

# COUNTY OF LOS ANGELES DEPARTMENT OF AUDITOR-CONTROLLER

KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET, ROOM 525 LOS ANGELES, CALIFORNIA 90012-2766 PHONE: (213) 974-8301 FAX: (213) 626-5427

J. TYLER McCAULEY AUDITOR-CONTROLLER

November 18, 2003

TO: Supervisor Yvonne Brathwaite Burke, Chair Supervisor Gloria Molina Supervisor Zev Yaroslavsky Supervisor Don Knabe Supervisor Michael D. Antonovich

FROM: J. Tyler McCauley Auditor-Controller

## SUBJECT: GROUP HOME PROGRAM MONITORING REPORT - THE SHERMAN GROUP, INC., 30TH STREET WEST YOUTH CARE CENTER, ALMOND YOUTH CARE CENTER, AND HERMOSA YOUTH CARE CENTER

We have completed a review of three homes operated by The Sherman Group Inc., 30<sup>th</sup> Street West, Almond, and Hermosa Youth Care Centers. Each home contracts with the Department of Children and Family Services (DCFS) and the Probation Department (Probation).

30<sup>th</sup> St. West is a six-bed facility located in the Fifth Supervisorial District that provides care for boys ages 12-17 years who exhibit behavioral, social, and emotional difficulties. At the time of the monitoring visit, 30<sup>th</sup> St. West was providing services for five children from Los Angeles County Probation and one child from Inyo County Probation.

Almond and Hermosa are six-bed facilities located in the Fifth Supervisorial District that provide care for girls ages 12-17 years who exhibit behavioral, social, and emotional difficulties. At the time of the monitoring visit, Almond and Hermosa were each providing services for six children from Los Angeles County Probation.

# Scope of Review

The purpose of the review was to verify that the three homes were providing the services outlined in their Program Statement. Additionally, the review covered basic child safety and licensing issues and included an evaluation of each home's Program Statement, internal policies and procedures, child case records, a facility inspection, and interviews with two children placed in each of the respective facilities at the time of the reviews.

The interviews with the residents were designed to obtain their perspectives on the program services provided by the home and to ensure its adherence to the Foster Youth Bill of Rights.

## Summary of Findings

The review disclosed a substantial number of areas where improvements are needed.

All three homes need to make repairs to their facilities; properly label and store food; provide an initial assessment for each child; improve Needs and Services Plans and/or Quarterly Reports; provide Individualized Education Plans; maintain current court authorizations for psychotropic medications and provide documentation of monthly psychotropic medication; maintain accurate and comprehensive medication distribution logs; give each resident at least the required minimum weekly allowance; and offer each resident a life book.

In addition, to the above-noted problem areas, each home has other areas where improvement is needed.

# 30<sup>th</sup> St. West

30<sup>th</sup> St. West needs to supply age-appropriate reading material; retain sufficient documentation to assess if residents meet the program's placement criteria; retain copies of residents' report cards and/or progress reports; and provide all age-appropriate residents the opportunity to participate in emancipation services and programs.

#### Almond

Almond needs to provide age-appropriate recreational equipment and age-appropriate reading material; retain sufficient background information to assess if each resident meets the program's placement criteria; and provide each resident with a bathrobe.

#### Hermosa

Hermosa needs to provide age-appropriate recreation equipment; retain copies of each resident's report cards and/or progress reports.

Attached are detailed reports of the findings for each home.

# Review of Report

We discussed our report with the Agency's management. The Agency's management is required to provide DCFS with a written corrective action plan within fifteen business days from receipt of this report. We thank management and staff for their cooperation during our reviews.

If you have any questions, please contact me, or have your staff contact Patrick McMahon at (213) 974-0729.

JTM:PM:CC

c: David E. Janssen, Chief Administrative Officer Violet Varona-Lukens, Executive Officer Public Information Office Audit Committee David Sanders, Ph.D., Director, DCFS Richard Shumsky, Chief Probation Officer Willie R. Sherman, Chief Executive Officer, The Sherman Group, Inc. THE SHERMAN GROUP, INC. 30<sup>th</sup> Street West Youth Care Center 42406 30<sup>th</sup> Street West Lancaster, CA 93536 (661) 718-2309 License No.: 197602748 Rate Classification Level: 10

#### I. FACILITY AND ENVIRONMENT

(Facility Based - No Sample)

#### Method of assessment – Observation and resident interviews

#### Sample size for resident interviews: Two

#### Comments:

30<sup>th</sup> Street West Youth Care Center (30<sup>th</sup> St. West) is a group home operated by the Sherman Group, Inc. Located on a corner lot in a newly developed community, the home is attractive and blends well with other houses on the block. The backyard offers the residents a large play area, but there were no (front/back) lawns. The development of the outside area was discussed during the exit conference with management who indicated that it was in their future plans to plant the areas.

The interior of the home was generally neat and clean with comfortable and well maintained furnishings. The bedrooms were spacious, comfortable, and decorated by the residents with pictures, posters, toys, and knick-knacks. However, there were several areas needing attention.

In the game room, the three-light ceiling fixture was missing three light bulbs and the carpeting in the room was stained with small holes throughout. The light strip on the living room ceiling had several lights not working. In the kitchen, the kitchen stove was missing the burner control knobs and the cabinet drawer to the left of the stove was broken. The tub enclosure door in the resident bathroom jammed becoming ajar when slid open and closed.

The lighting in bedrooms number one, two, and three was dim. In bedroom number two, there were no lamps or ceiling fixtures and the sliding closet doors were missing.

The facility had a basketball court, balls, and weightlifting equipment. However, the metal weight plates needed to be secured when not being used and supervised. The home had encyclopedias, but an insufficient amount of other age-appropriate books and reading material. There was a VCR, cable and satellite TV, and a Super Nintendo.

There was a sufficient supply of frozen food, meat, canned goods, bakery items, and fresh fruit. The food was accessible, but there were several unlabeled bags of frozen bulk food items.

## **Recommendations**

- 1. 30<sup>th</sup> St. West management:
  - a. Replace missing and burned out light bulbs throughout the facility as needed.
  - b. Repair/replace the game room carpeting.
  - c. Replace the burner control knobs on the kitchen stove.
  - d. Repair the kitchen cabinet drawer next to the stove.
  - e. Repair the sliding tub enclosure door in the residents' bathroom.
  - f. Provide sufficient lighting in each resident's bedroom.
  - g. Replace the missing closet doors in bedroom number two.
  - h. Secure the metal weightlifting plates when not being used and supervised.
  - i. Supply age-appropriate reading material and books for residents.
  - j. Properly label frozen food.

## II. PROGRAM SERVICES

## Method of assessment – Review of relevant documents and resident interviews

## Sample size for resident interviews: Two

## Comments:

One child met the criteria for placement in 30<sup>th</sup> St. West and had an initial assessment on file. The other resident did not have an initial assessment or sufficient documentation in his case file to accurately assess appropriate placement. Both residents had current Needs and Services Plan (NSPs) that were realistic, measurable, and time specific. The children and their placement workers were participants in the development and updating of the NSPs.

Neither resident had a current Quarterly Report.

Both residents were receiving individual and group therapy.

#### **Recommendations**

- 2. 30<sup>th</sup> St. West management:
  - a. Provide an initial assessment for each child.
  - b. Retain sufficient documentation to assess if each resident meets the program's placement criteria.
  - c. Maintain current Quarterly Reports for each child.

## **III. EDUCATIONAL AND EMANCIPATION SERVICES**

## Method of assessment – Review of relevant documents and resident interviews

#### Sample size for resident interviews: Two

#### Comments:

Both residents were enrolled in school. One resident required but did not have an Individualized Education Plan. One resident's case file contained report cards and/or progress reports, but the other resident's file did not. The residents reported that they were provided a sufficient amount of educational stimulation away from school on a daily basis and that staff was supportive of their academic progress.

Development of daily living skills was part of 30<sup>th</sup> St. West's program. The residents were responsible for maintaining their living areas and rooms, hygiene, and personal care.

The age-appropriate resident reported that he had not been offered the opportunity to participate in any type of emancipation services or program. This was discussed with management who felt that because the residents were supervised by Probation and would be returning home, they did not need the services that prepared them for independence.

The residents were not age-appropriate for vocational training programs and neither was employed. Both residents were able to spend their allowances as they wanted.

- 3. 30<sup>th</sup> St. West management:
  - a. Provide Individualized Education Plans for residents requiring special education services.
  - b. Retain copies of residents' report cards and/or progress reports.
  - c. Provide all age-appropriate residents the opportunity to participate in emancipation services and programs as required by the Statement of Work.

# **IV. RECREATION AND ACTIVITIES**

## Method of assessment – Review of relevant documents and resident interviews

## Sample size for resident interviews: Two

## Comments:

30<sup>th</sup> St. West residents participated in activities developed by the residents and staff. Residents provided input into this process by asking or being asked by staff for specific outings and activity suggestions.

The residents were encouraged to participate in activities that they desired and had free time during the day for use as they wanted.

Transportation was provided to and from activities.

## **Recommendations**

There are no recommendations for this section.

## V. PSYCHOTROPIC MEDICATION

Method of assessment – Review of relevant documents

There were six residents placed in the group home at the time of the review. A review of one case file was conducted for the one Los Angeles (LA) County resident prescribed psychotropic medication.

## Comments:

The LA County resident receiving psychotropic medication did not have a current court authorization on file. The medication services verification form on file was not dated, did not indicate the services rendered by the psychiatrist, nor indicate the date the child was seen by the psychiatrist.

The medication distribution logs were inconsistent and difficult to read. During the exit conference, it was suggested to management that the logs include staff names to cross-reference staff initials that were recorded each time they disbursed medication.

## **Recommendations**

- 4. 30<sup>th</sup> St. West management:
  - a. Maintain current court authorizations for psychotropic medications.
  - b. Provide appropriate documentation of monthly psychotropic medication evaluations.
  - c. Maintain accurate and comprehensive medication distribution logs.

# VI. PERSONAL RIGHTS

## Method of assessment – Resident interviews

## Sample size for resident interviews: Two

## Comments:

The residents were presented with the policies, rules and regulations when arriving in placement. The residents stated that the rules were generally fair as were the consequences for not following them. They liked and felt safe in the home stating, "it's cool" and that they "like living at home." The residents reported that they liked the staff and felt they were treated with respect.

They indicated that a sufficient number of staff was always in the home when residents were present and rated the facility as "good" and "very good."

Resident chores included the maintenance of their own rooms and common areas which the residents did not feel were too demanding.

Phone calls and visits were permitted with sufficient privacy and the residents were able to have telephone contact with their placement workers. The residents had religious

freedom, enjoyed the food, and felt that staff was culturally sensitive to each resident's background and ethnicity.

The residents felt that their health care needs were being met, were informed of medications they received, and aware of their right to refuse medication.

## **Recommendations**

#### There are no recommendations for this section.

## **VII. CLOTHING AND ALLOWANCE**

## Method of assessment – Review of relevant documents and resident interviews

#### Sample size for resident interviews: Two

#### Comments:

30<sup>th</sup> St. West provides appropriate clothing, items of necessity, and allowances to the residents. 30<sup>th</sup> St. West supplies its residents with the required monthly clothing allowance in the amount of fifty dollars, and the residents are given the opportunity to select their own clothes. Clothing provided to the residents was of good quality and of sufficient quantity.

The residents reported, and documentation confirmed, that they were not provided with at least the required minimum weekly allowance. On occasion, they received only one dollar. However, the residents were able to increase their weekly allowance based on the agency's behavioral system. Management had no comment when informed that residents had to receive at least the required minimum weekly allowance in accordance with the Statement of Work.

30<sup>th</sup> St. West provides residents with adequate personal care items and sufficient, secure space to store their personal items.

Neither resident had a life book.

## **Recommendations**

- 5. 30<sup>th</sup> St. West management:
  - a. Give each resident at least the required minimum weekly allowance.
  - b. Offer each resident a life book.

THE SHERMAN GROUP, INC. Almond Youth Care Center 41540 Almond Avenue Palmdale, CA 93551 (661) 943-7475 License No.: 197602747 Rate Classification Level: 10

#### I. FACILITY AND ENVIRONMENT

(Facility Based - No Sample)

#### Method of assessment – Observation and resident interviews

#### Sample size for resident interviews: Two

#### **Comments:**

Almond Youth Care Center (Almond) is a group home operated by the Sherman Group, Inc. Almond is located on a corner lot in a quiet residential neighborhood. The exterior of the home was nicely landscaped, properly maintained, and blended well with other houses on the block.

The interior of the home was generally clean with comfortable and well maintained furnishings. The bedrooms were spacious, comfortable, and decorated by the residents with pictures, posters, toys, knick-knacks, and other personal property. However, there were several areas needing attention.

In the kitchen, the right rear burner of the stove did not light and the stove was missing a control knob. In bedroom number one, the plastic light switch cover plate was broken and, in bedroom number two, vertical slats were missing from the window blinds.

There was a computer available for the residents' use, board games, TVs, VCR, and a Playstation electronic game. There was a set of encyclopedias for the children to utilize, but no additional age-appropriate reading materials and books such as teen magazines and novels.

The facility had a basketball goal but lacked a variety of age-appropriate recreational equipment, required by the Statement of Work, such as bicycles, skates, and exercise gear.

There was a sufficient supply of frozen food, meat, canned goods, bakery items, and fresh fruit. The food was accessible, but there were plastic bags of bulk food items in the cabinets not labeled as to contents and/or dated.

- 1. Almond management:
  - a. Repair right rear burner on kitchen stove.
  - b. Replace missing burner control knob on kitchen stove.
  - c. Replace the broken light switch cover plate in bedroom number one.
  - d. Replace the missing vertical window blind slats in bedroom number two.
  - e. Provide age-appropriate recreational equipment for residents.
  - f. Supply residents with age-appropriate books and reading material.
  - g. Properly label stored food.

## **II. PROGRAM SERVICES**

## Method of assessment – Review of relevant documents and resident interviews

#### Sample size for resident interviews: Two

#### Comments:

One child met the criteria for placement in Almond and had an initial assessment on file. The other resident did not have an initial assessment or sufficient documentation in his case file to accurately assess appropriate placement.

Neither case file contained a current Needs and Services Plan (NSP).

One resident did not have a current Quarterly Report. The other resident's Quarterly Report did not address the resident's progress towards stated goals because without a current NSP, it could not be determined if the goals in the Quarterly Report were appropriate.

Both residents were receiving individual and group therapy.

- 2. Almond management:
  - a. Provide an initial assessment for each child.
  - b. Retain sufficient background information to assess if each resident meets the program's placement criteria.
  - c. Maintain current Needs and Services Plans.
  - d. Develop Quarterly Reports in a timely manner that focuses on the goals in each child's Needs and Services Plan.

## **III. EDUCATIONAL AND EMANCIPATION SERVICES**

## Method of assessment – Review of relevant documents and resident interviews

## Sample size for resident interviews: Two

#### Comments:

Both residents were enrolled in school. One resident required, but did not have a current Individualized Education Plan on file but both case files contained report cards and/or progress reports. The residents reported they were provided a sufficient amount of educational stimulation away from school on a daily basis and that staff was supportive of their academic progress.

Development of daily living skills was part of Almond's program. The residents were responsible for maintaining their living areas and rooms, hygiene, and personal care.

One age-appropriate resident had been offered the opportunity to participate in emancipation programs such as the Early Step Toward Emancipation Program or Independent Living Program, but the other resident stated she had not. This was discussed with management who felt that the residents supervised by Probation would be returning home and did not need services that prepared them to be on their own.

One resident was eligible for vocational services and had been offered the opportunity to participate. Neither resident was employed, however, the residents were able to spend their allowances as they wanted.

- 3. Almond management:
  - a. Provide Individualized Education Plans for residents requiring special education services.
  - b. Provide all age-appropriate residents the opportunity to participate in emancipation programs.

# **IV. RECREATION AND ACTIVITIES**

# Method of assessment – Review of relevant documents and resident interviews

## Sample size for resident interviews: Two

## Comments:

Almond residents participated in activities developed by the residents and staff. Residents provided input by asking or being asked by staff for specific outings and activity suggestions.

Residents were encouraged to participate in activities that they desired and had free time during the day for use as they wanted.

Transportation was provided to and from activities.

## **Recommendations**

## There are no recommendations for this section.

## V. PSYCHOTROPIC MEDICATION

## Method of assessment – Review of relevant documents

There were six residents placed in the group home at the time of the review. A review of case files was conducted for the five residents prescribed psychotropic medications.

## Comments:

The residents receiving psychotropic medication did not have current court authorizations on file.

Documentation confirmed that medications for four of the children were reviewed each month by the prescribing psychiatrist. However, one resident did not have a current evaluation on file.

The medication distribution logs were inconsistent and difficult to read. During the exit conference, it was suggested to management that the logs include staff names to cross-reference staff initials that were recorded each time they disbursed medication.

## **Recommendations**

- 4. Almond management:
  - a. Maintain current court authorizations for psychotropic medications.
  - b. Provide appropriate documentation of monthly psychotropic medication evaluations.
  - c. Maintain accurate and comprehensive medication distribution logs.

## VI. PERSONAL RIGHTS

## Method of assessment – Resident interviews

## Sample size for resident interviews: Two

## Comments:

The residents were presented with the policies, rules and regulations when arriving in placement. The residents stated that the rules were generally fair as were the consequences for not following them. They liked and felt safe in the home, stating "it's cool, calm, and relaxing" and "helps me a lot." The residents reported that they liked the staff and felt they were treated with respect. They indicated that a sufficient number of staff was always in the home when residents were present and rated the group home as "good."

Resident chores included the maintenance of their own rooms and common areas which the residents did not feel were too demanding.

Phone calls and visits were permitted with sufficient privacy and the residents were able to have telephone contact with their placement workers. The residents had religious freedom, enjoyed the food, and felt that staff was culturally sensitive to each resident's background and ethnicity.

The residents felt that their health care needs were being met, were informed of medications they received, and aware of their right to refuse medication.

#### Recommendations

#### There are no recommendations for this section.

#### **VII. CLOTHING AND ALLOWANCE**

#### Method of assessment – Review of relevant documents and resident interviews

#### Sample size for resident interviews: Two

#### Comments:

The residents met the Department of Children and Family Services clothing standards for quality. However, one resident did not have a bathrobe. Almond supplies its residents with the required monthly clothing allowance in the amount of fifty dollars, and the residents are given the opportunity to select their own clothes.

The residents reported, and documentation confirmed, that they were not provided with at least the required minimum weekly allowance. On occasion, they received only one dollar. However, the residents were able to increase their weekly allowance based on the agency's behavioral system. Management had no comment when informed that residents had to receive at least the required minimum weekly allowance in accordance with the Statement of Work.

Almond provides residents with adequate personal care items and sufficient, secure space to store their personal items.

Neither resident had a life book.

#### Recommendations

- 5. Almond management:
  - a. Provide each resident with a bathrobe.
  - b. Give each resident at least the required minimum weekly allowance.
  - c. Offer each resident a life book.

THE SHERMAN GROUP, INC. Hermosa Youth Care Center 6354 Hermosa Court Palmdale, CA 93551 (661) 943-8138 License No.: 197602490 Rate Classification Level: 10

#### I. FACILITY AND ENVIRONMENT

(Facility Based - No Sample)

#### Method of assessment – Observation and resident interviews

#### Sample size for resident interviews: Two

#### **Comments:**

Hermosa Youth Care Center (Hermosa) is a group home operated by the Sherman Group, Inc. Located on a cul-de-sac in a pleasant neighborhood, the exterior of the home was well maintained, nicely landscaped, and blended well with other homes in the area.

The interior of the home was generally neat and clean with comfortable and well maintained furnishings. The bedrooms were spacious, comfortable, and decorated by the residents with pictures, posters, toys, knick-knacks, and other personal property. However, there were a few items needing attention.

In the kitchen, the control knobs on the range were scorched, several kitchen cabinets and drawers had food crumbs, and ants were observed. In the laundry area, a bottle of bleach was not in a secured location per general licensing requirements. This was discussed with staff who secured the bleach during the review.

In the residents' bathroom, the toilet paper holder was missing and, in bedroom number one, a dresser had three drawers with broken tracks that would not open and close properly.

Hermosa had age-appropriate reading material and books for the residents' use. The home had table games, electronic games, a VCR, and cable TV. However, the facility lacked age-appropriate recreational equipment, required by the Statement of Work, such as skates, bicycles, and balls.

There was a sufficient supply of frozen food, meat, canned goods, bakery items, and fresh fruit. The food was accessible, but some of the food in the cabinets and freezer were not properly stored and labeled.

- 1. Hermosa management:
  - a. Replace the control knobs on the kitchen stove.
  - b. Remove food particles and crumbs from the cabinets and drawers in the kitchen.
  - c. Eliminate ants in the kitchen.
  - d. Secure all cleansers and chemicals used in the home.
  - e. Replace the missing toilet paper roller in the residents' bathroom.
  - f. Repair the dresser in bedroom number one.
  - g. Provide age-appropriate recreational equipment for residents.
  - h. Properly store and label food.

## **II. PROGRAM SERVICES**

## Method of assessment – Review of relevant documents and resident interviews

#### Sample size for resident interviews: Two

#### Comments:

The residents met Hermosa's population criteria and received an initial assessment after being admitted into the program.

One resident case file contained a current Needs and Services Plan (NSP) that was realistic, measurable, and time specific. However, the child and her placement worker did not participate in the development of the NSP.

The other resident's case file did not contain a current NSP.

One resident did not have a current Quarterly Report on file and the other resident did not require a Quarterly Report at the time of the review.

Both residents were receiving individual and group therapy.

- 2. Hermosa management:
  - a. Maintain a current Needs and Services Plan and Quarterly Report for each child.
  - b. Include both the child and the child's placement worker in the development and modification of the Needs and Services Plan.

# **III. EDUCATIONAL AND EMANCIPATION SERVICES**

## Method of assessment – Review of relevant documents and resident interviews

## Sample size for resident interviews: Two

## Comments:

Both residents were enrolled in school. One resident required, but did not have, a current Individualized Education Plan (IEP). The other resident did not require an IEP. One resident's case file did not contain report cards and/or progress reports. Both residents reported they were provided a sufficient amount of educational stimulation away from school on a daily basis and that staff was supportive of their academic progress.

Development of daily living skills was a part of Hermosa's program. The residents were responsible for maintaining their living areas and rooms, hygiene, and personal care.

Both residents were offered the opportunity to participate in emancipation programs and were eligible for vocational services. One resident stated that she had not been offered the opportunity to participate in any vocational services programs such as the Explorers, volunteer programs, and job fairs. This was discussed with management who had no comment. Neither resident was employed however, the residents were able to spend their allowances as they wanted.

## **Recommendations**

- 3. Hermosa management:
  - a. Provide current Individualized Education Plan for residents requiring special education services.
  - b. Retain copies of each resident's report cards and/or progress reports.

# c. Provide all age-appropriate residents the opportunity to participate in vocational service programs.

# IV. RECREATION AND ACTIVITIES

#### Method of assessment – Review of relevant documents and resident interviews

#### Sample size for resident interviews: Two

#### Comments:

Hermosa residents participated in activities developed by the residents and staff. Residents provided input by asking or being asked by staff for specific outings and activity suggestions.

The residents were encouraged to participate in activities that they desired and had free time during the day for use as they wanted.

Transportation was provided to and from activities.

#### **Recommendations**

There are no recommendations for this section.

## V. PSYCHOTROPIC MEDICATION

#### Method of assessment – Review of relevant documents

There were six residents placed in the group home at the time of the review. A review of case files was conducted for the four residents prescribed psychotropic medications.

#### Comments:

Three of the four residents receiving psychotropic medication did not have current court authorizations on file.

Documentation confirmed that medications for two of the residents were reviewed each month by the prescribing psychiatrist, but the other two residents did not have a current evaluation.

The medication distribution logs were inconsistent and difficult to read. During the exit conference, it was suggested to management that the logs include staff names as a cross-reference for staff initials that were recorded each time they disbursed medication.

- 4. Hermosa management:
  - a. Maintain current court authorizations for psychotropic medications.
  - b. Provide appropriate documentation of monthly psychotropic medication evaluations.
  - c. Maintain accurate and comprehensive medication distribution logs.

# VI. PERSONAL RIGHTS

## Method of assessment – Resident interviews

#### Sample size for resident interviews: Two

#### Comments:

The residents were presented with the policies, rules and regulations when arriving in placement. The residents stated that the rules were generally fair, as were the consequences for not following them. The residents reported that they liked and felt safe in the home and, were treated with respect. They indicated that a sufficient number of staff was always in the home when residents were present and rated the group home as "fair" and "good."

Resident chores included the maintenance of their own rooms and common areas which the residents did not feel were too demanding.

Both residents were able to have telephone contact with their placement worker as they wished. Phone calls and visits were permitted with sufficient privacy and the residents were able to have telephone contact with their placement workers. The residents had religious freedom, enjoyed the food, and felt that staff was culturally sensitive to each resident's background and ethnicity.

The residents felt that their health care needs were being met, were aware of medications they received, and aware of their right to refuse medication.

## **Recommendations**

## There are no recommendations for this section.

## VII. CLOTHING AND ALLOWANCE

## Method of assessment – Review of relevant documents and resident interviews

#### Sample size for resident interviews: Two

#### Comments:

The residents met the Department of Children and Family Services clothing standards for quality. However, one resident did not have a bathrobe. Hermosa supplies its residents with the required monthly clothing allowance in the amount of fifty dollars, and the residents are given the opportunity to select their own clothes.

The residents reported, and documentation confirmed, that they were not provided with at least the required minimum weekly allowance. On occasion, they received only one dollar. However, the residents were able to increase their weekly allowance based on the agency's behavioral system. Management had no comment when informed that residents had to receive at least the required minimum weekly allowance in accordance with the Statement of Work.

Hermosa provides residents with adequate personal care items and sufficient, secure space to store their personal items.

Neither resident had a life book.

#### Recommendations

- 5. Hermosa management:
  - a. Provide each resident with a bathrobe.
  - b. Give each resident at least the required minimum weekly allowance.
  - c. Offer each resident a life book.