County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 12, 2012

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

From: Philip L. Browning
Director

STAR VIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Star View Adolescent Center in December 2011, at which time they had one 40-bed site and 35 DCFS placed children, 10 of whom were males and 25 females.

Star View Adolescent Center is located in the Fourth Supervisorial District and provides services to DCFS foster youth. According to Star View Adolescent Center's program statement, its stated goal is "to provide an organized and structured multi-disciplinary treatment program for youth who cannot be safely maintained in family homes or lower level group home care because of the severity of their emotional and behavioral problems and very high risk behaviors." Star View Adolescent Center is licensed to serve a capacity of 40 boys and girls, ages 11 through 17, which includes children from other counties.

For the purpose of this review, a sample of seven currently placed children was selected, their case files were reviewed and the children were interviewed. The placed children's overall average length of placement was four months, and the average age was 15. The files of five discharged children 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 the time of discharge. Seven staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Five children were prescribed psychotropic medication. We reviewed their case files to assess the timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Star View Adolescent Center's compliance with the County contract and State Regulations. The visit included a review of Star View Adolescent Center's program statement, administrative internal policies and procedures, seven current children's case files, five discharged 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. We conducted interviews with the 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, Star View Adolescent Center was providing the services as outlined in its program statement. The facility was well-maintained and nicely landscaped, the children had the opportunity to attend varied off-campus outings, and the personnel and children's files were well organized.

At the time of this review, Star View Adolescent Center needed to ensure that all special incidents were reported into the I-Track System, Quarterly NSP Reports were comprehensive, and that all children were progressing toward their NSP case goals. Also, the Administration needed to ensure the children receive a timely initial medical examination and ensure that children feel safe and are treated with respect and dignity.

In conclusion, the management was receptive to implementing systemic changes to improve their compliance with regulations and the County contract, and agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- Some special incidents were not reported to the I-Track System in accordance with the Community Treatment Facility (CTF) contract Exhibit A-VIII, Special Incident Reporting Guide for Community Facility Treatment Facility. The Administrator stated that they were not aware that some of these incidents rose to the level of reporting them to the I-Track System and will review Exhibit A-VIII more carefully to ensure compliance.

- Star View Adolescent Center had one Child Protection Hotline referral for general neglect that was deemed substantiated due to supervision issues. The Administrator stated that the staff member was terminated for providing inadequate supervision. The Administrator also stated that they have altered the location of staff members' positions during lunch period and when children are returning to the units in an effort to increase the children's supervision.

- One child did not progress toward meeting his NSP case goals. The Administrator acknowledged the child's lack of progress and stated that in the future, they will make the goals more achievable for the child's current functioning.

- The reviewed NSPs were timely; however, five of seven initial NSPs and the five reviewed updated NSPs were not comprehensive. The Administrator acknowledged the NSP deficiencies and stated that the agency will provide additional training for the therapists. OHCMD provided Star View Adolescent Center with NSP training slides used during the January 2012 NSP training.

- One child did not receive an initial medical examination in a timely manner. The Administrator stated that this was an isolated incident and the agency has hired a new Director of Nursing who will review the new admission packets to ensure the children receive an initial physical examination within 72 hours of admission.

- Two children reported that they did not feel safe at Star View Adolescent Center. Specifically, one child stated she did not feel safe due to a recent physical altercation with a female resident in the on-grounds school. The child stated that staff "came and got her" but that the matter had not been resolved. When the DCFS Monitor brought this issue to the Administration's attention, the Clinical Director advised that they would arrange a problem-solving session between the two girls, stating that the girls reside in different units and share one class together. Subsequently, the Clinical Director reported they had resolved their differences.

- The second child reported that she did not feel safe and comfortable because she felt that male staff members stared at the girls in an inappropriate manner. She stated that some girls had inappropriately grabbed her and other girls had made sexually inappropriate comments. The child stated that she had reported these issues "to random staff" and that staff members had told the children not to engage in these behaviors, but felt more needed to be done. The Administrator stated that they were not aware of this child's complaint and will provide the staff members with an in-service training on boundaries and will ensure these issues are discussed at the children's community meetings.

- The child also reported that while on a whale-watching school outing, a staff member removed her feet from the bench in order to sit down and felt that the staff member was insensitive and should have sat elsewhere. She also stated that the staff member was taking pictures of the girls on his personal cell phone and should

have asked their permission. The child stated that she and other girls did not feel comfortable around this staff member and had told her mother, therapist and the Clinical Director. The child stated that due to her trauma history these incidents made her feel uncomfortable. The Administrator reported being aware of the child's concerns and had discussed the concerns with the child and her mother. The Clinical Director added that the staff member commonly photographed events for the children's life books/photo albums, and that these photographs were for the school yearbook. However, the Clinical Director stated that the staff member should have used the Rehabilitation Department's camera, should have advised the children of the purpose of the photographs and should have asked permission to take their photograph. The Clinical Director also stated that she had reviewed all of the photos on the staff member's cell phone before they were removed, and that all of the photographs were appropriate pictures of children, staff and scenery documenting the whale-watching event. The Clinical Director advised the child and the child's mother that she viewed all of the pictures, that the pictures were appropriate, and that they were deleted from the staff member's cell phone. The Administration agreed that it was insensitive of the staff member to remove the child's feet from the bench and that the staff member should have been more sensitive to the child's trauma history. Subsequently, Star View Adolescent Center provided documentation that the staff member participated in a two-hour sensitivity training to ensure that the staff member will be more sensitive to the children's feelings.

- One child stated that he did not always feel that he was treated with respect and dignity and felt some staff treated some children differently than others and felt that he was treated unfairly by some staff and was respected by other staff members. The child cited a recent incident, after bedtime, a staff member turned on the lights and told him to take off his clothes and get into bed and mentioned another time a staff member "cut the phone" service when he was using the telephone. At the time of the interview, the Monitor called in the therapist to further talk with the child and advised the administration. The Administrator stated that there are bedtime rules and that a child in street clothes and not in bed would be considered an AWOL risk. They also stated that it would never be acceptable for a staff member to turn off the telephone, cannot imagine that it happened, and will review this issue with the staff. The Administrator later stated that an interview was conducted with the child, as well as an internal investigation, to ensure the child's rights were not violated, which is the procedure whenever things of this nature are brought to the Administration's attention. The Administrator also advised that children are regularly apprised of their personal rights via daily community meetings, through their therapist, as well as their in-house patients rights advocate.

- Two children reported not being satisfied with the meals and/or snacks. The Administrator stated that on a daily basis, they provide the children with a food option for non-vegetarians, vegetarians, as well as cold cuts, salad bar and peanut butter and jelly sandwiches, and stated that it is difficult to please all of the children.

- One staff member did not receive a timely Criminal Clearance, and two staff members did not receive the Emergency Intervention Plan refresher certification in accordance to the Star View Adolescent Center's program statement. The Administrator stated that they have employed a Human Resources Director who will review the newly-hired staff members' documents to ensure they are criminally cleared before attending orientation. Star View Adolescent Center has requested an amendment to their program statement for staff members to receive the emergency intervention plan refresher on a semi-annual basis, rather than every six months; however, their amended program statement request remains pending.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held March 9, 2012.

In attendance:

Dr. Natalie Spiteri, Administrator; Rob McKinstry, Administrator Coordinator; Karen Meagher, Clinical Director, Star View Adolescent Center; and Kristine Kropke Gay, Monitor, Out-of-Home Care Management Division, DCFS.

Highlights:

The Administrator, Administrator Coordinator and Clinical Director were in agreement with most of the findings and recommendations and stated they will make the necessary corrections to mitigate the deficiencies.

As agreed, Star View Adolescent Center provided an approved written CAP addressing each recommendation noted in this compliance report. The CAP is attached.

DCFS and Star View Adolescent Center have continued to have quarterly meetings. A follow-up visit will be conducted to assess for full implementation of recommendations during our next 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:kkg

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
Sandra Tobias, President, Board of Directors, Star View Adolescent Center
Kent Dunlap, Executive Director, Star View Adolescent Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

STAR VIEW ADOLESCENT CENTER
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

SITE LOCATION

4025 West 226th Street
Torrance, CA 90505
License Number: 197803340
Rate Classification: Community Treatment Facility

	Contract Compliance Monitoring Review	Findings: December 2011
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. Special Incident Reports	3. Needs Improvement
	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 Investigations Reports on Safety/Plant Deficiencies	8. Needs Improvement
	9. Detailed Sign In/Out Logs for Placed Children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedroom/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable an Non-Perishable Food	Full Compliance (ALL)

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. Needs Improvement
	6. Development of Timely Initial NSPs	6. Full Compliance
	7. Development of Comprehensive Initial NSPs	7. Needs Improvement
	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 Relationships	11. Full Compliance
	12. Development of Timely Updated NSPs	12. Full Compliance
	13. Development of Comprehensive Initial/Updated NSPs	13. Needs Improvement
IV	**Educational and Workforce Readiness** (8 Elements)	
	1. Children Enrolled in School Timely	Full Compliance (ALL)
	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	
V	**Health and Medical Needs** (6 Elements)	
	1. Initial Medical Exams Conducted	1. Full Compliance
	2. Initial Medical Exams Timely	2. Needs Improvement
	3. Follow-up Medical Exams Timely	3. Full Compliance
	4. Initial Dental Exams Conducted	4. Full Compliance
	5. Initial Dental Exams Timely	5. Full Compliance
	6. Follow-Up Dental Exams Timely	6. Full Compliance
VI	**Psychotropic Medication** (2 Elements)	
	1. Current Court Authorization for Administration of Psychotropic Medication	Full Compliance (ALL)
	2. Current Psychiatric Evaluation/Review	

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) 15. Children's Given Opportunities to Participate in Extra Curricular, Enrichment and Social Activities	1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Needs Improvement 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance
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 Allowance 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharge 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 Qualification, 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	1. Needs Improvement 2. Needs Improvement 3. Needs Improvement 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. Full Compliance 13. Full Compliance 14. Needs Improvement

STAR VIEW ADOLESCENT CENTER
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

Star View Adolescent Center
4025 West 226th Street
Torrance, CA 90505
Phone: (310) 373-4556
License Number: 197803340
Rate Classification Level: Community Treatment Facility

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

CONTRACTUAL COMPLIANCE

Based on our review, Star View Adolescent Center was in full compliance with five of 10 sections of our Contract Compliance review: Facility and Environment; Education and Workforce Readiness; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children. The following report details the results of our Review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of seven children's files and seven staff files, and/or documentation form the provider, Star View Adolescent Center fully complied with seven of nine elements reviewed in the area of Licensure/Contract Requirements.

During our review, we noted that some special incidents were not submitted into the I-Track System, in accordance with Community Treatment Facility (CTF) Contract, Exhibit A-VIII, Special Incident Reporting Guide For Community Treatment Facility. The Administration stated that they were not aware that some of these incidents rose to the level of reporting them onto the I-Track System and will review Exhibit A-VIII more carefully to ensure compliance.

Also, DCFS deemed one Child Protection Hotline (CPH) referral substantiated for general neglect, due to supervision issues. The Administration stated the staff member was terminated for providing inadequate supervision. The Administration also stated they have altered the location of staff members' positions during lunch period and during the children's return to the units in order to increase the children's supervision.

Recommendations:

Star View Adolescent Center's management shall ensure:

1. The reportable special incidents are submitted into the I-Track System in accordance with Exhibit A-VIII.

2. The safety of all children is maintained, free from abuse and neglect.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of seven children's files and/or documentation from the provider, Star View Adolescent Center fully complied with 10 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We found that one child was not progressing toward meeting his Needs and Services Plan (NSP) case goals. The Administration acknowledged the child's lack of progress and stated that in the future they will make the goals more achievable for the child's current functioning.

Additionally, although all of the reviewed NSPs were timely, five of seven initial NSPs and the updated NSPs were not comprehensive. Specifically, some NSP quarterly-only sections were not completed, such as the Psychotropic Medication Authorization date and school enrollment date, while some areas documented "N/A" with no explanation. Some NSPs lacked details related to medical, visitation, education and life skills. Furthermore, some NSP quarterly-only sections did not document the child's progress in physical, dental and/or psychological health, educational goals and life skills training/emancipation preparation training. Also, some NSPs did not document the number of Serious Incident Reports (SIRs) for the previous 90 days, nor were some of the reportable incidents submitted into the I-Track System in accordance with CTF Contract. Lastly, some of the NSP Treatment Goals were the same as reported in the previous NSP, including dates, while some goals were not measureable, or were too broad to be achievable by the child. The Administrator acknowledged the specific NSP deficiencies and stated the agency will provide additional training for the therapists. OHCMD provided Star View Adolescent Center with NSP training slides used during the January 2012 NSP training.

Recommendations:

Star View Adolescent Center's management shall ensure:

3. The children are progressing toward meeting NSP case goals.

4. Comprehensive initial NSPs are developed.

5. Comprehensive updated NSPs are developed.

HEALTH AND MEDICAL NEEDS

Based on our review of seven children's files and/or documentation from the provider, Star View Adolescent Center fully complied with five of six elements reviewed in the area of Health and Medical Needs.

We noted that one child did not receive an initial medical examination in a timely manner. The Administration stated that this was an isolated incident and have hired a new Director of Nursing who will review the new admission packets to ensure the children receive an initial physical examination within 72 hours of admission.

Recommendation:

Star View Adolescent Center's management shall ensure:

6. Children receive an initial medical examination timely.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of seven children's files and/or documentation from the provider, Star View Adolescent Center fully complied with 12 of 15 elements reviewed in the area of Personal Rights and Social/Emotional Well-Being.

Two children reported that they did not feel safe at Star View Adolescent Center. Specifically, one child stated that she did not feel safe due to a recent physical altercation with a female resident in the on-grounds school. The child stated that staff "came and got her" but that the matter had not been resolved. When the DCFS Monitor brought this issue to the administration's attention, the Clinical Director advised that the agency would arrange a problem-solving session between the two girls, stating that the girls reside in different units and share one class together. Subsequently, the Clinical Director reported they had resolved their differences.

The second child reported that she did not feel safe and comfortable at Star View Adolescent Center. The child stated that she felt that male staff members stared at the girls in an inappropriate manner. She stated that some girls had inappropriately grabbed her and other girls and had made sexually inappropriate comments. The child stated that she had reported these issues "to random staff" and that staff members had told the children not to engage in these behaviors, but felt that more needed to be done. The Administrator stated that they were not aware of this child's complaint and will provide the staff members with an in-service training on boundaries and will ensure these issues are discussed at the children's community meetings.

Additionally, the child reported that while on a whale-watching outing, a staff member removed her feet from the bench in order to sit down and felt that the staff member was insensitive and should have sat elsewhere. She also stated that the staff member was

taking pictures of the girls on his personal cell phone and should have asked their permission. The child stated that she and other girls did not feel comfortable around this staff member and had told her mother, therapist and the Clinical Director. The child stated that due to her trauma history, these incidents made her feel uncomfortable. The Administrator reported being aware of the child's concerns and had discussed the concerns with the child and her mother. The Clinical Director added that the staff member commonly photographed events for the children's life books/photo albums, and that these photographs were for the school yearbook. However, the Clinical Director stated that the staff member should have used the Rehabilitation Department's camera, should have advised the children of the purpose of the photographs and should have asked permission to take their photograph. The Clinical Director also stated that she had reviewed all of the photos on the staff member's cell phone before they were removed, and that all of the photographs were appropriate pictures of children, staff and scenery, documenting the whale-watching event. The Clinical Director advised the child and the child's mother that she viewed all of the pictures, that the pictures were appropriate, and that they were deleted from the staff member's cell phone. The Administrator agreed that it was insensitive of the staff member to remove the child's feet from the bench and that the staff member should have been more sensitive to the child's trauma history. Subsequently, Star View Adolescent Center provided documentation that the staff member participated in a two-hour sensitivity training to ensure that the staff member will be more sensitive to the children's feelings.

One child stated that he did not always feel that he was treated with respect and dignity and felt some staff treated some children differently than others and felt that he was treated unfairly by some staff and was respected by other staff members. The child cited a recent incident in which, after bedtime, a staff member turned on the lights and told him to take off his clothes and get into bed. The child mentioned another time a staff member "cut the phone" service when he was using the telephone. At the time of the interview, the Monitor called in the therapist to further talk with the child and advised the Administration. The Administrator stated that there are bedtime rules and that a child in street clothes and not in bed would be considered an AWOL risk. They also stated that it would never be acceptable for a staff member to turn off the telephone, cannot imagine that it happened, and will review this issue with the staff. The Administrator later stated that an interview was conducted with the child, as well as an internal investigation, to ensure the child's rights were not violated, which is the procedure whenever things of this nature are brought to the Administration's attention. The Administrator also advised that children are regularly apprised of their personal rights via daily community meetings, through their therapist, as well as their in-house patients rights advocate.

Two of seven interviewed children reported that they were not satisfied with the meals and/or snacks. One child reported that the food is "horrible" ever since the new chefs began preparing the food. The child elaborated that the chicken was dry and they no longer have hot wings and pizza. Another child stated that she does not like meat and that recently there had been additional vegetarian options, but would like more choice in foods. She described the food as "bad." The Administrator stated that on a daily basis,

they provide the children with a food options for non-vegetarians, vegetarians, as well as cold cuts, a salad bar and peanut butter and jelly sandwiches, and stated that it is difficult to please all of the children.

Recommendations:

Star View Adolescent Center's management shall ensure:

7. Children feel safe in the Group Home.

8. Children are treated with respect and dignity.

9. Children are provided with satisfactory meals and snacks.

PERSONNEL RECORDS

Based on our review of seven sampled personnel files, Star View Adolescent Center fully complied with 10 of 14 elements reviewed in the area of Personnel Records.

We noted that one staff member was not DOJ, FBI and Child Abuse Clearance Index (CACI) cleared prior to being hired. The staff member was not criminally cleared until nearly one month after the hire date. The Administrator stated that they have employed a Human Resources Director who will review the newly-hired staff members' documents to ensure they are criminally cleared before attending orientation.

Additionally, two staff members were not compliant with the emergency intervention plan training in accordance with the Star View Adolescent Center's program statement, which requires a refresher training every six months. The Administrator stated that they had requested an amendment to their program statement for staff members to receive the emergency intervention plan refresher certification on a semi-annual basis, rather than every six months, and the amendment was approved by Community Care Licensing.

Recommendations:

Star View Adolescent Center's management shall ensure:

10. The employees receive a timely criminal fingerprint card.

11. The employees receive emergency intervention training per the Group Home's Program Statement.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review were implemented.

Results

The OHCMD's prior monitoring report contained 15 outstanding recommendations. Specifically, Star View Adolescent Center was to ensure the following: SIRs were appropriately documented and cross-reported to all parties via I-Track System in a timely manner; NSPs were comprehensive; the child's medication log was consistent with their Psychotropic Medication Authorization (PMA); the children felt safe; the children were treated with respect and dignity; the children were provided with satisfying meals and snacks; and the children were aware of their right to refuse psychotropic medication. Further, the Star View Adolescent Center was to ensure staff members met the following requirements: the education/experience in accordance with the Star View Adolescent Center's program statement; criminal fingerprint cards and CACI were timely; initial health-screenings were timely; staff received the required initial and on-going training and CPR and emergency intervention plan certifications were timely.

Based on our follow-up of these recommendations, Star View Adolescent Center fully implemented 9 of 15 recommendations from 2010. Star View Adolescent Center did not implement all of the OHCMD's recommendations and further corrective action was requested.

Recommendation:

Star View Adolescent Center's management shall ensure:

12. Full implementation of the outstanding recommendations from the OHCMD's prior monitoring reports, which are noted in this report as Recommendations 1, 4, 5, 7, 8, 9 and 11.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Star View Adolescent has not been posted by the Auditor-Controller.

Star View Children & Family Services
4025 W. 226 Street
Torrance, California 90505
Telephone: (310) 373-4555
Fax: (310) 373-2826

April 23, 2012

Kristine Kropke-Gay, CSA I
Out of Home Care Management Division
Department of Child and Family Services
9320 Telestar Ave
El Monte, CA 91731

Dear Ms. Kropke-Gay,

This letter is in response to your request for a **Corrective Action Plans** for the following findings from the **Compliance Review Field Exit Summary, DATED 3/9/12**

I. **Licensure/Contract Requirements: 4. Are special incident reports (SIRs) appropriately documented and cross-reported timely? 8. Are there Community Care Licensing citations, OHCMD investigation Unit reports on safety and physical plant deficiencies?**

4.

- Round-Up meeting along with the electronic daily shift report continues to be the arena where we review incidents that occurred in the previous 24 hours. Members at Round-Up include, but are not limited to Director of Residential Services, CTF Program Managers, Behavior Analyst, Director of Nursing, Director of Quality Assurance, Administrative Coordinator, Clinical Director, and Administrator to decide if the incident is reportable per CTF Special Incident Reporting Guidelines. Once determined to be a reportable incident, Behavior Analyst is responsible for the completion and submission of I-Tracks.

- On October 6, 2011, Director of Quality Assurance and Behavior Analyst attended the Special Incident Reporting (SIR) Guidelines training facilitated by OHCMD and CCL. SVAC strives to increase compliance with and use good judgment and sound discretion to assess incidents that may rise to the level of reporting according to the Reporting Guidelines. Director of QA then presented the powerpoint presentation and minutes from the training to the Director of Residential Services, CTF Program Managers, Behavior Analyst, Director of Nursing, Director of Quality Assurance, Administrative Coordinator, Clinical Director, and Administrator. However, if and when SVAC is unsure if the incident is reportable, SVAC will contact OHCMD monitor for feedback and guidance.

- All Program Managers will communicate their investigative findings to the Behavioral Analyst and/or Administrator's designee in a timely manner.

- Behavioral Analyst and/or Administrator's designee will submit each report to the Director of Quality Assurance and/or the Administrative Coordinator for review prior to their submission to the I-Track system.

- Behavioral Analyst and/or Administrator s designee will check in daily with Director of Quality Assurance to inform of status on I-Tracks.

- Weekend and holiday I-track reporting system implemented. Program Manager with oversight from Director of Residential Services will complete I-tracks within 24 hour period

- The system will be monitored by the Administrative Coordinator and Director of Quality Assurance along with the Administrator to ensure compliance

8. Regarding substantiated General Neglect-

- See attached Corrective Action Plan (CAP) submitted to OHCMD and subsequent CAP approval on September 7, 2011 from OHCMD

II. **Maintenance of Required Documentation and Service Delivery: 20. Are the sampled children progressing toward meeting the Needs and Services Plans case goals? 22. Did the treatment team develop comprehensive initial Needs and Services Plans (NSP) with the child? 28. Did the treatment team develop comprehensive updated Needs and Services Plans (NSP) with the child?**

- Newly hired Director of Treatment Service and Clinical Director will conduct an NSP in-service training with all Primary Therapists on 04/26/2012 to ensure initial and updated NSPs are submitted timely, and are comprehensive. In addition, in monthly group supervision, therapist and clinical supervisors will do peer reviews to insure that documentation toward progress is present as well as changes in interventions for those clients presenting with minimal progress toward goals Clinical Director created a system of electronic submission of NSP reports from both school staff and Day Treatment Intensive staff, these reports will add additional information to insure that NSP reports are comprehensive. Clinical Director and/or her designee will audit NSPs monthly to ensure compliance. Also, Quality Assurance Department will perform monthly audits of NSPs to ensure compliance. Specifically, Director of Nursing will ensure children receive timely dental appointments by performing monthly audits, and that this information and other relevant information is present in the report

V. **Health and Medical Needs: 38. Are the initial medical examinations timely?**

- A new Director of Nursing was hired in March 2012 and a new General Practitioner was also hired in May 2011 to increase the quality of care and services that we provide to our children

- DON is in the process of creating a nursing checklist for new admissions that will include timely completion of initial medical examination. DON and/or assigned designee will be responsible for completing the nursing checklist

- Upon a child's admission to the facility, the admitting nurse will contact the General Practitioner (GP) to notify him of the new admission. Within 72 hours, DON will verify that the GP has completed a timely health and physical examination. Medical Records Technician audits each child's chart on a monthly

basis to verify timely completion. Medical Records coordinates with MDs, DON, and Nursing to ensure initial medical examination has been completed timely. QA Director and Director of Nursing, along with Administrator will ensure compliance

VII. Personal Rights and Social /Emotional Well-Being: 46. Do children feel safe in the group home? 49. Do children report satisfaction with meals and snacks? 50. Is staff treating children with respect and dignity?

- Community Meeting is held daily as part of the DTI program and facilitated by the Primary Therapist, Rehab Therapist, and Youth Counselor to address peer relations household issues and concerns including, but not limited to safety issues and respect and dignity. Issues and concerns brought up at Community Meeting are then taken to the Supervisor and/or now addressed at the weekly held Managers Meeting. Student Council has been reestablished and meets two times monthly on each CTF unit with client representatives from each unit to voice concerns and successes. Again this information is shared with the management team for recognition and follow-up at the weekly held meeting. The level system guidelines have allowed for a review with the client which includes creating a self-care safety plan. As a standard practice Clients continue to have 1:1 therapy with their individual therapists to voice any issues and concerns and have access to the grievance procedure and Patient's Rights advocate and/or Designee. Selected client's actively participate in the monthly Safety Committee meeting.
- Security cameras and new more secure doors were installed in the facility to assist with safety and security issues. Cameras are reviewed related to incidents to ensure proper protocol is followed along with opportunities for increased training.
- Weekly team meetings have been established to foster increased connection and support to mitigate staff's feelings of isolation and frustration which may lead to less therapeutic approaches.
- The Corporation sponsored an all staff off grounds Ropes course to foster connection, build team morale, increase trust and overall teamwork to reduce burnout, create one vision, offer more effective interventions and provide an increased therapeutic environment related to care and safety.

- Based on feedback from the Client Satisfaction Survey along with other factors, Dietary services continue to be contracted through an outside culinary service management company in order to increase the quality of services (meals, snacks) and overall client satisfaction. Healthy alternatives are not necessarily the first choice for our population, however encouragement and education are provided.

- Director of Treatment Services, [redacted], Director of Residential Services, [redacted], Clinical Director, [redacted], and Director of Group Services, [redacted], along with Dr., [redacted] will ensure compliance

IX. Personnel Records: 73. Were DOJ submitted timely? 74. If applicable, were FBI submitted timely? 75. Were Child Abuse Index Clearance (CACI) submitted timely? 86. Have appropriate employees received emergency intervention training per the GH's program statement?

- A new Director of Human Resources was in January 2012. One of her primary functions is to ensure regulatory compliance specific to but not limited to DOJ FBI and Child Abuse Clearance Index are submitted timely

- Administrator in-serviced hiring department managers, along with new HR Director on ensuring that potential candidates have timely criminal clearance in accordance with Title 22 regulations. HR support staff will cross-check to ensure compliance

- Director of Training will ensure staff receive the required initial and annual training hours, including, but not limited to Pro-ACT and a refresher semi-annually in accordance with Star View s amended Program Statement. Prior to staff receiving their annual evaluation and wage increase, a review of training hours will occur by supervisor. HR Department will cross-check to ensure compliance

- SVAC has requested an amendment to the Program Statement to OHCMD which would allow staff to be trained in Pro-ACT for eight hours on an annual basis versus four hours biannually, however it is still in process and has not been approved at this time

If you have any further questions, or require any further documentation, please contact me.

Sincerely,

Natalie Spiteri, Psy.D
Administrator