R. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X 1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ————————————————————————————————————		(X3) DATE SURVEY COMPLETED						
THE STREET ADDRESS CITY STATE, ZIP CODE 4406 GEORGIA AVENUE NW WASHINGTON, D. 20011 (MI ID SHAWARY STATEMENT OF DEFICIENCIES MACHINETON, D. 20011 (EACH DEFICIENCY Was 18 PERCEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION Sooo Initial Comments Initia			CPA-003				10/28/2014					
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An annual licensure survey was conducted on October 28, 2014. The sample sizes were thirteen (13) personnel records based on a census of thempt-six (26), seventeen (17) foster family records based on a census of thirty three (33). The survey findings were based on interviews and the review of records. Note: The below are abbreviations that may appear throughout the body of this report. Child Placing Agency - CPA Foster Child - FC Foster Family - FF FACES - FACES - NET (District of Columbia's Statewide Automated Child Welfare System Family and Children Electronic System) S 334 1628.6 Social Services Related To Child Placing Prior to accepting a child for any placement, a child-placing agency shall obtain written consent to place the child from the legally responsible person or entity which may be the birth parent, guardian, or court. 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 physician's reports and/or dental records, for three (3) of twenty one (21) foster children in the sample. (FC #1, FC #2, FC #3) The findings include: 1. On October 28, 2014, beginning at 11:44 a m.,	PREFI	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE					
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (XS) DATE	lealth Regula	tion & Licensing Adm1nist	rallon									

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: -B. WING_ **CPA-003** 10/28/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA AVENUE NW **LUTHERAN SOCIAL SERVICES OF NCA, INC** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) which also checks for applicable s 334 Continued From page 1 S 334 medical/dental documentation. Attached review of FC #1's court report revealed the most are the current dental documents for FC #1 recent physical examination was dated July 25. and FC #3, also current medical and dental 2014. At 1:05 p.m., the agency's record manager documentation for FC #2. confirmed the physical examination report was not available for review. 2. On October 28, 2014, at approximately 2:30 p.m., a listing from FACES (Note: FACES is the online database used by the government and its licensed agencies serving foster children) indicated FC #2 had gone for a physical examination on October 4, 2014 and a dental examination on July 14, 2014. Similarly, there was not a corresponding physical examination or dental reports to reflect the physician's or the dentist's findings, treatments rendered and/or recommendations. 3. On October 28, 2014, beginning at 2:50 p.m., review of FC #3's FACES report revealed the most recent physical examination was conducted on April 28, 2014, and the most recent dental examination was conducted on October 8, 2014. however FC #3's record did not reflect the physician's or the dentist's findings, treatments rendered and/or recommendations. On October 28, 2014 at approximately 3:10 p.m., the clinical supervisor revealed that all of the appointment dates for all of the foster children's physical and dental records are captured in FACES. When asked if the agency could retrieve a copy of the physical and dental examinations prior to the end of the survey, the clinical supervisor acknowledged that some of the dental and physical assessments are not in the record and could not be obtained prorto exit. At 4:05 p.m., the records manager indicated that the agency is in the process of revising the records

management system, and confirmed that the Health Regulation & Licensing Adm1n1strat1on

FORM APPROVED 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-003** 10/28/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA AVENUE NW LUTHERAN SOCIAL SERVICES OF NCA, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 2 s 334 S 334 above mentioned reports would not be available for review prior to the exit. S 481 - LSS has developed an excel 12/31/14 S 481 1640.3(c) Notification Regarding Application S 481 spreadsheet that will track the expiration date (every 2 years) for medical clearances (c) Updated medical reports on all members of the household; for foster families. The spreadsheet has conditional formatting that will alert staff This CONDITION is not met as evidenced by: (by changing the cell color) when the Based on record review and interview, the expiration date is within 120, 90, 60, 30 Child-Placing Agency (CPA) failed to ensure that days of expiration. When the 120 days to one (1) of the seventeen (17) foster family records reviewed had current medical reports for expiration notification is triggered, LSS will the five individuals residing in the home. (FF#1) issue a written notification to the applicable family (member) reminding The finding includes: them of the expiration date and advising them to get an updated physical. LSS Interview with the Quality Assurance Coordinator during the entrance conference on October 28, Quality Assurance will monitor the 2014, at 9:42 a.m., revealed that the agency spreadsheet monthly to assess the number required foster families and other individual living of families within 120 days of an item in the home to provide an updated physical expiring and to determine if timely written assessment every two years. notification was issued to the foster family. Attached are the current medical Review of FF#1's records on October 28, 2014, beginning at 2:52 p.m., revealed the most current documents for the biological children in medical assessments for all family members the identified home. LSS expects to have were dated September 13, 2012. the current medical documents for the parents in the identified home by 12/3/14. On October 28, 2014, at 4:20 p.m., the record manager confirmed that the most recent certificates on file for FF #1 were dated September 13, 2012 and needed to be updated.

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Homes

S 510 1643.3(b) Supervision Of Children In Foster

(b) Obtain age appropriate health supervision for child(ren) in care to include at least annual

S 510

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PRINTED: 11/13/2014 FORM APPROVED

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: -B. WING CPA-003 10/28/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA AVENUE NW LUTHERAN SOCIAL SERVICES OF NCA, INC. WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 510 – LSS will immediately start revising s 510 Continued From page 3 12/31/14 S 510 510 the structure of bi-monthly home visits, to medical and dental examinations. This incorporate conversation regarding supervision shall include emergency and routine medical/dental paperwork submission with medical care and correction of remedial medical problems of each child. foster parents. LSS will also develop a "Consent to Release Information Form", This CONDITION is not met as evidenced by: that will be completed by LSS staff for all Based on record review and interview, the CPA medical/dental appointments. The form failed to ensure that each foster child received an will identify the relationship between LSS annual medical and/or dental examination, for and the client. It will also contain contact three (3) of seventeen (17) foster children in the sample. (FC #4, #5, and #6) information for a contact person at LSS and a request for copies of all applicable The findings include: documentation from the appointment. LSS will continue its practice of monthly On October 28, 2014, beginning at approximately internal records audits, which also checks 10 20 a.m., record review revealed FC #4, #5 and #6 had medical assessments on March 18, 2014. for applicable medical/dental The medical assessments revealed documentation. Attached please find recommendations that FC #4, #5 and #6 be current dental documentation for FC #4, FC provided updated dental assessments. Continued #5, and FC #6. record review revealed no evidence that the dental appointments were scheduled or completed after that date. On October 28, 2014, at 11:40 a.m., the Quality Assurance Coordinator stated that he would consult the social worker and the records manager to determine the current status of the dental assessments recommended for FC #4,#5, and #6. On October 28, 2014 at approximately 3:10 p.m., the clinical supervisor revealed that all of the appointment dates for all of the foster children's physical and dental records are captured in FACES. When asked if the agency could retrieve a copy of the physical and dental examinations prior to the end of the survey, the clinical supervisor acknowledged that some of the dental and physical assessments are not in the record

Health Regulation & Licensing Administration

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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED						
		CPA-003	B. WING		10/28/2014						
	NAME OF PROVIDER OR SUPPLIER LUTHERAN SOCIAL SERVICES OF NCA, INC WASHINGTON, DC 20011										
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S 510	and could not obtain the records manage in the process of re- management syster	ned prior to exit. At 4:05 p.m., er indicated that the agency is vising the records m, and confirmed that the eports would not be available	S 510								

Health Regulation & Licensing Administration

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