County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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Acting Director

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February 28, 2011

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Antonia Jiménez
Acting Director

JR. BLIND OF AMERICA 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.

Jr. Blind of America Group Home is located in the 2nd Supervisorial District, Los Angeles County, and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Jr. Blind of America Group Home's program statement, its stated goal is "to provide services to court dependent seriously emotionally disturbed, visually impaired, culturally diverse, and multi-disabled children." Jr. Blind of America Group Home is licensed to serve a capacity of 40 children, ages 6 through 17.

The Out-of-Home-Care Management Division (OHCMD) conducted a review of Jr. Blind of America Group Home in February 2010, at which time it had one 40-bed site and 11 Los Angeles County DCFS placed children. Five children were males and six children were females. For the purposes of this review, 10 currently placed children's files were reviewed and six children were interviewed; four children were nonverbal and were not interviewed. The placed children's overall average length of placement was 25 months, and their average age was 14. Five 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 Jr. Blind of America Group Home's compliance with the contract and State regulations. The visit included a review of Jr. Blind of America Group Home's program statement, administrative internal policies and procedures, 10 placed children's case files, and a random sampling of personnel files. A visit was made to the site 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

Generally, Jr. Blind of America Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in its program statement. The children's case files and personnel files were well organized and professionally maintained. The site was clean and professionally landscaped. The six children interviewed disclosed that they felt safe at the Group Home.

At the time of the review, Jr. Blind of America Group Home needed to address the development of comprehensive Needs and Services Plans (NSP).

The Director of Residential Services and his management staff were accessible, cooperative, and receptive to implementing systemic changes to improve their compliance with regulations and the Foster Care Agreement. Further, the Director of Residential Services stated that he welcomed the findings in the review so that their current operating system could be improved.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 28 updated NSPs reviewed, none were comprehensive in that some did not provide attainable case goals, some goals did not have a plan or method to achieve the case goals, some did not identify the person responsible for achieving the case goals, some did not explain why the family was not involved with the child, some Independent Living Skills case goals were not specific, some did not document the Group Home's contact with the CSW, some quarterly report sections did not reference the goal number progress, and some did not list the treatment services provided by the Group Home.
- Two of the four children on psychotropic medication reported that they were not aware of their right to refuse psychotropic medication.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held March 25, 2010:

In attendance:
Debra Adams, Vice President of Training and Residential Services, Ernesto Vasquez, Director of Residential Services, and Corina Casco, Senior Director of Children's Services, Jr. Blind of America Group Home, and Edward Preer, Monitor, DCFS OHCMD.

Highlights:
Ernesto Vasquez, Director of Residential Services, was in agreement with our findings and recommendations. He stated that obtaining a copy of the review instrument was helpful because he had information on the scope of the review, and he felt the review was fair. He also stated that communication between him and the monitor was open, non-adversarial, and helpful. He indicated that the monitor provided the Group Home with helpful information throughout the year.

As agreed, Jr. Blind of America Group Home 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 any questions, please call me or your staff may contact Aldo Marin, Board Relations Manager, at 213-351-5530.

AJ:LP:KR
EAH:DC:ep

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
Debra Adams, Vice President of Training and Residential Services, Jr. Blind of America Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland Scott, Regional Manager, Community Care Licensing

JR. BLIND OF AMERICA
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5300 Angeles Vista Boulevard
Los Angeles, CA 90043
License Number: 191800260

Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: February 2010**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. N/A
	2. Stabilization to Prevent Removal of Child	2. Full Compliance
	3. Transportation	3. Full Compliance
	4. SIRs	4. Full Compliance
	5. Compliance with Licensed Capacity	5. Full Compliance
	6. Disaster Drills Conducted	6. Full Compliance
	7. Disaster Drill Logs Maintenance	7. Full Compliance
	8. Runaway Procedures	8. Full Compliance
	9. Allowance Logs	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	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	
III	**Program Services** (8 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Improvement Needed
	3. Children's Participation in the Development of NSPs	3. Improvement Needed
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessments/Evaluations Implemented	6. Full Compliance
	7. DCFS CSWs Monthly Contacts Documented	7. Improvement Needed
	8. Comprehensive NSPs	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	Full Compliance (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	Full Compliance (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	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. Improvement Needed

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 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
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	Full Compliance (ALL)

JR. BLIND OF AMERICA GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

JR. BLIND OF AMERICA GROUP HOME
5300 Angeles Vista Bl.
Los Angeles, CA 90043
Licensing Number: 191800260
Rate Classification: 11

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 10 children's files and five staff files, and/or documentation from the provider, Jr. Blind of America Group Home was in full compliance with seven of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Facility and Environment; Educational and Emancipation Services; Recreation and Activities; Children's Health-Related Services, including Psychotropic Medication; Clothing and Allowance; and Personnel Records. The following report details the results of our review.

PROGRAM SERVICES

Based on our review of 10 children's case files and/or documentation from the provider, Jr. Blind of America Group Home fully complied with four of eight elements reviewed in the area of Program Services:

We noted that the placed children met the Group Home's population criteria as outlined in its program statement. The NSPs were implemented and discussed with the Group Home staff. The children received the required therapeutic services, and the recommendations on required and/or assessments/evaluations were implemented. Of the 28 updated NSPs reviewed, none were comprehensive in that some did not provide attainable case goals, some goals did not have a plan or method to achieve the case goals, some did not identify the person responsible for achieving the case goals, some did not explain why the family was not involved with the child, some Independent Living Skills case goals were not specific, some did not document the Group Home's contact with the CSW, some quarterly reports sections did not reference the goal number progress, and some did not list the treatment services provided by the Group Home.

Based on our review, we found that the Group Home needed to obtain the DCFS CSW's authorization to implement the NSP and age-appropriate children needed to participate in the development of the NSP. In addition, the Group Home needed to ensure that the DCFS CSWs are contacted monthly and that this contact is appropriately documented. Further, the updated NSPs were not comprehensive.

Recommendation:

Jr. Blind of America Group Home management shall ensure that:

1. It obtains the DCFS CSW's authorization to implement the NSP.

2. Age appropriate children participate in the development of the NSP.

3. The DCFS CSWs are contacted monthly, and contacts are appropriately documented.

4. The NSPs are comprehensive.

PERSONAL RIGHTS

Based on our review of 10 children's case files and/or documentation from the provider, Jr. Blind of America Group Home fully complied with 10 of 11 elements reviewed in the area of Personal Rights:

Four of the 10 children were non-verbal; therefore, they were not interviewed. The six children interviewed reported that they were given information about the Group Home's policies, procedures, rewards and discipline; they felt safe; and the staff treated them with respect and dignity.

The six children interviewed reported that they were assigned chores that were reasonable and not too demanding. The children also reported that they were allowed to make and receive personal telephone calls, send and receive unopened mail, have private visitors, attend the religious services of their choice, and they were satisfied with the meals and snacks.

The children interviewed reported that they were free to receive or reject medical and dental care. However, two of the four children on psychotropic medication reported that they were not aware of their right to reject psychotropic medication. Two of the four children on psychotropic medication are non-verbal; therefore, they were not interviewed.

Recommendation:

Jr. Blind of America Group Home management shall ensure that:

5. The children are free to receive or reject psychiatric medication.

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

Objective

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

Verification

We verified whether the outstanding recommendations from A-C's Report issued August 18, 2009 were implemented.

Results

The A-C's prior monitoring report contained two outstanding recommendations. Specifically, Jr. Blind of America Group Home was to include all members of the treatment team in the development and implementation of the NSPs and maintain adequate documentation to show that children are receiving treatment services.

As we noted, one recommendation regarding the Group Home's age appropriate children participating in the development of the NSP was not fully implemented. A corrective action was required of Jr. Blind of America Group Home to further address the finding.

Recommendation:

Jr. Blind of America Group Home management shall ensure that:

6. It fully implements the one outstanding recommendation from the A-C's Report dated August 18, 2009, which is noted in this report as Recommendation 2.

JUNIOR BLIND
OF AMERICA

May 20, 2010

Dorothy Channel
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telsar Avenue, Suite 216
El Monte, CA 91731-2895

Re: **Correct of Action Plan / CONTRACT COMPLIANCE**
License #191800260
Vendor # 0346

Dear Ms. Channel

Enclosed you will find Junior blind of America's Correct of Action Plan (CAP) for the Contract Compliance Review results dated on March 25, 2010.

Area of Review: III Program Services:
17. <u>The Group Home did not obtain the DCFS CSW's authorizations to implement all NSP.</u>
Junior Blind Social Worker will obtain the signature of the CSW at the time of the initial and subsequent NSP meetings. If the CSW is not in attendance or is attending by conference call the Junior Blind Social Worker will obtain a faxed copy of the CSW signature or make arrangements to meet with the CSW to ensure that proper authorizations are obtained. All attempts to obtain the signature will be documented by the Social Worker in the child's NSP. If Junior Blind Social Worker is not able to obtain the signature after several attempts with the CSW, the Social Worker will contact the CSW Supervisor for assistance. The Senior Director of Social Services and/or Director of Residential Services will review the NSP quarterly to ensure that all necessary signatures and contacts are properly being obtained and noted on the NSP.

<u>18. The Group Home did not document how age appropriate children participate in the development of their NSP.</u>
Junior Blind will include the residents who are able to participate in the development of their NSP case plan goals in the initial and all subsequent NSP planning meetings. Attendance by the resident will be documented by having them include their signature on the signature of attendance sign in, completed by all participants. The Senior Director of Social Services will be informed of each NSP and will check with the Social Worker to ensure that the residents has been invited to participate in the planned NSP meeting. The attendance sheet will be reviewed by the Senior Director of Social Services and/or Director of Residential Services to ensure that residents who are able to participate did attend and sign the signature page. The Senior Director of Social Services and/or Director of Residential Services will review the NSP quarterly to ensure that all residents who are age appropriate and able will participate in the development of their NSP.

22. The Group Home did not document monthly contacts with CSW

Junior Blind Social Worker will document each contact made with the CSW in the NSP, immediately upon the conclusion of the contact. The Senior Director of Social Services will complete random reviews of the NSP to ensure monthly contacts are being made and documented. The Senior Director of Social Services and/or Director of Residential Services will review all NSP quarterly to ensure that all contacts are properly being obtained and noted on the NSP.

23. The Group Home NSP were not comprehensive

Junior Blind Social Worker will ensure that the NSP are comprehensive by:

a. Reflecting the case goal plan and method to achieve the case goals for each resident. To ensure the NSP reflects the case goals and plan, the initial NSP will be created with input from the Treatment Team consisting of the resident, parent/guardian (when possible), placement CSW, JBA Social Worker, CRP Residential Program Manager and CRP Residential Counselor plus appropriate consultant (i.e. psychologist/behavior specialist for a behavior related goal). Continued follow up will be maintained through the daily tracking of goals by the residential counselor; the monthly NSP outcome report by the Program Supervisor and Social Worker and then the quarter update to the NSP Report by the Social Worker. Each NSP Quarterly Progress Report is reviewed by the Director of Social Services and/or Residential Services quarterly to ensure goals are being addressed and compliance to the individual program plan.

b. Indicate in the NSP Report the staff position responsible for assisting the resident with the implementation and achievement of their case goal plans. This will include the direct care staff, Program Supervisor, Social Worker and Administrator of the program. The Director of Social Services and/or Residential Services will review the NSP quarterly to ensure compliance.

c. Ensure that all NSP case goals are specific, realistic and attainable through the use of the initial skills assessment, review of current IEP goals (if any are carrying over to the residential setting), and through direct interview with the resident, parent/guardian and placement coordinator. The goals will be agreed upon by the resident, Social Worker and Treatment Team. The goals will be tracked daily by the residential counselor, and reviewed monthly by the Program Manager and Social Worker. The Director of Social Services and/or Residential Services will review each NSP quarterly to ensure all requirements are met. Should the outcome indicate the need to adjust the goal this will be done with input from the resident and Treatment Team and noted in the NSP Report.

c. Document the list of specific treatment services provided by Junior Blind for each resident into the NSP. The Social Worker will update the NSP with treatment service changes as appropriate. The Director of Social Services and/or Residential Services will review the NSP quarterly to ensure compliance

Area of Review: VII Personal Rights

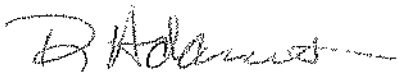
49. The Group Home will ensure that all children are aware of their right to refuse psychotropic medication

Junior Blind Social Worker and Registered Nurse/Admission Coordinator meets with each resident upon admission. During this meeting each resident is provided with the information that they have the right to refuse the psychotropic medications being prescribed to them. This is also discussed during the Social Skills Group activity with is facilitated by an MSW within the Social Services department of Junior Blind. The Junior

Blind Social Worker will have each resident sign off that they have been informed of their right to refuse psychotropic medications and the date of the conversations will be noted in the NSP for the resident. All Social Skills Group attendees will also sign an attendance form which indicates the agenda for the session to ensure that Junior Blind captures the various opportunities used to inform the residents of their right to refuse psychotropic medications.

If you have any questions regarding the CAP, Please contact me at (323) 295-4555 ext. 275 or by email at dadams@juniorblind.org

Respectfully,



Debra Adams,
VP of Training and Residential Services