

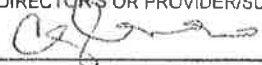
Health Regulation & Licensing Administration

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 08/11/2016
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NAME OF PROVIDER OR SUPPLIER LATIN AMERICAN YOUTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009
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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 000	Initial Comments An annual licensure survey was conducted on August 10, 2016, through August 11, 2016. The survey findings were based on record reviews and staff interviews. The sample sizes were six (6) personnel records based on a census of seven (7) employees and five (5) foster parent records based on a census of eight (8) foster parents/families and eight (8) foster child records based on a census of ten (10) foster child records, and (5) board member records based on a census of five (5) board members. Note: The below are abbreviations that may appear throughout the body of this report. Child & Family Services Agency - CFSA Child-Placing Agency - CPA Department of Health - DOH Purified Protein Derivative - PPD	S 000		
S 079	1609.1(c) Office Space (c) Storage areas for personnel and client records that provide controlled access, retrieval, and confidentiality. This CONDITION is not met as evidenced by: Based on observation and interview, the CPA failed to ensure storage for the agency's parent and children's records were provided in the licensed facility for seven (7) of seven (7) parent's records and ten (10) of ten (10) children's records. The findings include: On August 10, 2016, at 10:25 a.m., interview with	S 079	For storage space: The plan for corrective action is that the LAYC will move all client and foster parent files to the currently licensed location 1419 Columbia Rd NW, Washington, DC 20009 by Friday, October 7, 2016. In addition LAYC will apply for a Child Placing License for the location in which the foster program staff persons are situated. Once that license is obtained, the files will be returned and stored in secure storage containers in that location.	Received 9/22/16 cm

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Program Manager	(X6) DATE 9/12/16
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S 079	Continued From page 1 an individual working in the agency's reception's area revealed that he/she was not an employee of the CPA. The surveyor informed the individual that she/he was there to conduct the agency's annual licensure inspection. The surveyor contacted and spoke with the CPA's housing director and was told that his office was located at a different address from the address of office that was licensed. Additionally, the housing director noted that the parent and children's records were maintained at that same location. The housing director suggested that the inspection be conducted in the unlicensed facility. The surveyor notified the DOH supervisor at 10:58 a.m. to inform her of the aforementioned findings. The supervisor spoke with the housing director and verified that his office and the parent and children's records were maintained at a different address from what was submitted on the CPA's renewal application (licensed location). It should be noted that the housing director informed the surveyor's supervisor that he would obtain the records and bring them to the licensed site. Continued interview with the housing director, revealed that he would have to find a space that would be convenient for the inspection to be conducted. At the time of the survey, the CPA failed to ensure that the licensed facility provided storage space for their parent and children's records.	S 079		
S 464	1639.4(t) Foster Home Study (t) Clearance with the child abuse and neglect registry and record of criminal convictions, if any; This CONDITION is not met as evidenced by:	S 464		

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S 464	<p>Continued From page 2</p> <p>Based on record review and interview, the CPA failed to ensure each foster home household member had a clearance with the child abuse and neglect registry on file for one (1) of five (5) foster homes in the sample. (Foster parents #1 and #2's Household Members #1 and #2)</p> <p>The findings include:</p> <p>On August 10, 2016, beginning at 11:51 a.m., review of Foster Parent #1's record revealed two adult children were residing with the foster parent. Continued review of the record failed to provide evidence a child abuse and neglect clearance for the two adult children.</p> <p>Interview with the program manager on August 10, 2016, at approximately 1:16 p.m., revealed that the CFSA was the agency that makes the request for the clearances and then forwards the results to the CPA's office. Further discussion with the program manager revealed that the request was made for both foster parents and the household members at the same time on July 6, 2016.</p> <p>According to the program manager, the clearances had to be returned to CFSA due to an error, and the CPA is awaiting to hear from the CFSA.</p> <p>At the time of the survey, the CPA failed to ensure that the foster parents for Foster Child #1 had clearances from the Child Abuse and Neglect Registry.</p>	S 464	<p>For CPR checks: The plan of corrective action is that CPR checks will be requested 60 days before their expiration date. CPR checks take CFSA 30 days to process. The time frame of 60 days will allow for CPR checks to be processed by CFSA and returned to LAYC for any corrections, if needed, and returned to CFSA in a timely manner so that they can be renewed prior to their expiration dates.</p> <p>Regarding the outstanding CPR checks for the adult daughters of Foster Parents #1 and #2, LAYC received the completed CPR checks from CFSA by fax on 8/17/16. The clearance forms show that they were completed on 8/4/16 and that neither of the adult daughters is listed in the child protection register. They are attached.</p>	
S 465	<p>1639.4(u) Foster Home Study</p> <p>(u) A summary of reports from physical</p>	S 465		

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S 465	<p>Continued From page 3</p> <p>examination of each person in the household within six (6) months of the study which verifies that persons in the household do not have communicable diseases, any specific illness, or disabilities which would interfere with the family's ability to parent a child;</p> <p>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 a summary of physical examination reports verifying that within six (6) months of the study, each person in the household was clear of communicable disease, for one (1) of the six (6) foster parent files reviewed. (Parent #4)</p> <p>The findings include:</p> <p>On August 10, 2016, at 3:09 p.m., review of the home study report provided for Parent #4, dated March 9, 2016, revealed that Parent #4's physical examination was dated June 11, 2015.</p> <p>Interview with the program manager on August 10, 2016, at 3:09 p.m. revealed that the agency attain's a physical examination for the parents every two years and annually for the children.</p>	S 465	<p>For PPD: The of corrective action for PPD test results is that foster parents will be notified during the licensing process that they are required to obtain PPD test results within 6 months of their home study. LAYC will ensure that when completing a home study, there are documented medical records of a foster parent being free of communicable diseases.</p> <p>Foster Parent #4 had his last medical examination in June 2016. He has scheduled an updated physical examination on 10/20/16. Once the physical examination report is received, then it will be forwarded to DOH.</p>	
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