

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2012
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NAME OF PROVIDER OR SUPPLIER NATIONAL CHILDREN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6809 9TH ST, NW WASHINGTON, DC 20012
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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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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted May 9, 2012 through May 10, 2012. A sample of three residents was selected from a population of five men with various intellectual disabilities.</p> <p>The findings of the survey were based on observations and interviews with staff and residents, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	I 000	<p>POC FOR I 206 3509.6 Personnel Policies</p> <p>Specific Corrective Action: A copy of the current health care certificates for direct support staff and consultants will be obtained and on file prior to 07/02/2012. Staff members who fail to submit a current health care certificate on or before 07/02/2012 will be placed on administrative leave until a copy is received.</p> <p>Identification of Others Potentially Effected by the Same Deficient Practice: On 5/25/2012 an internal audit of personnel records was completed by NCC's quality assurance staff members. A complete listing of staff members and consultants who do not have a current health care certificate was developed on 05/30/2012 by the Director of Community Living. A memo was drafted to notify staff members of the need for a current health care certificate on 06/01/2012. Any employee/consultant that fails to submit a copy of a current health care certificate on or before 07/02/12 will be placed on administrative leave until the required document is submitted.</p> <p>Systematic Response: In order to ensure this deficient practice does not reoccur in the future an audit of the personnel records will occur semi-annually effective 05/2012. Any issues of non-compliance will be addressed by the Human Resources Staff and the Director of Community Living within 2 weeks of the audit.</p>	
I 206	<p>3509.6 PERSONNEL POLICIES</p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all employees and health care professionals had current health certificates, for 6 out of 13 direct support staff and 1 of 2 consultants. (Staff #1, #2, #3, #5, #9, and #13 and Nutritionist)</p> <p>The findings include:</p> <p>On May 10, 2012, beginning at 10:25 a.m., review of the personnel records failed to show evidence</p>	I 206	<p>Additionally the Human Resource Recruiter will receive a communication from the Director of Community Living on or before 06/13/2012 requesting that she always ensures that staff members/consultants have a current copy of a health care certificate on file prior to officially hiring them.</p> <p>Monitoring of Corrective Actions: Tracking of completed health care certificates will be completed weekly until 07/02/2012 by the Community Living Director. On 07/02/2012 staff members that have not turned it in will go on administrative leave. Semi-Annual audits will be completed and results will be sent to the Director of Community Living.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Soph CLS Director TITLE _____ (X6) DATE 6/16/12

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I 206	Continued From page 1 of a current physician's health inventory/certificate for Consultant #1 and direct care staff #1, #2, #3, #5, #9, and #13. On May 10, , 2012, at 11:30 a.m., the agency RN, Compliance Manger acknowledged that there was no evidence of health inventories performed by a physician for the aforementioned personnel. She stated she would seek additional information from their corporate office.	I 206		

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R 125	<p>4701.5 BACKGROUND CHECK REQUIREMENT</p> <p>The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the employee has worked or resided within the seven (7) years prior to the checks, for one (1) out of thirteen program Staff #8, and one(1) of two (2) consultant staff. (Nutritionist)</p> <p>The finding includes:</p> <p>Interview with the agency RN, Compliance Manager and review of the personnel records on May 10, 2012, beginning at approximately 11:25 a.m. revealed the GHPID failed to provide evidence that criminal background checks were conducted in all jurisdictions where staff worked within the past seven years for Staff #8 and the Nutritionist.</p>	R 125	<p>POC FOR R 125 4701.5 Background Check Requirement</p> <p>Specific Corrective Action: A criminal background check for the direct support staff and the consultant will be requested immediately <input type="checkbox"/>obtained and on file prior to 07/02/2012. This will be completed by the <input type="checkbox"/>Human Resources Recruiter. If the background check results in findings that eemptempt the employee from hire the employee will be terminated.</p> <p>Identification of Others Potentially Effected by the Same Deficient Practice: On 5/25/2012 an internal audit of personnel records was completed by NCC's quality assurance staff members. A complete listing of staff members and consultants who do not have a criminal background check as required was developed on 05/30/2012 by the Director of Community Living. This listing was forwarded to the <input type="checkbox"/>Human Resources Recruiter for follow up on 06/05/2012.</p> <p>Systematic Response: In order to esnure this deficient practice does not continue a review of the personnel records will be completed semi-annually effective 05/2012 Any issues of non-complaine will be addressed by the <input type="checkbox"/>Human Resource staff and the Director of Community Living within 2 weeks of the audit.</p> <p>Additionally <input type="checkbox"/>the <input type="checkbox"/>Human Resource Recruiter will recieve a communication from the Director of Community Living on or before 06/13/2012 requesting that she always ensures staff members have the required criminal background checks on file prior to offically hiring them.</p> <p>Monitoring of Corrective Actions: Semi-Annual audits will be completed and the results will be sent to the Director of Community Living for follow up. The Director of Community Living will follow up with the <input type="checkbox"/>Human Resources Recruiter at least 1 <input type="checkbox"/>weekly until the results of the background check have been recieved and reviewed.</p>

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TITLE

(X6) DATE

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

STATE FORM

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If continuation sheet 1 of 1