

OFFICE OF LICENSING AND MONITORING

Child Placement Agency Report Summary

Information

Email of Chief Administrator Emily	Name of Chief Administrator Emily	Provider Organization Fou
Emily.Meyers@healthconnectamerica.com	Emily Meyers	Foundations for Home and Community

CPA Office Information

Name/Address	License Capacity	Total DHS Contract Limit	DHS Census	DJS Census	Other	License#	Date of Site
Foundations for Home and Community					census	Exp Date	nspection
10001 Derekwood Lane, Suite 208 Lanham, MD 20706	Unlimited	90	53	0	0	240 01-29-2026	11-19-2024

Contracting Agency(s)
Maryland Department of Human Services (DHS)

Licensing Information

		COMAR Citations
	ACTIVE	Current Status of License
	Quarterly	Type of Inspection
re	Treatment Foster Care	License Type
Maryland Department of Human Services	Maryland Depar	Licensing Agency

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(CAP = Corrective Action Plan)

			Nama	
	1	fInformation	Office of Licensing and Monitoring Staff Information	Office of Licensin
sing documentation of the	Three staff records were missing documentation of the 30 annual training hours	<i>TFC: Annual Training 30 Hours</i> 07.02.21.05 C & 07.05.01.13 B(7)		
s missing the signed	One foster parent record was missing the signed agreement	Signed Agreement 07.05.02.13 A (8)		
eeting was not held with 30 nissing required signatures	The Initial Treatment Plan meeting was not held with 30 days of placement and was missing required signatures in one youth record	Initial Treatment Plan 07.02.21.08 A 91)		safety risks for children based on impact, scope, and frequency.
ve documentation of	One youth record did not have documentation of education	Education 07.05.02.18 D(8)		violations which DO NOT present imminent
as missing the required	One youth treatment plan was missing the required signatures	Con't Treatment Plan 07.02.21.08 A(2) & 07.02.21.11		This Provider was cited for the listed COMAR
; were not notified in in 120 days after the date	Two foster parent applicants were not notified in writing of the decisions within 120 days after the date on the signed application.	Application & Consent 07.05.02.13A(7)		
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CAP	One staff member was missing required medical examination and TB test	Medical Examination / TB Test 07.05.01.13 B(4) & 07.05.01.13 C		
CAP	One youth record was missing documentation of immunizations	Immunization 07.05.02.17 A		
CAP	One foster parent home was missing Health & Sanitary inspection	Health & Sanitary 07.05.02.13 A(8)		corrective action plan has been implemented.
CAP	Three youth records were missing weekly progress notes	Foster Parent Progress Notes 07.02.21.10 D		impact, scope, and frequency. These issues are either
САР	Two youth records were missing recent vision and/or dental examination.	Dental / Vision 07.05.02.17 A(2) & (7)	5001490	for the listed COMAR violations which MAY present safety risks for children based on
Citation Status (Resolved/CAP)	Comment	COMAR Citation	CPA Site	This Provider was cited

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Name

Role

Email

Date

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Acting Deputy Executive Director	Licensing Specialist
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12/25/2024	12.23.2024