County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 14, 2011

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

From: Jackie Contreras, Ph.D.
Acting Director

PHOENIX ACADEMY 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.

Phoenix Academy Group Home is located in the 3rd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Phoenix Academy's program statement, its purpose is to provide "a structured regimen designed to meet the treatment needs of adolescents identified with a primary substance use disorder." Phoenix Academy Group Home is licensed to serve a capacity of 120 children, ages 13 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Phoenix Academy Group Home in December 2010 at which time the agency had one 120-bed site and ten DCFS placed children. Four children were female and six male. For the purpose of this review, all ten placed children's case files were reviewed; nine children were interviewed, as one child was discharged prior to being interviewed. The placed children's overall average length of placement was 3.5 months, and their average age was 16. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Ten 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 Phoenix Academy Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, ten children's case files, 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, 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, Phoenix Academy Group Home was providing services as outlined in its program statement. The children interviewed stated they were satisfied with residing in the home.

At the time of the review, we noted some documentation deficiencies. The Group Home needed to develop comprehensive Needs and Services Plans (NSP) and document Special Incident Reports (SIR) appropriately. Just one of ten children had current court-approved Psychotropic Medication Authorizations on file. The Monitor immediately brought this to the attention of the Group Home and provided the contact information for the D-rate Unit. During our review, we also noted five children were not provided a clothing allowance. In addition, the Group Home was not providing for children's transportation needs for visits with family.

Phoenix Academy Group Home was receptive to implementing some systemic changes to improve compliance with regulations and the Foster Care Agreement. The Director was receptive to the findings, addressed them with the Group Home staff during the review and stated they would work as a team to develop a plan to correct the deficiencies.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 16 initial and updated NSPs reviewed, five were not comprehensive in that they did not complete all the required elements in accordance with the NSP template.

- Nine of the ten children did not have court-approved psychotropic medication authorizations on file. Prior to the exit conference, the Psychotropic Medication Authorization forms (JV 220A) were re-submitted to the D-rate Unit and then to court for approval. Fax and email confirmations from the Group Home and D-rate unit were received. This process took approximately 3-6 weeks.

- One of the ten children did not have a timely initial dental examination.

- SIRs were not submitted in a timely manner, nor cross-reported to all required parties. The Monitor immediately brought this to the attention of the Director and requested SIRs be submitted appropriately via I-Track immediately.

- One child stated he did not feel safe in the Group Home because other children threatened to fight him. The Monitor informed the Director, and the Director stated she would immediately address the child's safety concerns. The agency has implemented the principles of its Anti-Bullying/Harassment policy in house meetings held with youth and staff. The Senior Counseling staff is responsible for continued implementation to address this concern.

- Four of the ten children stated they were not encouraged to have life books/photo albums. The Director stated each child participates in a life book program but some refused to participate; however, there was no documentation to support this claim.

- Five of the ten children stated they were not provided a monthly clothing allowance and were not taken shopping for new clothes. Four of the five children stated they had adequate clothing because their parents brought them from home, and one child stated she was recently placed at the Group Home. The Monitor provided the Group Home with the DCFS 2282 Clothing Standard and informed the Director and Program Administrator that the children needed to go shopping soon and are to be provided a monthly $50 clothing allowance. The Program Administrator agreed. Since the exit conference, clothing receipts have been provided for one child, and three of the children have been discharged. The fifth placed child that had not been provided with a clothing allowance has since been taken shopping and purchased shirts, pants, slippers and undergarments and, subsequently, discharged.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on January 11, 2011:

In attendance:

Elizabeth Stanley-Salazar, Director, Ebonie Thomas, Program Administrator, Patricia Griffin, Nurse Manager, Monica Lang, Unit Director/Clinical Specialist, Brian Edwards, Deputy Clinical Specialist, Victoria Greenwood, Medical Records Clerk, and Desiree

Gonzalez, Clinical Coordinator/Therapist, Phoenix Academy Group Home; and LaDonna Jones and Donald Luther, Monitors, DCFS OHCMD.

Highlights:

The Director was in agreement with most of our findings and recommendations and open to suggestions. However, the Executive Director felt the finding that the Group Home did not provide for children's transportation needs to visit with parents was inaccurate. The Director stated they provide parents with bus tokens and other transportation resources to visit children. Nine of the ten children did not have court-approved psychotropic medication authorizations on file. Prior to the exit conference, the Nurse Manager re-submitted Psychotropic Medication Authorization forms (JV 220A) to the D-rate Unit for court approval. During the exit conference, the Director instructed staff to ensure NSPs are comprehensive and that SIRs are submitted appropriately. The Group Home Monitor informed the Program Administrator that the Group Home needed to follow the DCFS 2282 Clothing Standard and ensure children receive monthly clothing allowances. The Program Administrator stated they would follow the clothing standard, inventory children's clothing and immediately begin to meet the standard. After the exit conference, the Program Administrator provided clothing receipts for one child. Since the exit conference, three of the children have been discharged. The OHCMD Monitor received the receipt for the one placed child in the amount of $244.03; however, the child was discharged prior to completion of an updated inventory of his clothing.

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

If you have any questions, your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

JC:RS:KR
EAH:DC:lj

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
Elizabeth Stanley-Salazar, Director, Phoenix Academy Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

PHOENIX ACADEMY GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

11600 Eldridge Ave.
Lake View Terrace, CA 91342
License Number: 191222731
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: December 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. Improvement Needed
	4. SIRs	4. Improvement Needed
	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. Full Compliance
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	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. Full Compliance
	8. Comprehensive NSPs	8. Improvement Needed

IV	**Educational and Emancipation Services** (4 Elements)	
	1. Emancipation/Vocational Programs Provided	1. Improvement Needed
	2. ILP Emancipation Planning	2. Improvement Needed
	3. Current IEPs Maintained	3. Full Compliance
	4. Current Report Cards Maintained	4. Full Compliance
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	1. Improvement Needed
	2. Current Psychiatric Evaluation Review	2. Full Compliance
	3. Medication Logs	3. Full Compliance
	4. Initial Medical Exams Conducted	4. Full Compliance
	5. Initial Medical Exams Timely	5. Full Compliance
	6. Follow-up Medical Exams Timely	6. N/A
	7. Initial Dental Exams	7. Full Compliance
	8. Initial Dental Exams Timely	8. Full Compliance
	9. Follow-Up Dental Exams Timely	9. N/A
VII	**Personal Rights** (11 Elements)	
	1. Children Informed of Group Home's Policies and Procedures	1. Full Compliance
	2. Children Feel Safe	2. Improvement Needed
	3. Satisfaction with Meals and Snacks	3. Improvement Needed
	4. Staff Treatment of Children with Respect and Dignity	4. Full Compliance
	5. Appropriate Rewards and Discipline System	5. Full Compliance
	6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	6. Full Compliance
	7. Children Allowed Private Visits, Calls and Correspondence	7. Improvement Needed
	8. Children Free to Attend Religious Services/Activities	8. Full Compliance
	9. Reasonable Chores	9. Full Compliance
	10. Children Informed about Psychotropic Medication	10. Full Compliance
	11. Children Aware of Right to Refuse Psychotropic Medication	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 7. Management of Allowance 8. Encouragement and Assistance with Life Book	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 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. Ongoing 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

PHOENIX ACADEMY GROUP HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

11600 Eldridge Ave.
Lake View Terrace, CA 91342
License Number: 191222731
Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the December 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of ten children's files, five staff files and/or documentation from the provider, Phoenix Academy Group Home was in full compliance with two of nine sections of our Contract Compliance review: Facility and Environment, and Recreation and Activities. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of ten children's case files and/or documentation from the provider, Phoenix Academy Group Home fully complied with six of eight elements reviewed in the area of Licensure/Contract Requirements. One element was not applicable as this is a one-site facility.

The Group Home was in compliance with licensed capacity, conducted disaster drills and maintained completed disaster drill logs. Appropriate and comprehensive allowance logs were maintained. However, the Group Home did not provide for children's transportation needs to visit with parents. While the Director did not feel this to be an accurate finding, the Director stated that she would address the notification of transportation of the children and parents in the Resident Handbook and monitor the need for transportation in order to ensure the policy is carried out. The Director stated they provide parents with bus tokens and other transportation options to visit children. She stated the Group Home would begin to document and provide proof of its efforts to assist parents with transportation for visits.

The Group Home maintained runaway procedures in accordance with the contract. However, during our review, we noted that Special Incident Reports (SIR) were not timely documented and cross-reported to all required parties. The Director stated they would immediately begin submitting SIRs via I-Track appropriately. Prior to the Exit Conference, the Group Home provided SIR training to staff.

Recommendations:

Phoenix Academy Group Home management shall ensure that:

1. Transportation is provided for children's needs.

2. SIRs are appropriately documented and cross-reported to all required parties via I-Track, in a timely manner.

PROGRAM SERVICES

Based on our review of ten children's case files and/or documentation from the provider, Phoenix Academy Group Home fully complied with seven of eight elements reviewed in the area of Program Services.

We noted that children were placed in accordance with the Group Home's population criteria as outlined in the agency's program statement. Also, children were receiving required therapeutic services, and recommended assessments/evaluations were implemented.

Age-appropriate children participated in the development of Needs and Services Plans (NSP). In addition, reviewed NSPs were discussed with the Group Home staff. One updated NSP had no documentation of specific information regarding visits such as dates of the visits, quality of the visits and transportation arrangements. Three initial and updated NSPs reviewed did not have measurable progress documented and all of the required elements were not completed in accordance with the NSP template. One updated NSP was due but not in the child's file for review. The Director reported that the NSP was subsequently submitted to the court on January 30, 2011 and is filed in the child's file. The Group Home was receptive to receiving future additional NSP training to generate comprehensive NSPs.

Recommendation:

Phoenix Academy Group Home management shall ensure that:

3. NSPs are comprehensive, including all required elements in accordance with the NSP template.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of ten children's case files and/or documentation from the provider, Phoenix Academy Group Home fully complied with two of four elements reviewed in the area of Educational and Emancipation Services.

Of the two children eligible for Youth Development Services (YDS), only one was provided opportunities to participate in YDS/vocational training programs. Additionally,

there was no documentation of one eligible child participating in Independent Living Programs and YDS Planning. Individualized Educational Plans (IEP) were maintained for all required children. Copies of report cards or progress reports were maintained for all ten children.

Recommendations:

Phoenix Academy Group Home management shall ensure that:

4. Opportunities are provided to all eligible children to participate in emancipation and vocational training programs.

5. Independent Living Programs and YDS Planning are provided and children attend in accordance with their developmental expectations.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of ten children's case files and/or documentation from the provider, Phoenix Academy Group Home fully complied with five of nine elements in the area of Children's Health-Related Services, including Psychotropic Medication. Two elements were not applicable, as no follow-up medical/dental exams were required.

Ten children placed at Phoenix Academy Group Home were prescribed and administered psychotropic medication. All ten children had psychiatric reviews on file, and medication logs were properly maintained. However, nine children did not have court-approved authorizations on file. The Psychotropic Medication Authorization forms (JV 220A) were completed to include medications and dosages by the psychiatrist but not stamped and signed by the court officer. The Monitor immediately brought this to the attention of the Group Home and provided the contact information for the D-rate Unit. The Group Home reported they had been sending the JV 220A to the Children's Social Workers (CSW) instead of the D-rate Unit for processing. Prior to the exit conference, the Nurse Manager ensured the Psychotropic Medication Authorization forms were re-submitted to the D-rate Unit and then to court for approval. Fax and email confirmations from the Group Home and D-rate Unit were received.

All ten children had timely initial medical examinations. One of the ten children's initial dental examinations was not conducted timely. Follow-up medical and dental examinations were not due for the children at the time of the review.

Recommendations:

Phoenix Academy Group Home management shall ensure that:

6. Current court-approved psychotropic medication authorizations are maintained.

7. Children receive initial dental examinations within 30 days of placement.

PERSONAL RIGHTS

Based on our review of ten children's case files and/or documentation from the provider, Phoenix Academy Group Home fully complied with eight of 11 elements in the area of Personal Rights.

Overall, nine children (one child discharged prior to an interview) reported they were informed of the Group Home's policies and procedures, staff treated them with respect and dignity, and they were free to attend religious activities. However, five children reported they did not have privacy during telephone calls. The Monitor discussed this issue with the Director who stated children were provided privacy when calling their attorney or social worker but some have monitored telephone calls with family or friends. Per the Group Home's policy, children have access to telephones in order to make and receive confidential calls, provided such calls are not prohibited by the child's NSP in collaboration with the authorized representatives from DCFS and the Probation and/or court order. Denial of telephone calls is not permitted to be used as a form of discipline. The Monitor contacted Community Care Licensing and was told that prohibiting a child from making or receiving confidential phone calls still required a court order. The Director acknowledged the clarification and understood.

The children also reported that they were free to receive or reject medical, dental or psychiatric care, their chores were reasonable, and they were informed about their psychotropic medications. There was an appropriate rewards and discipline system in place. One child stated he did not feel safe in the Group Home because other children threatened to fight him. The Monitor informed the Director of the child's safety concerns. The Director stated she would immediately address this and the agency implemented the principles of its Anti-Bullying/Harassment policy in house meetings held with youth and staff. The Senior Counseling staff is responsible for continued implementation to address this concern. One child reported that he was not satisfied with the meals and that the food did not taste good sometimes. The Monitor toured the kitchen and talked to the cook. The Monitor observed a variety of foods based on the food pyramid. The cook stated they prepare a variety of foods and try to satisfy the children.

Recommendations:

Phoenix Academy Group Home management shall ensure that:

8. Children are allowed to make and receive private phone calls.

9. Children feel safe in the Group Home.

10. Children are provided satisfactory meals and snacks.

CLOTHING AND ALLOWANCE

Based on our review of ten children case files and/or documentation from the provider, Phoenix Academy Group Home fully complied with five of eight elements reviewed in the area of Clothing and Allowance.

Five of the ten children stated they were not provided a monthly clothing allowance and were not taken shopping for new clothes. Four of five children stated they had adequate clothing because their parents brought them from home, and one child stated she was recently placed at the Group Home. The Group Home Monitor provided the Group Home the DCFS 2282 Clothing Standard and informed the Director and Program Administrator that the children needed to go shopping soon and were to be provided a monthly $50 clothing allowance. The Program Administrator agreed. Since the exit conference, clothing receipts have been provided for one child, and three of the children have since been discharged. One child went shopping and spent a total of $244.03, inclusive of shirts, pants, slippers, and undergarments; this child was subsequently discharged.

Nine children (one child discharged prior to an interview) stated they were provided with adequate personal care items. Children stated they were always provided with the minimum monetary allowance but two children stated they were not free to manage their allowances because there were limits to what they could purchase (e.g., certain candy and spray cans due to tagging concerns). Four children stated they were not encouraged or assisted in creating and updating a life book/photo album. The Director stated each child participated in a life book program but some refused to participate. However, there was no documentation to support this claim.

Recommendations:

Phoenix Academy Group Home management shall ensure that:

11. Children are provided at least $50 per month clothing allowance.

12. Children have ongoing clothing inventories of adequate quantity.

13. Children are encouraged and assisted in creating and updating life books/photo albums.

PERSONNEL RECORDS

Based on our review of five staff personnel files and/or documentation from the provider, Phoenix Academy Group Home fully complied with 11 of 12 elements reviewed in the area of Personnel Records.

All five staff met the educational/experience requirements. Fingerprints, Child Abuse Central Index (CACI) clearances and criminal background statements were submitted

timely. Employees received timely initial health screenings, had valid driver's licenses and signed copies of the Group Home policies and procedures. All five received CPR, First-Aid and ongoing training (if applicable). However, one staff did not receive emergency intervention training. The Program Administrator stated this staff was scheduled to attend emergency intervention training in January 2011, and verification was submitted to the OHCMD Monitor.

Recommendation:

Phoenix Academy Group Home management shall ensure that:

14. All applicable staff receive required emergency intervention training.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

Objective

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

Verification

We verified whether the outstanding recommendations from the A-C report dated November 13, 2009 were implemented.

Results

The A-C's prior monitoring report contained six outstanding recommendations. Phoenix Academy Group Home was to include input from all members of the treatment team in the development and implementation of NSPs; teach all children daily living, self-help and survival skills; provide all children opportunities to participate in emancipation and vocational programs as appropriate; provide all children with sufficient recreational activities; provide all children with sufficient portions of food and snacks; and assist all children in creating and maintaining photo albums/life books. The A-C's recommendations to teach all children daily living, self-help and survival skills; provide all children opportunities to participate in emancipation and vocational programs, as appropriate; and assist all children in creating and maintaining photo albums/life books in accordance with Title 22 regulations were not fully implemented. Corrective action was requested of Phoenix Academy Group Home to further address these findings.

Recommendation:

Phoenix Academy Group Home management shall ensure that:

15. It fully implements the three outstanding recommendations from the A-C's monitoring report dated November 13, 2009, which are noted in this report as Recommendations 4 and 13.

Phoenix House

March 17, 2011

Dorothy Channel, Manager
Out of Home Care Management Division
Group Home Monitoring Section
9320 Telstar Ave., Suite 216
El Monte, CA 91731

Subject: Group Home Contract Compliance Review Corrective Action Plan

Dear Ms. Channel:

On December 1, 2011, the announced Group Home Contract Compliance Review and inspection of Phoenix House Academy at 11600 Eldridge Avenue, Lake View Terrace, California was conducted with the exit conference on 1/11/11. A Corrective Action Plan was submitted on February 18, 2011. The Group Home Program Contract Compliance Monitoring Review was received on March 9, 2011. The following corrective actions were written in response to the Performance Evaluation and submitted on February 17, 2011. These have been revised based the input received in your letter dated March 9. 2011.

I.2 Does the GH provide for children's transportation needs? No [1]

The reviewer states that *"The GH does not transport children to visits."* This is an inaccurate finding. Residents are routinely transported to off site appointments including counseling sessions, medical, dental, school, religious services, work etc. Parent(s)/guardian(s) come to site for visitations and to participate in an intensive family program and therapy. If needed, support for transportation is provided to parents. The current policy and procedure is attached.

1) Starting March 2011, Case Managers will track transportation needs monthly and interventions facilitated through case conferences.
2) The Deputy Director of Ancillary Services will update a description of the Transportation Services offered which will be added to the Client and Parent Orientation Manual to be completed by May 31, 2011.
3) Phoenix House Family Services counselor will review transportation options during the Family Orientation Session starting by May 31, 2011.
4) Benchmarks will be monitored monthly by the Quality Assurance Committee by the Senior Management Team starting in March 2011.
5) The Unit Clinical Specialist is responsible to ensure on-going compliance.

I.4 *Are special incident reports (SIRs) appropriately documented and cross-reported. No [1]*

A Corrective Action Plan for timely and accurate Special Incident Reports in accordance with Exhibit A-VIII of the Foster Care Agreement was submitted to the OHCMD on 12/22/10 in response to letter dated 12/9/2010 (Attachment I). Trainings for Administrative Assistants and all Facility Managers and Shift Supervisors was completed at two training session on January 3 and 5, 2011. Twenty staff completed training. The Agenda and Sign In sheets are enclosing (Attachment II). An internal audit roster which will be compiled by the Program Administrative Assistant on a daily basis. The audit will be reviewed with Facility Managers at the Facility Managers Meeting and compliance will be reviewed by the Quality Assurance Committee on a monthly by the Senior Management Team (attached). The Managing Director is responsible to ensure on-going compliance.

III.22a *Are Needs and Services Plans comprehensive? No*

1) The Needs and Services Plans were updated by assigned Case Managers for the active clients on January 14, 2011.
2) Starting in February 2011, the Deputy Clinical Specialists, have instituted a more intensive review of goals, interventions and progress notes on a case by case basis and incorporated findings into routine supervision with case managers which is documented and singed by each employee.
3) All Case Managers received training on February 23, 2011 on NSP Policy and Procedures, development of short and long term goals, development and progress documentation, documentation of barriers to service and intervention taken by staff and action steps for clients by Senior Case Manager.

IV.23 Does the Group Home provide children the opportunity to participate in emancipation and vocational training programs? No documentation of AZ receiving services. [1]No

1) AZ is currently participating in ILP classes.
2) ILP Tracking Form was created by the Deputy Director of Ancillary Services in January 2011.
3) Starting February 2011, eligibility and participation in ILP classes will be tracked monthly and interventions facilitated in a timely manner through case conferences.
4) Starting February 2011, benchmarks will be monitored monthly by the Quality Assurance Committee by the Senior Management Team starting in March 2011.
5) Deputy Director of Ancillary Services is responsible to ensure on-going compliance.

IV.24 Are Independent Living Programs and Emancipation Planning provided and attended in accordance with the developmental expectations of the child? [1] No documentation of A Z receiving services.

1) AZ is currently participating in ILP classes.

2) ILP Tracking Form was created by the Deputy Director of Ancillary Services in January 2011.
3) Starting February 2011, eligibility and participation in ILP classes will be tracked monthly and interventions facilitated in a timely manner through case conferences.
4) Starting February 2011, benchmarks will be monitored monthly by the Quality Assurance Committee by the Senior Management Team.
5) Deputy Director of Ancillary Services will be responsible to ensure on-going compliance.

VI.30 Are there current court-approved authorizations for the administration of psychotropic medications? [9]

All JV-220s with missing court approval were submitted to the Probation PAS Psychotropic Medication Desk Clerk on 12/22/10. All missing PMAs have been received.

1) The Nurse Manager revised the *Prescribing and Authorization for Psychotropic Medication Policy and Procedure* to reflect new procedures for securing and documenting court authorization on 1/18/11
2) The Nurse Manager conducted PMA training for the nursing staff and medical director on 2/2/2011
3) The Nurse Manager initiated a PMA LOG and Tracking System in January 2011 and January records were 100% accurate
4) Starting February 2011, the Medical Records Clerk will complete a monthly audit of the PMA LOG and Tracking System which will be reviewed at the Quality Assurance Meeting by the Senior Management Team.

VI.37 Are initial dental examinations timely? [1] DS – placed 6/22/10; initial dental examination on 7/27/10.

Current Policy and Procedure requires dental examinations within 30 days of admission. Apparently, the client missed the appointment due to illness and it was rescheduled; however, the documentation was missing.

1) The Nurse Manager conducted training on documentation of actions taken with all appointments for the nursing staff on February 2, 2011.
2) The Appointment Checklist was modified to capture this data on a routine basis.
3) The Medical Records Clerk will monitor reports weekly and report to Nurse Manager any appointments due within time period. The Nurse Manager is responsible to ensure on-going compliance.

VII.40 Do children feel safe in the group home? [1] B B stated he does not feel safe.

Phoenix House has a Tolerance and Anti-Aggression Policy and utilizes Aggression Replacement Training, Safe Haven Orientation, Anti-Gang Contract and Signage to support this policy. The principles of Tolerance and Anti-Bulling/Harassment are common themes in House Meetings. Feedback is routinely collected from clients. Each

Senior Counselor is responsible for the continuous vigilance and implementation of these efforts.

1) A question regarding safety was added to the monthly Satisfaction Survey in January 2011.
2) the results of the Satisfaction Survey are reviewed at the Quality Assurance Committee by the Senior Management Team and interventions identified.
3) Satisfaction Survey results are shared with staff and clients routinely at staff meetings and client meetings.
4) The Unit Clinical Specialist is responsible to ensure on-going safety practices.

VII.41 Do children report satisfaction with meals and snacks? No [1]

1) Starting March 2011, the Head Cook will meet with the Client Kitchen Crew twice a month to discuss menus and other kitchen issues.
2) Satisfaction Surveys are collected and attached and are monitored by the Quality Assurance Committee by the Senior Management Team.
3) The Head Cook is responsible to ensure on-going compliance

VII.45 Are children allowed private visits, to make and receive phone calls, and to send and receive unopened correspondence/mail? [5] Clients stated no privacy during phone calls; case manager present.

Confidential telephone calls are permitted upon request pursuant to the attached Policy and Procedure and in accordance with Community Care Licensing Title XXII Regulations, Section 84072 (c) and (d).

1) The current Policy will be updated on March 1, 2011, to reflect the contract language as follows: *"Residents shall have a right to telephones in order to make and receive confidential calls, provided that such calls are not prohibited by the resident's need and service plan; are not prohibited as a form of discipline; do not infringe upon the right of other residents; do not restrict availability of phone during emergencies and are not prohibited by court order or the resident's authorized representative."*
2) This statement will be added to the Client and Parent Orientation Manual. The Deputy Director of Ancillary Services will complete Manual by May 31, 2011.
3) The Deputy Clinical Specialists reviewed Telephone Access Policy with Case Managers by March 24, 2011 in training.
4) Starting March 2011, compliance with Policy will be tracked monthly and benchmarks will be monitored at the Quality Assurance Committee by the Senior Management Team.
5) The Unit Clinical Specialist is responsible to ensure on-going compliance.

VIII.50 Is at least $50 per month clothing allowance provided? No [5]

1) The Director will modified the current Clothing Allowance Policy and Procedure and forms pursuant to contract and based on technical assistance received from OHCMD on March 1, 2011.

2) All case managers and recovery specialists received training on new Policy and Procedure and use of form on February 23, 2011.
3) Starting in March 2011, compliance with Policy and Procedure will be tracked monthly and interventions facilitated in a timely manner through case conferences by the Unit Clinical Specialist.
4) Starting in March 2011, benchmarks will be monitored monthly at the Quality Assurance Committee by the Senior Management Team.
5) The Unit Clinical Specialist is responsible to ensure on-going compliance.

VIII.56 Are children free to manage their allowance and /or earnings as noted in FYBR? No [2]

Current policy and procedure does allow for banking of funds and self-directed utilization of these funds.

1) The Director will modified the current Allowance Policy and Procedure and forms to clarify mandate on March 1, 2011.
2) All case managers and recovery specialists received training on new Policy and Procedure and use of form on March 24, 2011
3) Starting in March 2011, compliance with Policy and Procedure will be tracked monthly and interventions facilitated in a timely manner through case conferences by the Unit Clinical Specialist by March 31, 2011.
4) Starting in March 2011, benchmarks will be monitored monthly at the Quality Assurance Meetings by the Senior Management Team.
5) The Unit Clinical Specialist is responsible to ensure on-going compliance.

VIII.57 Are children encouraged and assisted in creating and updating a life book/photo album? No [4]

Current Policy and Procedure is in place (attached).

1) The Life book Checklist will be reviewed by Senior Counselors on weekly basis to in order to monitor activity starting in March 2011.
2) Starting in March 2011, the tracking report will be monitored at the Quality Assurance Meeting monthly by Senior Management Team.
3) The Unit Clinical Specialist will be responsible to ensure on-going compliance.

IX.69 Have appropriate employees received emergency intervention training per the GH's Program Statement. One employee missed last training.

1) The Employee attended Pro-Act Training on February 25, 2011. Training Sign In Sheet attached.
2) The Project Administrator currently maintains and will continue to maintain a Staff Roster identifying all mandated personnel and training requirements.
3) The Project Administrator will notify employees and their supervisor in writing of non-compliance starting in March 2011.
4) Starting February 2011, Pro-Act Training is scheduled every other month on site for staff. The Regional Training Coordinator is a certified Pro-Act trainer.

4) Starting February 2011, Pro-Act Training is scheduled every other month on site for staff. The Regional Training Coordinator is a certified Pro-Act trainer.
5) The Executive Project Administrator is responsible to ensure on-going compliance.

Respectfully Submitted,

Elizabeth Stanley-Salazar
Vice-President, Managing Director

cc: Donald Luther, Children's Services Administrator