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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

CAREPROVIDER CHILDREN & FAMILY SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of Careprovider Children and Family Services Group Home (Careprovider Group Home) in August 2011, at which time they had two sites and ten Los Angeles County Department of Children and Family Services (DCFS) placed children, five males and five females.

The Careprovider Group Home sites are located in the Fifth Supervisorial District of Los Angeles County and provide services to DCFS foster youth. According to the Careprovider's program statement, their 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." Careprovider Group Home is licensed to serve a capacity of 12 children.

Careprovider's Kidder-site is a six-bed facility, which provides care for girls ages 13-17 years who exhibit emotional and/or behavioral problems and who may also have problems or special needs related to medical, education or development conditions. At the time of the monitoring visit, the Kidder-site was providing services to five Los Angeles County children.

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

For the purpose of this review, five currently placed children's case files were reviewed and all five were interviewed. The children's average length of placement was four months and the average age was 15 years. Three discharged children's files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at time of discharge. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Two of the sampled children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Careprovider's compliance with the contract and State regulations. The visit included a review of Careprovider'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

Overall, the children interviewed reported that they were provided with good care and appropriate services, were comfortable in their environment and were treated with respect and dignity. All five children interviewed disclosed they felt safe.

At the time of the review, the smoke detectors in the kitchen and in the dinning room at the Kidder-site were not working. The Group Home needed to develop comprehensive initial Needs and Services Plans (NSPs) and timely and comprehensive updated NSPs.

Based on our review, the deficiencies revealed the need for more thorough documentation in the NSPs and ensure that common quarters are well maintained. Overall however, Careprovider was providing good care and services to placed children.

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

NOTABLE FINDINGS

The following are the notable findings of our review:

- Two Special Incident Reports (SIRs) were identified as not cross-reported timely to OHCMD via I-track, which is a violation of Exhibit VIII of the Group Home Contract.

- Per the Group Home Administrator it was an oversight and in the future, Careprovider will ensure that all SIRs are sent timely via I-track to all necessary parties including OHCMD. Since the review, SIRs have been submitted timely. Also, Careprovider representatives attended SIR training conducted by OHCMD in October 2011.

- Smoke detectors in the kitchen and in the dinning area were not working at the Kidder-site at the time of the facility inspection. The batteries were not working and were changed during the facility inspection by the Group Home staff in the presence of the DCFS Monitor. The Group Home Administrator stated during the Exit Conference that the maintenance staff was reminded that he was responsible for checking all the smoke detectors at each facility at least once weekly. OHCMD recently sent a notification on smoke detector safety concerns to all group homes.

- The progress toward meeting his NSP goals was not documented in one currently placed child's updated NSP. The Administrator stated that Careprovider will continue to train the staff to clearly document in the updated NSPs the progress the children are making on all their NSP goals.

- Five initial NSPs and four updated NSPs were reviewed. Four initial and four updated NSPs were not comprehensive and did not meet all required elements in accordance with the NSP template. Specifically, the NSPs needed more details on family visits, and on Group Home contacts with Children Social Workers (CSW). One NSP had no Youth Development Services documented for a child and some NSPs had no school enrollment date and no signatures for the children.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held September 14, 2011:

In attendance:

Lisa Stoval, Administrator, Careprovider Group Home and Kirk Barrow, Monitor, OHCMD DCFS.

Highlights:

The Administrator was in agreement with the findings and recommendations.

Careprovider Group Home provided an approved written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

We will assess for full implementation of recommendations during our next monitoring review.

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

PLB:RS:KR:
EAH:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Emanuel Chukwuma, President, Board of Directors, Careprovider Group Home
Chika Dillibe, Executive Director, Careprovider Group Home
Jean Chen, Regional Manager, Community Care Learning
Leonora Scott, Regional Manager, Community Care Licensing

CAREPROVIDER CHILDREN AND FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW

858 North Kidder Street
Covina, California 91724
License Number 197805236
Rate Classification Level 12

518 West Chalburn Street
West Covina, California 91790
License Number 197804534
Rate Classification Level 12

	Contract Compliance Monitoring Review	**Findings: August 2011**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. SIRs	3. Improvement Needed
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies	8. Full Compliance
	9. Detailed Sign In/Out Logs for placed children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms/Interior Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non-Perishable Food	6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 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. Children Progressing Toward Meeting NSP Case Goals	5. Improvement Needed
	6. Development of Timely Initial NSPs	6. Full Compliance
	7. Development of Comprehensive Initial NSPs	7. Improvement Needed
	8. Therapeutic Services Received	8. Full Compliance
	9. Recommended Assessment/Evaluations Implemented	9. Full Compliance
	10. DCFS CSWs Monthly Contacts Documented	10. Full Compliance
	11. Children Assisted in Maintaining Important Relationship	11. Full Compliance

	12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	12. Improvement Needed 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's Educational Goals 4. Children's Academic or Attendance increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourages Children's Participation in YDS	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights And Social/Emotional Well-Being** (15 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. Fair consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community)	Full Compliance (ALL)

	15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival And Economic Well-Being** (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 Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

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The following report is based on a "point in time" monitoring visit and addresses findings during the August 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review five current children's files, three discharged children's files and three staff files, and/or documentation from the provider, Careprovider Children and Family Services (Careprovider) complied with seven of 10 sections of our contract compliance review: Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of Careprovider and review of five children's case files, Careprovider fully complied with eight of nine elements in the area of Licensure/Contract Requirements.

- Two Special Incident Reports (SIRs) were identified as not cross-reported timely to OHCMD via I-track, which is a violation of Exhibit VIII of the Group Home Contract. Per the Group Home Administrator it was an oversight and that in the future, Careprovider will ensure that all SIRs are sent via I-track to all necessary parties including OHCMD. Since the review, SIRs have been submitted timely. Also, Careprovider representatives attended SIR training conducted by OHCMD in October 2011.

Recommendation:

Careprovider management shall ensure that:

1. SIRs are appropriately cross-reported in a timely manner.

FACILITY AND ENVIRONMENT

Based on our review of Careprovider and review of five children's case files, Careprovider fully complied with four of six elements reviewed in the area of Facility and Environment.

We noted that smoke detectors in the kitchen and in the dinning area were not working at the Kidder Site at the time of the facility inspection. The Group Home Administrator stated during the Exit Conference that the maintenance staff was reminded that he was responsible for checking all the smoke detectors at each facility at least once weekly. OHCMD recently sent a notification on smoke detector safety concerns to all group homes. Also, the bedrooms at the

Chalburn Site needed children-friendly decorations. There were few pictures and personal decorations on the walls of the bedrooms at the Chalburn Site. According to the Group Home Administrator, the bedrooms are now being personalized with pictures and posters with the help of the children.

Recommendations:

Careprovider Management shall ensure that:

2. The Group Home's common quarters are well maintained.

3. The children's bedrooms are well maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of five children's case files and/or documentation from the provider, Careprovider fully complied with nine of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

The progress toward meeting his NSP goals was not documented in one currently placed child's updated NSP. The Administrator stated that Careprovider will continue to train the staff to clearly document in the updated NSPs the progress the children are making on all their NSP goals.

Five initial NSPs and four updated NSPs were reviewed. Four initial and four updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. Specifically, the NSPs needed more details on family visits and more details on the Group Home contacts with CSWs. One NSP had no Youth Development Services for the child and some NSPs had no school enrollment date and no signatures for the children. The Group Home Administrator committed herself and/or the Group Home therapist to review all NSPs and ensure that NSPs are discussed with the children, staff and signed by the appropriate parties. Careprovider representatives attended the NSP training conducted by OHCMD in January 2012.

Recommendations:

Careprovider management shall ensure that:

4. Children are progressing towards meeting their NSP goals.

5. They develop timely updated NSPs.

6. They develop comprehensive initial and updated NSPs.

FOLLOW-UP FROM OHCMD PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the 2010 monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued December 2, 2010.

Results

The OHCMD prior monitoring report contained 10 outstanding recommendations. The Group Home was to develop comprehensive NSPs, ensure that children were given opportunities to plan activities and to be involved in extra-curricular activities of their choice. The Group Home was to ensure that all children must have a current court-authorization for psychotropic medication, and have privacy during visits and telephone calls with authorized family and friends. Children were to be made aware that they were free to attend religious services and activities of their choice and to be encouraged and assisted with maintaining lifebooks/photo albums. Additionally, all direct care staff members were to receive emergency intervention training and current PRO-ACT certification. Also, Careprovider was to fully implement two outstanding recommendations from the August 18, 2009 Auditor-Controller monitoring report. Corrective action was requested of Careprovider to further address the recommendation that was not implemented.

Recommendation:

Careprovider management shall ensure that:

7. It fully implements the outstanding recommendation from our prior monitoring report which is noted in this report as Recommendation 6.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A recent fiscal review of Careprovider Group Home has not been posted by the A-C.

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

October 17, 2011

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: Kirk Barrow and Elizabeth Howard

Group Home Contract Compliance Review Field Summary
Corrective Action Plan

Section One: Licensure/Contract Requirements

SIR's#250732; #250190 and #248752 identified as not sent to OHCMD"

Corrective Action:
In the future **ALL** i-track Special Incident Reports will be sent to OHCMD. To ensure that all SIR's are forwarded to all necessary parties the administrator will review the SIR before submission.

Section Two: Facility and Environment
Chalburn Site - All the bedrooms need to be decorated children friendly. Walls bare, no pictures, posters etc.
Kidder Site - Detector in the kitchen and in the dining room were not working at the time of the facility inspection. The maintenance person will be the person responsible for checking the smoke detectors at each facility. This check will be done on a weekly basis and will be documented in the maintenance/repair binder.

Corrective Action:

- The boys' bedrooms will be personalized. The boys will participate in purchasing items to personalize their bedrooms. This will be done before October 31, 2011. Group Home Administrator will take pictures of each bedroom and forward them to OHCMD by November 11, 2011.
- The smoke detectors in the kitchen and in the dining room were replaced the same day of the inspection. Extra batteries for the detectors will be kept in locked area. All facility smoke detectors will be checked every week on Friday mornings.

Tel: 626.967.1105 Fax: 626.967.1107
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Section Three: Maintenance of required Documentation and Service Delivery

Items that were missing from NSPs:

- One NSP did not contain the resident's school grade
- Three NSP's did not have the school enrollment date
- Two NSP's did not have child's signature
- Three NSPs required more detailed information concerning group home contacts with CSW
- Three NSPs require more detailed information about their family contacts
- One NSP did not have enough information concerning child's progress toward goals

Corrective Action:

In order to correct the problem of specific items not making it into the NSP or not enough detail given to CSW contacts with administration or child's contact with family members a system is being put into place as follows:

All NSP's will be reviewed for all items necessary to assure complete and comprehensive work. A review sheet will be placed on the front of the NSP and will be signed by the reviewer (**LCSW**) who will check each and every page for complete, accurate and comprehensive answers.
All NSP's will be reviewed a second time by the **Administrator and the LCSW** after the report has been discussed with the resident, shared with the DCFS worker and signed by the appropriate parties.

Lisa Stovall
Program Administrator