



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 525
LOS ANGELES, CALIFORNIA 90012-2706
PHONE: (213) 974-8301 FAX: (213) 626-5427

WENDY L. WATANABE
ACTING AUDITOR-CONTROLLER

ASST. AUDITOR-CONTROLLERS

ROBERT A. DAVIS
JOHN NAIMO
MARIA M. OMS

October 2, 2008

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

FROM: Wendy L. Watanabe 
Acting Auditor-Controller

SUBJECT: **GROUP HOME PROGRAM MONITORING REPORT – SUMMERPLACE
INCORPORATED - SUMMERPLACE GROUP HOME**

We have completed a review of Summerplace Group Home (Group Home or Agency) operated by Summerplace, Incorporated. The Group Home contracts with the Department of Children and Family Services (DCFS) and the Probation Department (Probation).

Summerplace Group Home is a six-bed facility, which provides care for girls ages 10-17 years who exhibit behavioral, social and emotional difficulties. At the time of the monitoring visit, Summerplace Group Home was providing services for one DCFS child and five San Bernardino County Children.

Summerplace Group Home is located in San Bernardino County.

Scope of Review

The purpose of the review is to determine whether the Agency is providing the services as outlined in their Program Statement. Additionally, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and an interview with the one Los Angeles County child placed in the Group Home at the time of the review. The interview with the child is designed to obtain her perspective on

"To Enrich Lives Through Effective and Caring Service"

the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights.

Summary of Findings

Generally, the Agency is providing the services as outlined in their Program Statement. The Agency needs to address several deficient areas.

The Group Home needs to clean the front entry way step, repair the door bell, paint the fence and remove the damaged panel at the rear of the house. The Group Home also needs to replace the floor tiles in the living room, repair the kitchen fan and dishwasher, replace the microwave and clean and re-caulk the bathtub. In addition, the Group Home needs to remove the writing on the dresser, replace the knob in bedroom two and develop comprehensive Needs and Services Plans that include input from all members of the treatment team.

Attached is a detailed report of the review.

Review of Report

We discussed our report with the Agency's management. In response to the recommendations made in the report, the Agency's management completed a corrective action plan (attached) which we approved. We thank the management and staff for their cooperation during our review.

If you have any questions, please contact me or have your staff contact Don Chadwick at (626) 293-1102.

WLW:MMO:DC:CC:sj

Attachments

c: William T Fujioka, Chief Executive Officer
Patricia S. Ploehn, Director, DCFS
Susan Kerr, Senior Deputy Director, DCFS
Robert B. Taylor, Chief Probation Officer
Tina Klock, Board President, Summerplace Group Home
Laverne Dubose, Executive Director, Summerplace Group Home, Incorporated
Public Information Office
Audit Committee

**Summerplace, Incorporated
Summerplace Group Home
Ontario, California 91764
License Number: 360911286
Rate Classification Level: 8**

I. Facility and Environment

Method of assessment – Observation

Comments:

Summerplace Group Home is located in a residential community. The exterior of the Group Home is adequately maintained. The front and back yards are clean and adequately landscaped. However, the front entry way step is dirty, the door bell does not work, the fence needs to be painted and a piece of paneling is hanging at the rear of the house.

The interior of the Group Home is adequately maintained. The common quarters are neat and clean. There is adequate furniture and lighting in the Group Home. The Group Home provides a home-like environment. However, there are missing floor tiles in the living room. In the kitchen, the cabinet door does not close properly, the fan and dishwasher do not work and the microwave oven is damaged. In the bathroom, the bath tub is dirty and the caulk around the tub is damaged.

Overall, children's bedrooms are well maintained. The rooms are clean and orderly and have age-appropriate personalized decorations. There is adequate furniture, lighting and storage space. However, there is a missing knob and writing on a dresser in bedroom two. Window coverings and window screens are in good repair. The mattresses are comfortable, and the beds all have a full complement of linens. Children's sleeping arrangements are appropriate

The Group Home maintains age-appropriate and accessible recreational equipment. There are also board games, a TV and a DVD player. Books and resource materials, including a computer with a variety of programs, are also available.

The Group Home maintains a sufficient supply of perishable and non perishable foods.

Recommendations

- 1. Summerplace management:**
 - a. Clean the front entry way step.**
 - b. Repair the door bell.**

- c. **Paint the fence.**
- d. **Remove the panel on the rear side of the house.**
- e. **Replace the floor tiles in living room.**
- f. **Repair the kitchen cabinet door.**
- g. **Replace the kitchen fan.**
- h. **Repair the dishwasher.**
- i. **Replace the microwave.**
- j. **Clean the bathtub.**
- k. **Re-caulk the bathtub.**
- l. **Replace the knob and remove the writing on the dresser in bedroom two.**

II. Program Services

Method of assessment – Review of relevant documents and interviews

Sample size: One

Comments:

The child meets the Group Home's population criteria as outlined in their Program Statement. The child was assessed for needed services within thirty days of placement.

The Needs and Services Plans (NSPs) are current. However, all members of the treatment team are not included in the development or implementation of the NSPs and the NSPs are not comprehensive and do not include short or long term goals.

Case files reflect adequate documentation to show that children are receiving treatment services.

Recommendations

2. Summerplace management:

- a. **Include input from all members of the treatment team in the development and implementation of the NSPs.**

- b. Develop NSPs that are comprehensive and include short and long term goals.

III. Educational and Emancipation Services

Method of assessment – Review of relevant documents and interviews

Sample size: One

Comments:

The child is attending school. The child is provided with educational support and resources to meet her educational needs and is progressing satisfactorily in school. The Group Home's program includes the development of the child's daily living self-help and survival skills.

The child is provided with opportunities to participate in emancipation and vocational programs as appropriate.

Recommendation

There are no recommendations for this section.

IV. Recreation and Activities

Method of assessment – Review of relevant documents and interviews

Sample size: One

Comments:

The Group Home provides the child with sufficient recreational activities and leisure time. The child is provided with opportunities to participate in planning activities. The child also participates in extra-curricular, enrichment and social activities in which she has an interest.

The Group Home provides transportation to and from the activities.

Recommendation

There are no recommendations for this section.

V. Psychotropic Medication

Method of assessment – Review of relevant documents

Comments:

The child has current court authorizations for psychotropic medications. Documentation confirms that the child is routinely seen by the prescribing psychiatrist.

The child is informed about her psychotropic medication and is aware of her right to refuse medication. Medication distribution logs are properly maintained.

Recommendation

There are no recommendations for this section.

VI. Personal Rights

Method of assessment – Interviews with children

Sample size: One

Comments:

The child is informed about the Group Home's policies and procedures. The child reports that she feels safe in the Group Home and is provided with appropriate staff supervision. The child expresses satisfaction with the quality of her interactions with staff and reports that the staff treats her with respect and dignity.

The child reports that she is assigned chores that are reasonable and not too demanding. The child is allowed to make and receive personal telephone calls, send and receive unopened mail and have private visitors. The child attends religious services of her choice.

The child reports that the discipline policies are consistently enforced and that there are fair and appropriate consequences for inappropriate behavior.

The child reports satisfaction with meals and snacks. The child also receives voluntary medical, dental and psychiatric care.

Recommendation

There are no recommendations for this section.

VII. Clothing and Allowance

Method of assessment – Review of relevant documents and interviews

Sample size: One

Comments:

The Group Home provides appropriate clothing, items of necessity and the required \$50 monthly clothing allowance to the child. The child is provided with opportunities to select her own clothes. Clothing provided to the child is of good quality and of sufficient quantity.

The Group Home does not provide the child with the required minimum weekly allowance.

The Group Home provides the child with adequate personal care items. The child is also encouraged and assisted in creating and maintaining a photo album/life book.

Recommendation

- 3. Summerplace management provide the child with the required minimum weekly allowance.**

SUMMERPLACE INCORPORATED
2027 Deodar St.
Ontario, Ca 91764
(909)945-2736

Candace Rhue,
County of Los Angeles
Department of Auditor-Controller
500 West Temple Street, Room 410
Los Angeles, California 90012-2766

Tuesday, July 15, 2008

Amended Corrective Action Plan:

1. FACILITY AND ENVIRONMENT:

- A) The recommendation from the Auditor-Controller was to clean the front entry way. The correction has been implemented. The entrance was cleaned by graveyard shift. The facility staff will clean the front entry way(see attached photo) twice a week and will log the duty. Facility managers Sylvia Bello and Raylene Reyes will be responsible for monitoring the graveyard log to ensure correction is regularly implemented and deficiency will not occur again.**
- B) The recommendation from the Auditor-Controller was to repair the front door bell. The correction has been implemented. A new door bell was purchased and replaced (see attached photo) by facility janitor. Managers Sylvia Bello and Raylene Reyes will be responsible for monitoring the door bell with a weekly repair list log. All household repairs will be completed within a weeks time to ensure deficiency will not occur again.**
- C) The recommendation from the Auditor-Controller was to paint the yard fence. The correction has been implemented. The yard fence has been painted.(see attached photo). Facility managers Sylvia Bello and Raylene Reyes will be responsible for monitoring the fence for repairs and/or updated paint needs. The fence has been added to the weekly repair log so management can ensure deficiency does not occur again.**
- D) The recommendation from the Auditor-Controller was to remove the paneling from the rear side of the house. The correction has been implemented. The paneling on the rear side of the house has been removed(see attached photo) by the handyman. Managers Sylvia Bello and Raylene Reyes will be responsible for monitoring a weekly exterior overview to ensure deficiency does not occur again. The observations will be logged on weekly repair list.**
- E) The recommendation from the Auditor-Controller was to replace living room tiles. The correction has been implemented. The living room tiles have been replaced(see attached photos)by management. Managers Raylene Reyes and Sylvia Bello will be responsible for conducting/completing a weekly repair log to ensure deficiency does not occur again.**
- F) The recommendation from the Auditor-Controller was to repair kitchen cabinet. The correction has been implemented. The kitchen cabinet has been repaired (see attached photo) by handyman. Managers, Raylene Reyes and Sylvia Bello will be responsible for**

conducting/completing a weekly repair log to ensure deficiency does not occur again.

G) The recommendation from the Auditor-Controller was to replace kitchen fan. The correction has been implemented. The kitchen fan has been replaced by handyman with a new model(see attached photo & receipt) Managers Raylene Reyes and Sylvia Bello will be responsible for conducting/completing a weekly repair log to ensure deficiency does not occur again.

H) The recommendation from the Auditor-Controller was to clean and repair the dishwasher. The correction has been implemented. The dishwasher has been repaired and cleaned(see attached photo) by facility handyman. Managers Raylene Reyes and Sylvia Bello will be responsible for conducting/completing a weekly repair log to ensure deficiency does not occur again.

I) The recommendation from the Auditor-Controller was to replace microwave. The correction has been implemented. Management has replaced the microwave with a new one (see attached photo). Managers Raylene Reyes and Sylvia Bello will be responsible for conducting/completing a weekly repair/replacement log to ensure deficiency does not occur again.

J&K) The recommendation from the Auditor-Controller was to clean/caulk the bathtub. The correction has been implemented. The bathtub has been cleaned and re-caulked by our facility handyman, (Emmanuel Flores) Managers Raylene Reyes and Sylvia Bello will be responsible for conducting/completing a weekly repair log to ensure deficiency does not occur again.

L) The recommendation from the Auditor-Controller was to replace the dresser knobs in bedroom #2. The correction has been implemented. The knob was replaced by the maintenance worker and the writing on the dresser was removed by the facility manager Sylvia Bello. See photos attached to this report. Room checks will be conducted and logged on a weekly basis by administrator, Raylene Reyes. Mrs Reyes and Manager Sylvia bello will be responsible for preventing future deficiencies. Administrators Tina Klock and Raylene Reyes will ensure entire corrective action plan will be implemented by reviewing weekly repair logs to ensure maintenance is up to date and promptly completed.

2.CLOTHING AND ALLOWENCE:

A) The recommendation from the Auditor-Controller was for summerplace management to provide residents with the required minimum weekly allowance. the correction has been implemented and the required amounts of allowance will continue to be logged and signed by residents. Administrator, Raylene Reyes will review allowance logs on a weekly basis to prevent further deficiencies.

3.PROGRAM SERVICES:

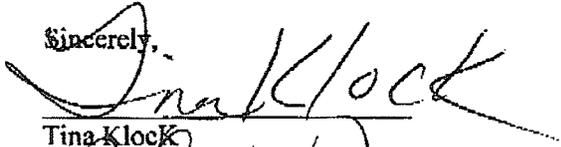
A) The recommendation from the Auditor-Controller was to include all members of the treatment team in the development and implementation of the NSP's. The corrections have been implemented. Future NSP's will include the recommendations and implementations of Dr. June Hayes, Psychologist, Raylene Reyes, Administrator, and Tina Klock, Facility Counselor. All members of the treatment team will sign future NSP's to ensure implementation and confirm responsibility.

B) The recommendation from the Auditor-Controller was to develop Comprehensive NSP's and include short and long term goals so that progress can be measured. The correction has been implemented. Review example that has been included with amended CAP. The treatment team will be responsible for these changes to prevent further deficiencies.

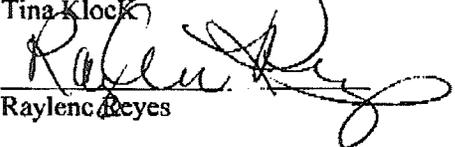
Administrators, Tina Klock and Raylene Reyes will ensure entire amended CAP will be implemented by conducting weekly house checks to prevent further deficiencies. Corrections will be completed within 7 days. Logs will be available for review in facility office.

If you have any questions please call me at the office at, (909)938-9840.

Sincerely,



Tina Klock



Raylene Reyes