PM, review of FC #5's record revealed no evidence that a school report or school record had been obtained. During an interview on 07/27/18 at 1:30 PM, the PM stated that school records should be in each FC's record. Although there had been several requests from the SW to obtain FC #5's school report card and/or progress report, there was no evidence that the school record had been obtained.

At the time of the survey, the CPA failed to ensure that all FC records included all required documents.

S 344

Child Records:

The corrective action is that the Program Manager will audit case files on a quarterly basis to ensure that each child's record includes an updated physical examination report, social security number, birth certificate, and updated school records. For children and youth who do not have a social security number because they are undocumented, then the social worker will document in her notes the discussions with family and other team members around how to address the issue and possibly connect the child to an immigration attorney to adjust their immigration status.

Regarding FC #2, who did not have a copy of a social security card. She does not have one because she is undocumented. The social worker and the GAL are working with an immigration attorney to adjust her immigration status and make her eligible to have a social security card. The social worker will continue to enter communication and work around this issue into her contact notes in FACES.

8/22/18

S 464 1639.4(t) Foster Home Study

S 464

(t) Clearance with the child abuse and neglect registry and record of criminal convictions, if any;

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-000033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LATIN AMERICAN YOUTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009
--	--

(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 464 Continued From page 4

S 464

This CONDITION is not met as evidenced by: Based on record review and interview, the CPA failed to ensure that each home study report included the findings of criminal record checks for one of the four foster parent files reviewed (FP #2).

Findings included:

The CPA failed to ensure that each FP's record included a criminal background record check. On 07/27/18 at 11:50 AM, review of FP #2's records revealed no documented evidence of a CPR background check in the record.

At the time of the survey the CPA failed to ensure that all FP records contained a CPR criminal background check as required by the regulations.

Regarding FC #5, the social worker had requested the school record and it was obtained 7/26/18. It is in the file and attached here.

7/26/18

CPR background check:
The corrective action plan is that foster parent files will be audited on a quarterly basis to ensure that background checks are up to date, and that they are requested at least 30 days before they are due to expire.

Regarding FP#2, the foster parent had up to date clearances in her file, but her adult son's CPR clearance had expired. It had already been requested by the agency at the time of the audit but had not been received yet. It was received on 8/7/18. It is attached and a copy is in the file.

8/7/18