County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 2, 2010

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

CARE PROVIDER CHILDREN & FAMILY SERVICES GROUP HOME 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.

Care Provider Children and Family Services Group Home (Care Provider) sites are located in the 5th Supervisorial District of Los Angeles County and provide services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Care Provider's program statement, the agency's stated goal is "to provide a safe environment for all children in our care where they can achieve a feeling of self worth, an appreciation of community, and a respect for culture, family and each other." Care Provider is licensed to serve a capacity of 12 children, boys 12-17 and girls 13-17.

Care Provider's Kidder Group Home site is a six-bed facility that provides care for girls ages 13-17 who exhibit emotional and/or behavioral problems and who may also have problems or special needs related to medical, educational or developmental conditions. At the time of the monitoring visit, the Kidder Group Home site was providing services to three Los Angeles County children.

Care Provider's Chalburn Group Home site is a six-bed facility that provides care for boys ages 12-17 with behavior, social and emotional difficulties. At the time of the monitoring visit, the Chalburn Group Home site was providing services to six Los Angeles County children.

The DCFS Out-of-Home Care Management Division (OHCMD) conducted a review of Care Provider in June 2010, at which time the agency had two sites and nine Los Angeles County DCFS placed children. Six of the children were males, and three were

females. For the purpose of this review, seven placed children's case files were reviewed and six of the seven children were interviewed, as one child was court ordered extended home visit. The placed children's overall average length of placement was 15 months, and the average age was 17. Ten staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Six children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Care Provider's compliance with the contract and State regulations. The visit included a review of Care Provider's program statement, administrative internal policies and procedures, seven children's case files, and a random sampling of personnel files. A visit was made to the sites to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

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

SUMMARY

Care Provider was giving very good quality care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The children's case files and personnel files were well organized and professionally maintained. The sites were clean and adequately landscaped. All six children interviewed disclosed that they felt safe at the Group Home.

At the time of the review, the Group Home needed to develop comprehensive Needs and Services Plans (NSP) and ensure that court-approved authorizations of psychotropic medication were obtained for all children prescribed psychotropic medication.

The Administrator and her staff were accessible, cooperative and willing to make the necessary corrections regarding the findings highlighted during the review.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Five initial and 20 updated NSPs were reviewed. Of those, two initial and 16 updated NSPs were comprehensive and met all the required elements in accordance with the NSP template. One initial NSP did not have the child's school

grade level and one initial and two updated NSPs did not have the court date for the authorization for psychotropic medication. Two updated NSPs for one child had no documentation regarding the child's psychological progress.

- While current psychotropic medication logs were properly maintained for all six children on psychotropic medication and required psychiatric evaluations were conducted, a current court authorization was not on file for one of six children prescribed psychotropic medications. The Group Home Administrator said that they submitted the request for court authorization for the child. However, the case file showed only one attempt had been made six months prior. The Group Home indicated it would contact the court to obtain authorization for the child's medication as quickly as possible.

- Two of the six children interviewed said they were not participating in planning activities at the Group Home. The Group Home Administrator said that the Group Home allows the children to have a part in planning activities, however when a child is on restriction due to poor behavior, the child is not allowed to participate in the activity. Care Provider's Program Statement does not address children participating in the planning of activities. The Program Statement states that children may engage in a certain activity provided it is appropriate to a resident's level status and current behavior and that while residents may be eligible for a privilege, they do not automatically have the privilege.

- One of the six children interviewed said he was not participating in extra-curricular activity at the Group Home. The Group Home Administrator said that some children do not want to participate even when extra-curricular activities are provided, however the Group Home did not provide supporting documentation.

- Two of the six children interviewed said that they were not allowed to have privacy during telephone calls as staff was always present. The Group Home's position was that during telephone calls children are asked to remain in the assigned telephone area of the facility so that staff may provide adequate supervision and accurately document who the child is speaking with on the telephone. Other residents were asked to stay out of those areas when a peer was on the telephone. Per Children's Personal Rights Agreement, DCFS clients are not to have monitored telephone calls unless court ordered. One of the two children who complained of not having privacy during telephone calls also complained of not having privacy during visits, even though his visitation plan called for unmonitored visits with relatives. The Group Home Administrator stated that at both sites, a room was provided for children to have privacy during family visits.

- One of six children interviewed said that she was not aware that she was free to attend religious services of her choice. The Group Home Administrator said the children were free to go to the place of worship of their choice, however, there was no documentation to support that children were offered this opportunity.

- Two children did not have life books/photo albums. The Administrator said that children were given opportunities to have lifebooks but some children chose not to have life books/photo albums.

- One staff member's Emergency Intervention Training was not found, and there was no documentation or plan found for the staff not to restrain children until training was completed. This was brought to the attention of the Group Home Administrator during the site visit, and she planned to schedule the training for the staff.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held July 30, 2010.

In attendance:

Lisa Stoval, Administrator, Care Provider, and Kirk Barrow, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with most of the findings and recommendations. During the Exit Conference, she stated that Care Provider continues to improve on its documentation in the NSPs, as well as encourage their staff to ensure that the NSPs are comprehensive. The Administrator made it clear that all the children were allowed opportunities to be involved in the planning of activities, however children on low behavior status may not always be allowed to participate in activities. Care Provider's Program Statement does state that while residents may be eligible for a privilege, they do not automatically have the privilege granted, however, the Program Statement did not address children involved in planning activities.

During the Exit Conference, the Care Provider Administrator stated that all efforts are made to obtain court authorizations for psychotropic medication. A request was made for the one court authorization that was not current, however, only one request had been made during the prior six months.

As agreed, Care Provider provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The 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:KR
EAH:DC:kb

Attachment

c: William T Fujioka, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Donald H. Blevins, Chief Probation Officer
Sybil Brand Commission
Emanuel Chukwuma, President, Board of Directors, Care Provider Group Home
Chika Dillibe, Executive Director, Care Provider Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

CARE PROVIDER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

Care Provider Group Home
858 North Kidder Street
Covina, California 91724
License Number 197805236
Rate Classification Level 12

Care Provider Group Home
518 West Chalburn Street
West Covina, California 91790
License Number 197804534
Rate Classification Level 12

	Contract Compliance Monitoring Review	Findings: June 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	Full Compliance (ALL)
II	**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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance
III	**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. Comprehensive NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)

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	 1. Improvement Needed 2. Full Compliance 3. Improvement Needed
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	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
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	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Full Compliance
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

	7. Management of Allowance 8. Encouragement and Assistance with Life Book	7. Full Compliance 8. Improvement Needed
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. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 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. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed

CARE PROVIDER GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

Care Provider Group Home
858 North Kidder Street
Covina, California 91724
License Number 197805236
Rate Classification Level 12

Care Provider Group Home
518 West Chalburn Street
West Covina, California 91790
License Number 197804534
Rate Classification Level 12

The following report is based on a "point in time" monitoring visit and is only intended to report on the findings noted during the June 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of seven children's files and 15 staff files and /or documentation from the provider, Care Provider was in full compliance with two of nine sections of our Contract Compliance review: Licensure/Contract Requirements and Educational and Emancipation Services. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of seven children's files and 15 staff files and /or documentation from the provider, Care Provider fully complied with all nine elements reviewed in the area of Licensure/Contract Requirements.

Recommendation:

None

FACILITY AND ENVIRONMENT

Based on our review of seven children's case files and/or documentation from the provider, Care Provider fully complied with five of six elements reviewed in the area of Facility and Environment.

Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped, and common quarters were well maintained.

The Group Home maintained a sufficient supply of perishable and non-perishable foods. The mattresses on the children's beds were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate, and the Group Home provided a home-like environment. The Group Home provided on-site educational resources and the Chalburn site provided age-appropriate accessible recreational equipment, however, the Kidder site did not have sufficient recreation equipment in good condition as the bicycles needed repair. This was observed during the site inspection and was later brought to the attention of the Administrator. The Administrator's response to this finding was that the staff did not show all the recreation equipment to the monitor and that the inoperable bicycles were to be removed.

Recommendation:

Care Provider Management shall ensure that:

1. The Group Home maintains sufficient, age-appropriate recreational equipment in good condition.

PROGRAM SERVICES

Based on our review of seven children's files and/or documentation from the provider, Care Provider fully complied with seven of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in the agency's program statement. The children were assessed for needed services within 30 days and were receiving the required therapeutic services.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSP) with the participation of age-appropriate children, and NSPs were discussed with the Group Home staff. However, of the 25 NSPs reviewed, only 18 were comprehensive and met all the required elements in accordance with the NSP template. Seven were not comprehensive, as all the required elements were not completed in accordance with the NSP template. Specifically, three did not include the court authorization date for psychotropic medications. Two had no documentation regarding a child's psychological progress. One initial NSP lacked sufficient details of visits the child was having with family. In addition, one NSP did not include the school grade level of the child.

Recommendation:

Care Provider Management shall ensure that:

2. They develop comprehensive NSPs that document the court authorization date for psychotropic medication, sufficient details on visits children have with their families and include the grade level of each child.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of seven children's files and/or documentation from the provider, Care Provider fully complied with all four elements reviewed in the area of Educational and Emancipation Services.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on our review of seven children's files and/or documentation from the provider, Care Provider fully complied with one of three elements in the area of Recreation and Activities.

Children did participate in activities at the Group Home, however two children disclosed that they were not given opportunities to plan activities, and one child said that he was not given opportunities to participate in age-appropriate extra-curricular, enrichment and social activities in which he had an interest. The Administrator said that the children were given opportunities to plan activities and be involved in extra-curricular activities of their choice, however, if a child's behavior is inappropriate, the child may not be allowed to plan activities and participate in extra-curricular activities.

Recommendations:

Care Provider Management shall ensure that:

3. Children are given opportunities to plan activities.

4. Children are given opportunities to be involved in extra-curricular activities of their choice.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of seven children's files and/or documentation from the provider, Care Provider fully complied with eight of nine elements in the area of Children's Health Related-Services, including Psychotropic Medication.

All six children on psychotropic medication had current psychiatric evaluations/reviews with their psychiatrist. Initial and follow-up medical and initial dental examinations were conducted timely. Medication logs were properly maintained for each child on psychotropic medication. However, one child did not have a current court-approved authorization for the administration of psychotropic medication. The Administrator said that the request for the court authorization was made, however, based on the review of the child's file, only one request for the court authorization was found and this request was made six months prior to the review date. After the Exit Conference, the Administrator provided the Monitor with a copy of the child's court approved authorization, which is now maintained in the child's case file.

Recommendation:

Care Provider Management shall ensure that:

5. All children must have a current court authorization for psychotropic medication.

PERSONAL RIGHTS

Based on our review of seven children's files and/or documentation from the provider, Care Provider fully complied with nine of 11 elements in the area of Personal Rights.

One child was not available for interview at the time of the review. All six children interviewed reported that they were informed of the Group Home's policies and procedures and they felt safe in the Group Home. One child who was interviewed was not taking psychotropic medication; all the others interviewed reported that they had

rights to voluntarily receive or reject medical, dental and psychiatric care. They were informed about their psychotropic medication, as well as made aware of their right to refuse psychotropic medication. All the children reported that their chores were reasonable. One child disclosed that she did not know that children were free to attend religious services and activities of their choice. The draft report was sent to the Administrator for comment and she stated that children are made aware of their religious rights and that the Group Home had an Activity Calendar which was displayed for children to see that they have religious rights. However, this documentation was not given to the Monitor at the time of the Review or at the Exit Conference.

All six children interviewed stated that they were satisfied with the meals and snacks provided. The Group Home staff treated them with respect and dignity and the discipline system in place was appropriate.

Two of the six children interviewed said that they were not allowed to have privacy during telephone calls as staff was always present. The Group Home's position was that children were asked to remain in the facility's assigned telephone area during their phone conversation in order for staff to provide adequate supervision and accurately document who the child was speaking with on the telephone. Other residents were asked to stay out of those areas when a peer was on the telephone. Per Children's Personal Rights Agreement, DCFS clients are not to have monitored telephone calls unless court ordered. One of the two children who complained of not having privacy during telephone calls also complained of not having privacy during visits, even though his visitation plan called for unmonitored visits with relatives. The Group Home Administrator stated that at both sites, a room was provided where the children could have privacy during family visits.

Recommendations:

Care Provider Management shall ensure that:

6. Children have privacy during visits and telephone calls with authorized family and friends.

7. Children are aware that they are free to attend religious services and activities of their choice.

CLOTHING AND ALLOWANCE

Based on our review of seven children's files and/or documentation from the provider, Care Provider fully complied with seven of eight elements reviewed in the area of Clothing and Allowance.

Based on our review, the children reported that they received the required $50 per month for clothing. Children were provided with opportunities to select their own clothes. The clothing provided to children was of good quality and of sufficient quantity. Also, the clothing allowance logs and inventories confirmed that the requirements were being met.

All six children interviewed reported that the Group Home provided them with the required minimum weekly allowance and all children reported that they spent their allowance as they chose.

The Group Home provided children with adequate personal care items. However, two children did not have a life book/photo album. The Group Home Administrator said that the children were encouraged to have a life book/photo album but some chose not to have one. Care Provider provided no documentation to support that life books/photo albums are made available to all the children.

Recommendation:

Care Provider management shall ensure that:

8. All children are encouraged and assisted with maintaining life books/photo albums.

PERSONNEL RECORDS

Based on our review of 10 staff personnel files and/or documentation from the provider, Care Provider fully complied with 11 of 12 elements reviewed in the area of Personnel Records.

All 10 staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Central Index Clearances (CACI) and signed criminal background statements in a timely manner. They also received timely health screenings, had valid driver licenses, and completed CPR, First Aid and on-going training. Three staff members who were non-residential staff did not need initial training; however, all seven staff members who were required to have initial training received the required training.

All 10 required staff members signed copies of Group Home policies and procedures. Nine of 10 staff members who required emergency intervention training received the training. The Group Home Administrator agreed with this finding and immediately scheduled the staff to receive the emergency intervention training. Documentation was provided after our review that the staff had completed her emergency intervention training.

Recommendations:

Care Provider Management shall ensure that:

9. All direct care staff members receive current emergency intervention training and current PRO-ACT certification on file.

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

Objective

Determine the status of the recommendations reported in the A-C's last monitoring review.

Verification

We verified whether the outstanding recommendations from the last Auditor-Controller's report issued August 18, 2009 were implemented.

Results

The Auditor-Controller's (A-C) prior monitoring report contained six outstanding recommendations. Specifically, Care Provider was to ensure that it maintained a variety of recreational equipment, maintained current court authorizations for all children taking psychotropic medications and ensured all children taking psychotropic medications were routinely seen by the prescribing psychiatrist, that the Group Home replaced the missing light switch control knob and light fixture cover, that management ensured that all children accepted for placement met the population criteria as outlined in the agency's Program Statement, and that Care Provider provided children with the required $50 monthly clothing allowance. Based on our follow up of these recommendations, Care Provider fully implemented four of the A-C's recommendations. However, the agency did not fully implement the A-C's recommendation regarding maintaining a variety of recreational equipment and maintaining current court authorizations for all children taking psychotropic medications. As we noted, two recommendations were not implemented, corrective action was requested of Care Provider to further address these findings.

Recommendation:

Care Provider management shall ensure that:

10. They fully implement the two outstanding recommendations from the Auditor-Controller (A-C) monitoring report dated August 18, 2009, which are noted in this report as Recommendations 1 and 5.

Care Provider Children & Family Services
CAREPROVIDER.ORG
Human & Social Service Resource Center

Group Homes • Consultation • Staff Training & Professional Development
281 E. Workman Ave., Suite 203, Covina CA 91723

November 9, 2010

County of Los Angeles
Department of Children and Family Services
9320 Telstar Ave. Suite #216
El Monte, CA 91731
Out of Home Care Management Division
Attn: Dorothy Channel

Group Home Contract Compliance Review Field Summary
Corrective Action Plan

II. Facility & Environment

Finding(s)
Kidder Group Home did not have sufficient recreational equipment in good condition. Bikes needed repairs, not sufficient balls.

Corrective Action Plan
Recreational equipment will be purchased to supplement the supply at the Kidder Street Facility. Two additional basketballs will be purchased. One badminton set and Volleyball set will be purchased. The bicycles in the garage have been removed since they were broken. A jump rope has been purchased as has a football, Frisbee and a tether ball for the backyard.

III. Program Services

Finding(s)
Group Home Administrator notified that the "comprehensiveness"of NSP's is included as an element under Program Services. Initial NSP for Damon H. did not have a court authorization date and no psychological progress documented. Jacob R. updated NSP's for 11/01/09 and 5/01/10 did not have court authorization date.

Corrective Action Plan
Every NSP will be reviewed to assure that it is comprehensive. Special attention will be provided to assure that each report includes the court authorization date for psychotropic medication, and will include each child's grade level. All 90 day NSP's and Quarterly Progress Reports (this includes all reports except the initial 30-day report) will include sufficient details on visits children have with their families. Each child's psychological health will be documented on page eight of

the NSP under the category concerning child's physical, dental and psychological health.

V. Recreation & Activities

Finding(s)
Matthew G and Damon H. said that they did not participate in planning activities. Matthew G. said that he does not participate in extra-curricular activities of his choice.

Corrective Action Plan
Upon placement residents will be asked if there are any extra-curricular activities they would like to participate in. This information will be documented on the In-take Questionnaire which will be signed by the resident and the intake staff.

A log will be kept of all activity planning meetings. Each resident will be asked to sign that they did attend the activity planning meeting.

VI. Children's Health Related Services, Including Psychotropic Medication

Finding(s)
Matthew G[redacted]last Court Authorization dated 12/3/09.

Corrective Action Plan
Attached is the approved PMA submitted for Matthew G[redacted] Attached also is the fax cover sheet and fax confirmation which reflects that a PMA was submitted and pending approval. The administrator will continue to make every effort to make sure that each PMA is submitted and approved for all dependents taking psychotropic medication.

VII Personal Rights

Finding(s)
Matthew and Karla said that they did not have privacy during visits and phone calls. Karla said that she did not know that children were free to attend religious services of their choice. Karla disclosed during interview that she has no visits with MGM, siblings and other family members.

Corrective Action Plan
In order to be in compliance with Children's Personal Rights concerning the telephone Careprovider Children and Family Services will do the following: Once the resident begins their telephone conversation staff and other residents will vacate the telephone area to allow the residents to have private confidential phone conversations.

Residents will be given the opportunity to attend the church of their choice within the community.

Staff will document all efforts made for residents to have family visits.

VIII Clothing and Allowance

Finding(s)
Matthew and Damon were not assisted in creating life books.

Corrective Action Plan

Each resident will be given a life book to begin working on within the first 30 days of placement. A life book activity log will be created and residents will be asked to sign the log each time they work in their life books. The log will also reflect when a resident declines to work in their life book.

IX Personnel Records
Finding(s)
No current Emergency Intervention Training Certification found for Brigitte Wilson

Corrective Action Plan
All new hires receive 2 hours of training on the agencies Emergency Intervention Plan as part of their initial 8 hours of orientation. Subsequently, all new hires will receive additional 20 hours of training in Pro-Act within 90 days of hire. The administrator will ensure that each new employee is Pro-Act trained within 90 days of hire. Staff Brigitte Wilson attended the Pro-Act Initial Training 9/16/10, 9/17/10 & 9/18/10. Attached is a copy of the Pro-Act Certificate.

Lisa Stovall

Lisa Stovall, Program Administrator

11/9/10

Date