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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		CPA-0069	B. WING		03/	23/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DDRESS, CITY, STATE, ZIP CODE				
IVAIVIE OI	FROMBEN ON OOL LEEN		DENSBURG				
PCC STI		WASHING	TON, DC 20	0018		7	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X5) COMPLETE DATE	
S 000	Initial Comments		\$ 000	<b>5000</b> - PCC Stride acknowled stated in the POC.	ges the census	nsus	
	A licensure survey was conducted on March 23, 2016. The survey findings were based on interview with administrators and review of personnel and administrative records, as well as the review of foster parent records.  The sample size was six (6) personnel records						
	based on a census (2) foster parent rec two (2) foster paren accept children.	of six (6) employees and two cords based on a census of ts who had been approved to	Topica and the state of the sta				
	Note: The below are abbreviations that may appear throughout the body of this report.  CPA - Child Placing Agency PD - Program Director						
S 009	The members of the Board shall include past consumers of services of a child-placing agency. There shall be a written policy statement providing for the rotation of Board members.  This CONDITION is not met as evidenced by: Based on interview and record review, the CPA failed to show evidence that its Board of Directors included "past consumers of services" of a CPA and that there was a written policy statement that addressed rotation of Board members, for five (5) of five (5) Board members.		S 009  Source of Directors  Source of Directors  Source of Directors Shall create a rote of board membership. As directed by			July 1, 2016	
				Directors will meet during the meeting to create a plan for rotation. Mrs.	l, the Board of heir next board membership give status on the		
				board change to the executi will in turn report to DOH of members.			
9	The finding includes	:					
	review of the roster while interviewing th (5) members of the	at 10:00 a.m., concurrent of current Board members e PD revealed that of the five Board of Directors, none (0)					
lealth Regula	ation & Licensing Adminis	tration FR/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE	

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Program 44GW11

If continuation sheet 1 of 16

Health Regulation & Licensing Administration (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 03/23/2016 **CPA-0069** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 009 S 009 Continued From page 1 July 2016 Consumers of them had past experience as a consumer of The board will do a recruitment afford to CPA services. In addition, the PD stated that she former consumers to serve on the board. was unaware of any written policy statement that addressed rotation of Board members. She indicated that she would telephone their corporate office to ask about these two issues. No additional information was shared however. before the survey ended at 3:20 p.m. that day. At the time of the survey, there was no evidence that past consumers of CPA services served on the Board of Directors and that the agency's policies provided for the rotation of Board members. Personnel Records April 30, S 094 S 094 1611.1(b) Personnel Records S094 - Personnel Records 2016 (b) Applicant's educational credentials The QA review process will include a review of (b) Applicant's educational credentials; all personnel files to ensure that all file entries are present. The review will occur every This CONDITION is not met as evidenced by: quarter starting on the April 2016 rotation. Based on record review and interview, the CPA The review rotation will be April, July, October failed to ensure that each personnel record included a copy of their educational credentials, and January of the year. for one (1) of six (6) employee records reviewed. Employee #5 A request of employee will be made to (Employee #5) Employee #5 to have an official transcript or letter of completion send to PCCS. The QA The finding includes: review mentioned above will be implemented as a part of it initial entry of an employee and Review of personnel records on March 23, 2016, ongoing every 3 months starting in April. beginning at 11:00 a.m., revealed that Employee #5's record had applied for employment on March 12, 2014. The application form indicated that he/she had received a bachelor's degree from Oakwood University in 2005 and a master's degree from Western Michigan University. Continued review of the personnel record, however failed to show evidence that the CPA had obtained the applicant's educational credentials for verification and inclusion in the

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: B. WING 03/23/2016 CPA-0069 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3001 BLADENSBURG ROAD NE **PCC STRIDE INC** WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 094 Continued From page 2 \$ 094 employee's file. Personnel - QA April 15, 2016 Maximus Onuoha has been detailed as the Interview with the PD on March 23, 2016, at QA Assurance officer for PCCS. 12:00 p.m. confirmed that a copy of the employee's educational credentials were not available for review. No additional information was shared before the survey ended at 3:20 p.m. that day At the time of the survey, there was no evidence that the CPA consistently obtained copies of educational credentials for inclusion in each applicant's file. 5095 - 1611 1c - Letters of Reference S 095 April 30, S 095 1611.1(c) Personnel Records All PCCS employees will have at least three 2016 letters of reference or reference forms. The (c) At least three (3) letters of reference; QA review and process will include a review of the number of reference letters or forms in This CONDITION is not met as evidenced by: the personnel files. Based on record review and interview, the CPA Employees #1, #4, #5, and #6 will be assessed failed to ensure that each personnel record for the number of references for the included at least three (3) letters of reference, for personnel file. four (4) of six (6) employee records reviewed. Employee #1 (Employees #1, #4, #5 and #6) PCCS acknowledges that the HR Dept received a list of references to follow up to receive The findings include: letters of reference or reference forms. One letter of reference was received and PCCS is Review of personnel records on March 23, 2016, waiting on the remaining references. beginning at 11:00 a.m., revealed the following: Employee #1's record included an application form, dated April 18, 2014, and documentation showing that he/she had been hired effective May 5, 2014. Continued review of the personnel record, however failed to show evidence that the CPA had obtained any letters of reference. II. Employee #4's record included an application form, dated October 5, 2015, and documentation

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PRÓVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING CPA-0069 03/23/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 095 S 095 Continued From page 3 Employee #4 PCCS acknowledges that the HR Dept received indicating that he/she had been hired on October a list of references to follow up to receive 5, 2015. Continued review of the personnel letters of reference or reference forms. One record, however failed to show evidence that the letter of reference was received and PCCS is CPA had obtained any letters of reference. waiting on the remaining references. Employee #5 III. Employee #5's record included an application PCCS acknowledges that the HR Dept received a list of references to follow up to receive form, dated March 12, 2014, and documentation letters of reference or reference forms. As of indicating that he/she had been hired effective May 9, 2014. Continued review of the personnel the writing of POC response, three reference forms were received on behalf of this record, however failed to show evidence that the employee. CPA had obtained any letters of reference. Employee #6 PCCS acknowledges that the HR Dept received IV. Employee #6's record included an application a list of references to follow up to receive form, dated December 7, 2010, and a letters of reference or reference forms. As of documentation indicating that he/she had been the writing of POC response, two reference hired effective January 10, 2011. Continued forms were received on behalf of this review of the personnel record revealed that the employee. CPA had obtained two (2) letters of reference. On March 23, 2016, beginning at 2:38 p.m., the PD was queried regarding the CPA's obtaining letters of reference. She replied "I don't know that. I will find out and will get back with you." She indicated that there might be additional records kept somewhere else. No additional information, however was shared before the survey ended at 3:20 p.m. that day At the time of the survey, there was no evidence that the CPA consistently obtained letters of reference for inclusion in each applicant's file. S096 - 1151.1 (d) Personnel Records S 096 \$ 096 1611.1(d) Personnel Records April 30. PCCS is aware that annual performance 2016 reviews must be completed on each (d) Annual performance evaluations signed by employee every year. both the employee and supervisor; This CONDITION is not met as evidenced by: Based on record review and interview, the CPA

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING. 03/23/2016 CPA-0069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 096 Continued From page 4 S 096 Employee #2 PCCS is aware that annual reviews must be failed to ensure that each personnel record included annual performance evaluations, for four present in the personnel files. The employee's supervisor (Board Chair) has been (3) of the five (5) longtime employee records reviewed. (Employees #2, #3 and #6) notified to complete an annual review. The HR manager will notify all directors by email to complete the annual by the close of August The findings include: each year. Employee #3 Review of personnel records on March 23, 2016, PCCS is aware that annual reviews must be beginning at 11:00 a.m., revealed that five (5) of present in the personnel files. The the CPA's six (6) employees (Employees #1, #2, employee's supervisor has been notified to #3, #5 and #6) had been employed for more than complete an annual review. The HR manager a year. Continued review revealed the following: will notify all directors by email to complete the annual by the close of August each year. Employee #2's record included annual A second reminder will occur prior to the performance evaluations for the years October close of the month by the 25th. 2007 - September 2008 through October 2011 -Employee #6 September 2012. Continued review of the PCCS is aware that annual reviews must be personnel record failed to show evidence that present in the personnel files. The performance evaluations had been prepared in employee's supervisor has been notified to the three (3) most-recent years. complete an annual review. The HR manager will notify all directors by email to complete II. Employee #3's record included annual the annual review by the close of August each : performance evaluations for the years September vear. 2009 - August 2010 through September 2013 -August 2014. Continued review of the personnel record failed to show evidence that a performance evaluation had prepared for the year ending August 2015. III. Employee #6's record included an included an annual performance evaluation for the year September 2012 - August 2013. Continued review of the personnel record, however failed to show evidence that performance evaluations had been prepared in the two (2) most-recent years. When the PD was queried regarding performance evaluations on March 23, 2016, at 2:44 p.m., she indicated that Employee #2 had discussed his/her performance with his/her immediate supervisor in

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-0069 03/23/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAĞ S 096 | Continued From page 5 S 096 more recent years. She acknowledged, however that those discussions had not been documented in written evaluations for inclusion in the employee's personnel file. The PD confirmed that Employee #3 had not received a performance evaluation for the year ending August 2015. She further indicated that she would telephone their corporate office to ask about Employee #6's performance evaluations. No additional information was shared however, before the survey ended at 3:20 p.m. that day. At the time of the survey, there was no evidence that the CPA consistently prepared annual performance evaluations for inclusion in each employee's file. S097 - 1161.1 (e) Personnel Records S 097 S 097 1611.1(e) Personnel Records PCCS has completed that personnel action April 30, forms and the documents were stored in 2016 (e) Record of any personnel actions; another file. The PAFs have been secured and placed in the personnel file for each This CONDITION is not met as evidenced by: employee. Based on record review and interview, the CPA failed to ensure that each personnel file included Employee #4 A request has been made to have a copy of a record of personnel actions, for two (2) of six the personnel action form. A letter of hire has (6) employee records reviewed. (Employees #4 been received and placed in the file. and #6) Employee #6 A request has been made to have a copy of The findings include: the personnel action form. A letter of hire has been received and placed in the file. Review of personnel records on March 23, 2016, PCCS's QA steps will be to ensure that PAF is beginning at 11:00 a.m., revealed the following: included in the personnel file with the day of the form is completed for a new position.

 Employee #4's record included an application form, dated October 5, 2015. Continued review of the personnel record failed to show evidence of a written "personnel action" of any kind that documented the hiring of Employee #4. [Note: the file itself had been marked with the employee's

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		CPA-0069	B WING		03/23/2016
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S 097	Continued From pa	ge 6	S 097		
	name and an October 5, 2015 date of hire on the visible tab (outside) that was used for filing purposes.]  II. Employee #6's record reflected that he/she had been hired as a case manager, effective January 10, 2011. Since that time, however the employee had been promoted to a senior administrative position. Continued review of the personnel record, however failed to show evidence of a written "personnel action" of any kind that documented the promotion.				4
	2016. At 2:42 p.m., not have a human rethere might be addisomewhere else. Si #6 had been promobefore the survey. At that she would make personnel actions; it	sonnel actions on March 23, she stated that the CPA did esources director and that tional records kept he also stated that Employee ted "close to two years" At 2:59 p.m., the PD stated e inquiries regarding nowever, no additional ared before the survey ended			
	At the time of the su that the CPA consis actions in each emp	urvey, there was no evidence tently recorded personnel ployee's file.			April 30,
S 099	1611.1(g) Personne	l Records	S 099	S099 - 1161.1 (g) Personnel Records The name of the immediate supervis	or is 2016
		vee's immediate supervisor;		listed on the letter of hire and the PAThe QA review will look for the PAThire to identify the person responsib	AF. or letter
	Based on record refailed to ensure that the name of the em	s not met as evidenced by: view and interview, the CPA t each personnel file included ployee's immediate (2) of six (6) employee records		supervising each employee. At the s the QA review period, the personnel will be reviewed for the presence of forms in the file.	tart of records

6899

Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 03/23/2016 CPA-0069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BLADENSBURG ROAD NE **PCC STRIDE INC** WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 099 \$ 099 Continued From page 7 reviewed. (Employees #2 and #4) The findings include: Review of personnel records on March 23, 2016, beginning at 11:00 a.m., revealed the following: I. Employee #2's record did not reflect the name of his/her immediate supervisor. II. Similarly, Employee #4's record also failed to reflect the name of his/her immediate supervisor. When queried about the aforementioned findings on March 23, 2016, at approximately 2:52 p.m., the PD acknowledged that Employee #2's and #4's records did not reflect the name of their immediate supervisors. During the discussion, it was noted that the CPA's Organizational Chart (not dated), which was designed as a flow chart, had lines that showed the immediate supervisor for each employee. However, at the time of the survey, the CPA failed to ensure that each employee's personnel file included the name of his or her immediate supervisor. S105 - 1161.1 (m) Personnel Records April 30, S 105 S 105, 1611.1(m) Personnel Records The job descriptions will be placed in file and 2016 are now compliant with the DOH's (m) Job position description. recommendations. As a practice, all job descriptions are in the DOH application for This CONDITION is not met as evidenced by: submission. Additionally, the job descriptions Based on record review and interview, the agency are given to each employee upon hire. failed to ensure that each employee's job The QA review process will include ensuring description was included in their personnel that all job descriptions are placed in the files. records, for six (6) of six (6) employee files The quarterly audits will begin in April 2016. reviewed. (Employees #1, #2, #3, #4, #5 and #6) The finding includes:

Health F	Regulation & Licensin	g Administration			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		CPA-0069	B. WING		03/23/2016
BOO STRIPE INC			DRESS, CITY, S DENSBURG STON, DC 20	Will	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
S 105	Review of personnel records on March 23, 2016, beginning at 11:00 a.m., revealed that none (0) of the six (6) personnel files reviewed included the employee's job position description.  When the PD was informed on March 23, 2016, at approximately 2:40 p.m., that there were no job descriptions in any employee's file, she replied "ok" and was observed to note the finding. The PD stated that job descriptions existed for each position and it was standard practice for the employee to review his or her job description with their supervisor at the time that performance evaluations were reviewed.  At the time of the survey, there was no evidence that the CPA consistently placed job position descriptions in each employee's personnel file.		S 105		
S 420	information obtaine face-to-face intervied. The home study proof the home study proof the home study proof the home study proof the failed to ensure the documented having (3) face-to-face interpretation foster care provider foster parent files referred the finding includes On March 23, 2016 review of the home	udy report shall include d in a minimum of three (3) ews with each foster parent. ocess shall include:  Is not met as evidenced by: view and interview, the CPA t each home study report incorporated at least three erviews with the prospective r, for one (1) of the two (2) eviewed. (Parent #2)	S 420	Foster Parent Records \$420 – The provider shall require that initial foster care home study report i documentation of at least three (3) fa face interviews with the prospective for care provider shall only use the service licensed home study social worker the certified in the SAFE home study stan writes the home study on the SAFE at forms. SAFE stands for Structured An Family Evaluation and it aids home structured, and uniform evaluation of prospective foster care applicant's. The study report in question was not compusing the SAFE standard and forms. The standard is accepted exclusively in Machada and so in the District of Columbia (Dathe DC Child and Family Services Ager (CFSA), which is the entity that license foster parents living in DC.	nclude ice-to- 2 roster

Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING: \_\_ B. WING 03/23/2016 CPA-0069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 420 The SAFE Home Study includes a specific S 420 Continued From page 9 methodology for completing a home study 2015, revealed the reports made no reference to and has its own forms to be used to write the applicant interviews. initial home study report. The forms prompts. the SAFE certified home study worker to take On March 23, 2016, beginning at 3:11 p.m., the specific actions and do certain things including PD was queried regarding home study reports. ensuring that three face-to-face interviews She reviewed Parent #2's home studies and are conducted. concurred that the reports failed to indicate the number and nature of interviews with the prospective foster parent. She stated that the CPA "always prefers" that their social workers visit the home for face-to-face interviews. At the time of the survey, the agency failed to ensure that each home study report documented at least three (3) face-to-face interviews with prospective foster care parents. April 30, S458 - The provider shall require that each S 458 S 458 1639.4(n) Foster Home Study 2016 initial foster care home study report include the prospective applicant's capacity to give (n) Applicants' capacity to give and receive and to receive affection. To ensure that this affection; occurs, the provider shall only use the services d of a licensed home study social worker that is This CONDITION is not met as evidenced by: certified in the SAFE home study standard and Based on record review and interview, the CPA writes the home study on the SAFE approved failed to ensure that each home study report forms. SAFE stands for Structured Analysis documented the prospective foster care Family Evaluation and it aids home study provider's capacity to give and receive affection, social workers in performing a thorough, for one (1) of the two (2) foster parent files structured, and uniform evaluation of reviewed. (Parent #2) prospective foster care applicant's. The home study in question was not completed using The finding includes: the SAFE standard and forms. The SAFE standard is accepted exclusively in Maryland On March 23, 2016, beginning at approximately and also in the District of Columbia (DC) by 2:00 p.m., review of the home study reports the DC Child and Family Services Agency provided for Parent #2, dated May 23, 2014 and (CFSA), which is the entity that licenses all May 15, 2015, revealed the reports made no foster parents living in DC. reference to the applicant's capacity to give and The SAFE Home Study includes a specific receive affection. methodology for completing a home study and has its own forms to be used to write the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		TE SURVEY MPLETED
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S 458	Continued From pa	ge 10	S 458	initial home study report. The		
	On March 23, 2016, beginning at 3:11 p.m., the PD was queried regarding home study reports. She reviewed Parent #2's home studies and concurred with the aforementioned findings.  At the time of the survey, the agency failed to			the SAFE certified home study worker to take specific actions and do certain things includin documenting the prospective applicant's capacity to give and receive affection.		
	ensure that each ho	ome study report documented er care parent's capacity to				
S 460 1639.4(p) Foster Home Study			S 460	<b>S460</b> — The provider shall re initial foster care home study	include written	April 30, 2016
	(p) Ability to provide for the child's physical and emotional needs;  This CONDITION is not met as evidenced by: Based on record review and Interview, the CPA failed to ensure that each home study report documented the prospective foster care provider's ability to provide for a child's physical and emotional needs, for one (1) of the two (2) foster parent files reviewed. (Parent #2)  The finding includes:			documentation of the prosper capacity to give and to receive ensure that this occurs, the pr	affection. To	1
				use the services of a licensed social worker that is certified home study standard and writ study on the SAFE approved forme study in question was nusing the SAFE standard and for stands for Structured Analysis Evaluation and it aids home st	in the SAFE res the home porms. The ot completed orms. SAFE Family	e ed
				workers in performing a thord and uniform evaluation of pro	ugh, structured, spective foster	
	2:00 p.m., review of provided for Parent May 15, 2015, revea	beginning at approximately the home study reports #2, dated May 23, 2014 and aled the reports made no dicant's ability to provide for a emotional needs.		care applicant's. The SAFE sta accepted exclusively in Maryla the District of Columbia (DC) is and Family Services Agency (C the entity that licenses all fost in DC. The SAFE Home Study include	and and also in by the DC Child FSA), which is er parents living	
	On March 23, 2016, PD was queried reg	beginning at 3:11 p.m., the arding home study reports. It #2's home studies and		methodology for completing a and has its own forms to be us home study report. The forms SAFE certified home study wo specific actions and do certain	home study sed to write the s prompts the rker to take things including	The state of the s
		rvey, the agency failed to me study report documented		documenting the prospective ability to provide for a child's period emotional needs.		j

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-0069 03/23/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 460 S 460 | Continued From page 11 the prospective foster care parent's ability to provide for a child's physical and emotional needs. \$ 467 S 467 1639.4(w) Foster Home Study **S467** – The provider shall require that each initial foster care home study report include April 30, (w) The applicants' economic situation including documentation of the applicant's economic 2016 situation including a description of his income, current sources of income, assets, and liabilities; assets, and liabilities. To ensure that this occurs, the provider shall only use the services This CONDITION is not met as evidenced by: of a licensed home study social worker that is Based on record review and interview, the CPA certified in the SAFE home study standard and failed to ensure that each home study report writes the home study on the SAFE approved included the applicant's economic situation (to forms. The home study report in question include income, assets and liabilities), for two (2) was not completed using the SAFE standard of the two (2) foster parent files reviewed. and forms. SAFE stands for Structured (Parents #1 and #2) Analysis Family Evaluation and it aids home study social workers in performing a The findings include: thorough, structured, and uniform evaluation of prospective foster care applicant's. The I. On March 23, 2016, beginning at 1:30 p.m., home study in question was not conducted review of the home study report provided for using the SAFE standard and forms. The SAFE Parent #1, dated June 5, 2013, revealed the standard is accepted exclusively in Maryland report identified the applicant's place of and also In the District of Columbia (DC) by employment; however, it made no reference to the DC Child and Family Services Agency his/her economic situation. (CFSA), which is the entity that licenses all foster parents living in DC. II. At 2:00 p.m., review of Parent #2's home study The SAFE Home Study includes a specific reports, dated May 23, 2014 and May 15, 2015, methodology for completing a home study and has its own forms to be used to write the revealed that while they identified the applicant's initial home study report. The forms prompts place of employment, the reports made no reference to his/her economic situation (including the SAFE certified home study worker to take specific actions and do certain things including income, assets and liabilities). documenting a prospective applicant's economic situation. When the PD was queried regarding home study reports on March 23, 2016, beginning at 3:11 p.m., she reviewed the aforementioned findings and acknowledged that the reports did not reflect the applicants' economic situation. She did, however, find additional documentation

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING CPA-0069 03/23/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 467 S 467 Continued From page 12 elsewhere in the parent's files showing an outline of each parent's income and expenses. At the time of the survey, the agency failed to ensure that each home study report documented the prospective foster care parent's economic situation (including income, assets and liabilities). S 468 \$468 - The provider shall require that each S 468 1639.4(x) Foster Home Study initial foster care home study include written April 30, documentation of the prospective applicant's (x) A minimum of three (3) personal and 2016 personal and community references and that community character references; the home study social worker either conduct face-to-face or telephonic interviews in order This CONDITION is not met as evidenced by: to verify each reference. To ensure that this Based on record review and interview, the CPA occurs, the provider shall only use the services failed to ensure that each home study report of a licensed home study social worker that is documented the prospective foster care certified in the SAFE home study standard and provider's personal references, for one (1) of the writes the home study on the SAFE approved two (2) foster parent files reviewed. (Parent #2) forms. SAFE stands for Structured Analysis Family Evaluation and it aids home study The finding includes: social workers in performing a thorough, structured, and uniform evaluation of On March 23, 2016, beginning at approximately prospective foster care applicant's. The home 2:00 p.m., review of the home study reports study in question was not conducted using provided for Parent #2, dated May 23, 2014 and the SAFE standard and forms. The SAFE May 15, 2015, revealed the reports made no standard is accepted exclusively in Maryland reference to the applicant's personal and and also in the District of Columbia (DC) by the DC Child and Family Services Agency community character references. Continued (CFSA), which is the entity that licenses all review of Parent #2's file, however, revealed that foster parents living in DC. three (3) individuals had provided personal The SAFE Home Study Includes a specific references (favorable) for the applicant. methodology for completing a home study and has its own forms to be used to write the On March 23, 2016, beginning at 3:11 p.m., the home study report. The forms prompts the PD was queried regarding home study reports. SAFE certifled home study worker to take She reviewed Parent #2's home studies and specific actions and do certain things including concurred with this surveyor's findings. verifying and documenting all required references in the home study report. At the time of the survey, the agency failed to ensure that each home study report documented

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ B. WING 03/23/2016 CPA-0069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 468 S 468 Continued From page 13 the findings of at least three (3) personal and community character references obtained for the prospective foster care parent(s). \$471 - The provider shall require that each S 471 S 4711 1639.4(aa) Foster Home Study initial foster care home study report include a description of the prospective applicant's April 30, (aa) Description of the home and neighborhood home and neighborhood including sleeping 2016 (sleeping accommodations, recreational or study accommodations, recreational or study areas, areas, storage space, housekeeping, health, and storage space, housekeeping, health, and safety standards, if applicable and available safety standards, and available resources in resources in the community); the community. To ensure that this occurs, the provider shall only use the services of a This CONDITION is not met as evidenced by: home study social worker that is certified in Based on record review and interview, the CPA the SAFE home study standard and writes the failed to ensure that each home study report home study on the SAFE approved forms. included a description of the applicant's home (to SAFE stands for Structured Analysis Family include sleeping accommodations, study areas, Evaluation and it aids home study social storage space and housekeeping standards), for workers in performing a thorough, structured, two (2) of the two (2) foster parent files reviewed. and uniform evaluation of prospective foster (Parents #1 and #2) care applicant's. The home study in question was not completed using the SAFE standard or forms. The SAFE standard is accepted The findings include: exclusively in Maryland and also in the District of Columbia (DC) by the DC Child and Family I. On March 23, 2016, beginning at 1:30 p.m., Services Agency (CFSA), which is the entity review of the home study report provided for that licenses all foster parents living in DC. Parent #1, dated June 5, 2013, revealed the The SAFE Home Study includes a specific report failed to describe the applicant's home. methodology for completing a home study and has its own forms to be used to write the II. At 2:00 p.m., review of Parent #2's home study home study report. The forms prompts the reports, dated May 23, 2014 and May 15, 2015, SAFE certified home study worker to take revealed that while they identified the applicant's specific actions and do certain things including neighborhood, the reports failed to describe the providing a description of the prospective applicant's home. applicant's home and neighborhood. When the PD was queried regarding home study reports on March 23, 2016, beginning at 3:11 p.m., she reviewed the aforementioned findings and acknowledged that the reports did not describe the applicants' homes.

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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-0069 03/23/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3001 BLADENSBURG ROAD NE PCC STRIDE INC WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S 471 Continued From page 14 S 471 At the time of the survey, the agency failed to ensure that each home study report provided a description of the applicant's home (to include sleeping accommodations, study areas, storage space and housekeeping standards). 5472 - The provider shall require that each S 472 \$ 472 1639.4(bb) Foster Home Study initial foster care home study report include April 30, 2016 the prospective applicant's plan for substitute (bb) Plan for substitute child care if parent is child care if the parent is absent from home absent from home for work or other reasons; and for work or other reasons. To ensure that this occurs, the provider shall only use the This CONDITION is not met as evidenced by: services of a licensed home study social Based on record review and interview, the CPA worker that is certified in the SAFE home failed to ensure that each home study report study standard and writes the home study on documented the prospective foster care the SAFE approved forms. SAFE stands for provider's plan for substituted child care if he/she Structured Analysis Family Evaluation and it is absent from the home, for one (1) of the two (2) aids home study social workers in performing foster parent files reviewed. (Parent #2) a thorough, structured, and uniform evaluation of prospective foster care The finding includes: applicant's. The home study in question was not completed using the SAFE standard and forms. The SAFE standard is accepted On March 23, 2016, beginning at approximately 2:00 p.m., review of the home study reports exclusively in Maryland and also in the District provided for Parent #2, dated May 23, 2014 and of Columbia (DC) by the DC Child and Family May 15, 2015, revealed the reports indicated the Services Agency (CFSA), which is the entity applicant worked part time hours in order for that licenses all foster parents living in DC. him/her to be available to spend time with a foster The SAFE Home Study includes a specific child. The reports, however, made no reference methodology for completing a home study and has its own forms to be used to write the to the a plan for substituted child care in the event home study report. The forms prompts the that he/she is unavailable to be home for any SAFE certified home study worker to take reason. specific actions and do certain things including documenting the prospective applicant's plan On March 23, 2016, at 3:25 p.m., the PD for substitute child care during their absence. reviewed Parent #2's home studies and concurred with this surveyor's findings. She further indicated that an updated home study would be conducted if/when a foster child or siblings were identified for potential placement in

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: CPA-0069 B. WING 03/23/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3001 BLADENSBURG ROAD NE **PCC STRIDE INC** WASHINGTON, DC 20018 (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG S 472 S 472 Continued From page 15 Parent #2's home. At the time of the survey, the agency failed to ensure that each home study report reflected a plan for substituted child care if the prospective foster care parent(s) is absent from the home for work or other reasons.

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