County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PATRICIA S. PLOEHN, LCSW
Director

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October 4, 2010

To: Supervisor Gloria Molina, Chair
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From: Patricia S. Ploehn, LCSW
Director

DELILU ACHIEVEMENT GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Delilu Achievement Group Home is located in the 2nd Supervisorial District and provides services to Los Angeles County Department of Probation and Department of Children and Family Services' (DCFS) foster youth. According to Delilu Achievement Group Home's program statement, its stated goal is for children "to learn positive living skills while living with their peers and working with staff," and the agency is licensed to serve a capacity of six children, ages 12 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Delilu Achievement Group Home in February 2010, at which time the agency had one six-bed site and six children who were placed by the Department of Probation. There were no DCFS placed children. Three staff files were reviewed for compliance with Title 22 regulations and contract requirements.

SCOPE OF REVIEW

The purpose of this review was to assess Delilu Achievement Group Home's compliance with the contract and State regulations. The visit included a review of Delilu Achievement Group Home's program statement, administrative internal policies and procedures, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, however at the time of the review, the six placed children were all supervised by the Probation Department. The DCFS Monitor contacted the Probation Department Director of Placement Permanency and Quality Assurance, Lisa Campbell-Motton, to obtain input regarding the service delivery to Probation placed youth. Ms. Campbell-Motton stated that

Probation had no concerns related to the service delivery, care and supervision of Probation placed youth at the group home.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

At the time of the review, the group home was clean, well maintained, and adequately landscaped as required in accordance with Title 22 regulations.

Delilu Group Home was conducting monthly disaster drills; however, the monthly disaster drill logs were not adequately maintained as they did not include the Administrator's signature or the names of staff and children who participated in the drills. In addition, there was no documentation that drills occurred during various shifts. The Administrator agreed to document the names of the staff and children who participate in the disaster drills and ensure that there is documentation that the drills are conducted on various shifts.

Delilu Achievement Group Home management was receptive to implementing some systemic changes to improve its compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- The disaster drill logs were not complete in that they did not include the Administrator's signature, the names of the staff and children who participated in the drills, and documentation that the drills occurred during various shifts.

- One employee had not received a timely health screening.

- One employee's CPR certification had expired, and two employees did not receive emergency intervention training in a timely manner.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held February 23, 2010:

In attendance:

Mary Davis, CEO/Administrator, Delilu Achievement Group Home; Lisa Seibel, Facility Manager, Delilu Achievement Group Home; and Kristine Kropke Gay, Monitor, DCFS OHCMD.

Highlights:

The CEO/Administrator was in agreement with our findings and recommendations. She welcomed the review findings and recommendations so that Delilu Achievement Group Home's current operating system could be improved.

As agreed, Delilu Achievement Group Home provided a timely written Corrective Action Plan (CAP) addressing the recommendations noted in this compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG
EAH:BB:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Misha Slade, President Board of Directors, Deliann Lucile Corporation
Mary L. Davis, CEO of Deliann Lucile Corporation
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland Scott, Regional Manager, Community Care Licensing

DELIANN LUCILE CORPORATION
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

1564 W. 36th Place
Los Angeles, CA 90018
Phone: (323) 766-9415
License Number: 198203559
Rate Classification Level: 12

	Contract Compliance Monitoring Review	February 2010
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	 1. Not Applicable 2. Not Applicable 3. Not Applicable 4. Not Applicable 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Not Applicable
II	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. NSPs Comprehensive	 Not Applicable (ALL)
III	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	 Full Compliance (ALL)
IV	**Educational and Emancipation Services**(4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained	 Not Applicable (ALL)

	4. Current Report Cards maintained	
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities.	Not Applicable (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow Up Dental Exams Timely	Not Applicable (ALL)
VII	**Personal Rights** (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Not Applicable (ALL)
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items	Not Applicable (ALL)

	6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Full Compliance 11. Full Compliance 12. Improvement Needed

DELIANN LUCILE CORPORATION PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

Delilu Achievement Group Home
1564 W. 36th Place
Los Angeles, CA 90018
Phone: (323) 766-9415
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The following report is based on a "point in time" monitoring visit and addresses findings noted during the February 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of three personnel files and a physical plant review, Delilu Achievement Group Home was in full compliance with one out of three applicable sections of our Contract Compliance review: Facility and Environment. The other six sections were not applicable because there were no DCFS placed children at the time of our review. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review and/or documentation from the provider, Delilu Achievement Group Home fully complied with three of four elements reviewed in the area of Licensure/Contract Requirements.

As there were no DCFS placed children at the time of our review, five of the elements were not applicable: timely notification for child's relocation; stabilization to prevent removal of child; children's transportation needs; special incident reports appropriately documented and cross-reported, and appropriate; and maintenance of appropriate and comprehensive allowance logs.

We noted that the group home was in full compliance with the licensed capacity and was conducting disaster drills at least every six months.

Based on our review, we found that the disaster drill logs were not maintained as they did not include all required signatures, documentation of the staff and children who participated in the disaster drills, and documentation that the drills were occurring on various shifts.

Recommendation:

Delilu Achievement Group Home management shall ensure that:

1. The disaster drill logs include all of the required signatures, the names of the staff and children who participated in the drill, as well as documentation that the drills are occurring on various shifts.

FACILITY AND ENVIRONMENT

Based on our review, Delilu Achievement Group Home fully complied with all six elements reviewed in the area of Facility and Environment.

Recommendation:

None

PERSONNEL RECORDS

Based on our review of three employees' personnel files, Delilu Achievement Group Home fully complied with nine of 12 elements in the area of Personnel Records.

We noted that all three reviewed employees met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Central Index (CACI) Clearances and signed criminal background statements in a timely manner. They also had valid driver's licenses, received the required initial and ongoing training, had signed copies of the Group Home policies and procedures, and completed First-Aid training as required in accordance with the Group Home's program statement.

One employee did not have a timely health screening. In addition, one employee's CPR certification had expired 13 days before being re-certified, and two employees did not receive emergency intervention training in a timely manner, in that one staff member did not receive the training until six weeks after hire and the other employee four months after hire.

Recommendations:

Delilu Achievement Group Home management shall ensure that:

2. All employees receive timely health screenings.

3. All employees have current CPR certification and receive timely emergency intervention training.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the Auditor-Controller's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the last monitoring review were implemented. The last report was issued on August 18, 2009.

Results

The A-C's prior monitoring report contained two outstanding recommendations. Specifically, Delilu Achievement Group Home was to ensure that it maintained current Court authorization forms for psychotropic medication and that staff treat the children with respect and dignity.

Based on the fact that Delilu Achievement Group Home had no DCFS placed children at the time of our review, no determination was made as to whether the provider had implemented the A-C's recommendations. The DCFS Monitor contacted the Probation Department Director of Placement Permanency and Quality Assurance, Lisa Campbell-Motton, to obtain input regarding the service delivery to Probation placed youth. Ms. Campbell-Motton stated that Probation had no concerns related to the service delivery, care and supervision of Probation placed youth at the group home.

DeliLu Achievement Home
Mary L. Davis, Director/Administrator
1564 West 36th Place
Los Angeles, CA 90018
License # 198203559
Rate Classification Level: 12

Barbara Butler, Group Home Program Manager

Out of Home Care Management Division

9320 Telstar, Suite 216

El Monte, CA 91731

April 6, 2010

CORRECTIVE ACTION PLAN

Please find our plans to correct the conditions noted in Group Home Program Contract Compliance Monitoring Review of February 18, 2010.

LICENSURE/CONTRACT REQUIREMENTS

Recommendation:

The DeliLu Achievement Group Home management shall ensure that:

1. The disaster drill logs are maintained and include all required signatures.

Corrective Action Plan:

1. DeliLu Achievement Home management team (Facility Manager or Administrator) will continue to maintain disaster drill logs, and will review and sign them in a timely manner.
2. Ms. Monger, Child Care Worker, has the responsibility of reviewing these records once a month for thoroughness.

PERSONNEL RECORDS

Recommendation:

The DeliLu Achievement Home management shall ensure that:

1. All staff members receive a timely health screening.
2. All staff members have current CPR certification and have current training in Emergency Intervention.

Corrective Action Plan:

Although all staff had been screened at time of the review:

1. DeliLu Achievement Home management team (Administrator and Designee) will ensure that all staff receives health screenings prior to starting to work at DeliLu Achievement Home.
2. Although all staff had been trained at the time of the review: DeliLu Provides annual staff training for all of our staff in CPR in January/February and TCI is scheduled three times a year. When this training is not immediately available for new hires, we will seek other community resources where our staff may receive timely training in CPR and Emergency Intervention. CPR certification classes are usually provided by a certified Red Cross Representative, Jost Leon. Emergency Intervention classes are typically provided by David Finklestein's, PhD.
3. Prior to hiring, Mrs. Davis, Administrator will ensure that all records, including: health screening, CPR and Intervention Training have been complete and are filed.

Signed,

Mary L. Davis

Mary L. Davis

Administrator

April 6, 2010

310-815-860

DeliLu Achievement Home
Mary L. Davis, Director/Administrator
1564 West 36th Place
Los Angeles, CA 90018
License # 198203559
Rate Classification Level: 12

Attention: Barbara Butler, Group Home Program Manager

Out of Home Care Management Division

9320 Telstar, Suite 216

El Monte, CA 91731

March 15, 2010

CORRECTIVE ACTION PLAN

Please find our plans to correct the conditions noted in Group Home Program Contract Compliance Monitoring Review of February 18, 2010

PERSONNEL RECORDS

Recommendation:

DeliLu Achievement Home management shall ensure that all staff members receive a timely health screening and timely training in CPR and Emergency Intervention Plan training (TCI)

Corrective Action Plan:

DeliLu Achievement Home management will ensure that all staff receives health screenings prior to starting to work with our clients. DeliLu Provides annual staff training for all of our staff in CPR in January/February and TCI is scheduled three times a year. When this training is not immediately available for new hires we will seek other community resources where our staff may receive timely training in CPR and TCI.

Signed,

Mary L. Davis

Mary L. Davis

Administrator

March 15, 1010