

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  DD0239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/25/2014
NAME OF PROVIDER OR SUPPLIER  SECOND FAMILY, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785		
(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
Y 000	Initial Comments  On July 23, 2014 through July 25, 2014 a Focused Survey was conducted to determine the licensee's compliance with applicable COMAR regulations 14.31.05-07, 10.27.11 and 10.22.02. Survey activities included the review of program and medical records of 8 individuals including interviews and observations as well as interviews and observations of administrative and support staff. Although a number of site visits may have included multiple visits, initial site visits were conducted at 5 of 9 residential sites. The licensee census at the time of the survey was 34 children.	Y 000		
Y2335 SS=K	14.31.06.05F1 Personnel Admin: Trng: 40 Hrs Initial Annual  .05 Personnel Administration.  F. Training of Child Care Workers.  (1) Each employee who provides direct care to children shall receive a minimum of 40 hours of initial and annual training.  This Regulation is not met as evidenced by: Global  Review of staff training records provided by human resources, revealed that the following staff persons _____ did not have the 40 hours of initial training required before working with the children in the survey sample.	Y2335		
Y2370 SS=K	14.31.06.05F3d Personnel Admin: Trng: Abuse and Neglect	Y2370		

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

TITLE

(X6) DATE

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  DD0239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/25/2014
NAME OF PROVIDER OR SUPPLIER  SECOND FAMILY, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785	
(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)
Y2370	<p>Continued From page 1</p> <p>.05 Personnel Administration.</p> <p>F. Training of Child Care Workers.</p> <p>(3) The training of employees who may provide direct care to children shall include:</p> <p>(d) Child abuse and neglect identification and reporting, including training in accordance with any curriculum provided by the licensing agency regarding specific aspects of child abuse and neglect prevention and reporting in residential programs;</p> <p>This Regulation is not met as evidenced by: Global On 7/23/14, review of the records and interview with the agency nurse and social worker revealed that 4 newly admitted individuals had been transferred to a hospital emergency room. Two of these individuals were admitted for treatment. These incidents occurred on On July 23, 2014 a search of the Provider Consumer Information System 2 (PCIS2), utilized by providers to report incidents, revealed that the provider failed to report these incidents as required. On 7/25/14, another interview with the agency nurse and social worker revealed that they were attempting to report the incidents, but were having technical problems. They stated the incidents would be reported by close of business on the following day. Another check of PCIS2 on 7/28/14 revealed that the incidents still had not been reported. This deficiency also applies to Tag# Y4995 &amp; #Y5910.</p>	Y2370	

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  DD0239	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/25/2014
NAME OF PROVIDER OR SUPPLIER  SECOND FAMILY, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785		
(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
Y2405	Continued From page 2	Y2405		
Y2405 SS=K	14.31.06.05F3k Personnel Admin: Trng: Spec Needs of Popu  .05 Personnel Administration.  F. Training of Child Care Workers.  (3) The training of employees who may provide direct care to children shall include:  (k) Special needs of the population served:  This Regulation is not met as evidenced by: Global  On 7/3/2014, the licensee admitted 8 individuals to its residential program with the following complex medical needs:  ... Review of medical records and interview with the agency nurse revealed that the staff had not been trained on the medical/nursing needs of the children. An immediate notification was given to the licensee's Director of Nursing because the Executive Director was not available at the time of the survey.	Y2405		
Y4995 SS=K	14.31.06.18A4 Rcd N Rpt: Gen Req: 48 Hrs-Inci Rpt-Inj/Hosp  .18 Reports and Records.  A. General Requirements. The licensee shall:  (4) Within 48 hours after the hospitalization or an	Y4995		

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  DD0239	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/25/2014
NAME OF PROVIDER OR SUPPLIER  SECOND FAMILY, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785		
(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
Y4995	Continued From page 3  incident resulting in the serious injury or death of a child, submit a critical incident report to the licensing agency and the placing agency;  This Regulation is not met as evidenced by: Global See deficiency statement under tag #Y2370.	Y4995		
Y5910	14.31.07.08K4 Spec Lic Std: DD: Policy: Incident Rptg  .08 Programs for Children With Developmental Disabilities.  K. Policies and Procedures. A licensee shall develop and adopt written policies and procedures in addition to those policies and procedures required in COMAR 14.31.05 to ensure:  (4) The reporting and investigation of all incidents, including those involving life-threatening conditions, in accordance with the Developmental Disabilities Administration's procedures on reportable incidents;  This Regulation is not met as evidenced by: Global  See deficiency statement under tag #Y2370.	Y5910		
N 130 SS=K	10.27.11.03.D2 Crit-Nursing Task competency to perform task	N 130		

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  DD0239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/25/2014
NAME OF PROVIDER OR SUPPLIER  SECOND FAMILY, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785		
(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
N 130	Continued From page 4  .03 Criteria for Delegation.  D. When delegating a nursing task to an unlicensed individual or certified nursing assistant, the nurse shall:  (2) Either instruct the unlicensed individual or certified nursing assistant in the delegated task or verify the unlicensed individual's or certified nursing assistant's competency to perform the nursing task:  This Regulation is not met as evidenced by: Global On 7/3/2014 the licensee admitted 8 individuals with the following complex medical needs  to its residential program. Review of medical records and interview with the agency nurse revealed that the nursing care plans have not been updated and staff has not been trained on the nursing needs of the individuals. An immediate notification was given to licensee Director of Nursing because the Executive Director was not available at the time of the survey.	N 130		
N 285	10.27.11.05.A4 Nurs Func-Req Skil May Not B Del-Dev of plan  .05 Nursing Functions.  A. The following nursing functions require nursing knowledge, judgment, and skill and may not be	N 285		

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  DD0239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/25/2014
NAME OF PROVIDER OR SUPPLIER  SECOND FAMILY, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785	
(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)
N 285	<p>Continued From page 5</p> <p>delegated:</p> <p>(4) Development of the nursing care plan;</p> <p>This Regulation is not met as evidenced by: Global On 7/3/2014 the licensee admitted 8 individuals to its residential program with the following complex medical needs:</p> <p>j. Review of medical records and interview with the agency nurse revealed that the nursing care plans have not been updated. Notification was given to licensee Director of Nursing because the Executive Director was not available at the time of the survey .</p>	N 285	