County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

September 17, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

PARAGON CENTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of Paragon Center in January 2012, at which time Paragon Center had one six-bed site. There was one Los Angeles County Department of Children and Family Services (DCFS) placed child.

Paragon Center is located in Orange County and provides services to Orange County and Los Angeles County DCFS foster youth. According to Paragon Center's program statement, its stated goal is "to enable these children to increase their independent adaptive skills and decrease their maladaptive behaviors in order to gain the necessary skills for successful adult adjustment." Paragon Center is licensed to serve a capacity of six females, ages 11 through 17.

For the purpose of this review, the one placed DCFS child's case file was reviewed and the child was interviewed. The child was 14 and was in placement for approximately six months. Five discharged children's files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged according to their permanency plan. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

The one sampled child was prescribed psychotropic medication. We reviewed the case file to assess timeliness of the Psychotropic Medication Authorization (PMA) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Paragon Center's compliance with the County contract and State regulations. The visit included a review of Paragon Center's program statement, administrative internal policies and procedures, one current child'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 an interview with the child to assess the care and services she was receiving.

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

SUMMARY

During our review, the interviewed child reported feeling safe, being provided with good care and appropriate services, being comfortable in her environment and treated with respect and dignity.

A few deficiencies were noted during the monitoring review. Paragon Center needed to ensure compliance in reporting Special Incident Reports (SIRs); develop comprehensive NSPs and ensure staff members receive timely initial certification in Paragon Center's Emergency Intervention Plan.

Paragon Center's Administrator was receptive to implementing systemic changes to improve compliance with State regulations and the County contract. The Administrator agreed to address the deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- Seven of 16 reviewed SIRs involving DCFS children were not reported timely into the I-Track System, and one SIR was not cross-reported to OHCMD. Therefore, eight SIRs were not properly reported in accordance with the Group Home Contract Exhibit A-VIII (Special Incident Reporting Guide for Group Home). The Administrator acknowledged the deficiencies and stated that she and the staff members will review Exhibit A-VIII of the contract to ensure compliance in reporting SIRs. Paragon representatives attended SIR training conducted by OHCMD in October 2011. It is expected that Paragon be in full compliance with reporting SIRs in accordance with the reporting guidelines.

- The one initial and two updated NSPs reviewed were not comprehensive. Specifically, the NSPs lacked all required elements of the template being completed, and contained a few inaccurate dates and/or type of NSP (initial or updated). Additionally, some NSP/Quarterly Only Report sections did not

document the treatment goals and/or the information was not consistent with the treatment goals. Furthermore, some treatment goals were dropped without documenting whether the goal had been modified and/or achieved.

The Administrator acknowledged the NSP deficiencies. She stated that although the therapist had attended the NSP training conducted by the OHCMD and the Probation Department in January 2012, she found the training to be confusing.

The Monitor followed-up with the therapist who explained that she was confused because the information, which appeared on the projector slides at the training did not match the information given by the presenter. The therapist recalled, however, that the presenter acknowledged that the slide presentation needed to be revised. The presenter informed the attendees that the training slides would be corrected and forwarded to all in attendance. The therapist acknowledged receiving the revised NSP training presentation material. The Monitor requested that she would review the training material before the Monitor provides the additional support NSP training to the therapist and staff members.

- Two staff members did not receive the initial Emergency Intervention Plan certification in a timely manner. The Administrator stated that the Emergency Intervention Plan training is held on a quarterly basis, and uncertified staff members are not allowed to work alone with children until certified in the Emergency Intervention Plan of Therapeutic Crisis Intervention (TCI). Furthermore, the Administrator stated that if newly-hired staff member(s) cannot attend the scheduled quarterly TCI certification training, the agency will locate another TCI training session for the staff member(s) to attend.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held January 25, 2012.

In attendance:

Irene Yohn, Assistant Executive Director; Denita Trowel, Administrator, Paragon Center; and Kristine Kropke Gay, Monitor, OHCMD, DCFS.

Highlights:

The Assistant Executive Director and Administrator were in agreement with our findings and recommendations. Paragon Center's management stated they will make the necessary corrections to mitigate the deficiencies.

Paragon Center provided an approved written CAP addressing the recommendations noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of the 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:RRS: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
Doris Stockstill, President, Board of Directors, Paragon Center
Pamela Cutchlow, Executive Director, Paragon Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

PARAGON CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

714 Morse Avenue
Placentia, CA 92870
License Number: 306001904
Rate Classification: 12

	Contract Compliance Monitoring Review	**Findings: January 2012**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigations Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	1. Full Compliance 2. Full Compliance 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 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 and Non-Perishable Food	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance

	6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	6. Full Compliance 7. Needs Improvement 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Needs Improvement
IV	**Educational 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Not Applicable 8. Not Applicable
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) 15. Children's Given Opportunities to Participate in Extra Curricular, Enrichment and Social Activities	Full Compliance (ALL)
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** (14 Elements)	
	1. DOJ Submitted Timely	1. Full Compliance
	2. FBI Submitted Timely	2. Full Compliance
	3. CACIs Timely Submitted	3. Full Compliance
	4. Signed Criminal Background Statement Timely	4. Full Compliance
	5. Education/Experience Requirement	5. Full Compliance
	6. Employee Health Screening Timely	6. Full Compliance
	7. Valid Driver's License	7. Full Compliance
	8. Signed Copies of GH Policies and Procedures	8. Full Compliance
	9. Initial Training Documentation	9. Full Compliance
	10. One-Hour Child Abuse and Reporting Training	10. Full Compliance
	11. CPR Training Documentation	11. Full Compliance
	12. First-Aid Training Documentation	12. Full Compliance
	13. On-Going Training Documentation	13. Full Compliance
	14. Emergency Intervention Training Documentation	14. Needs Improvement

PARAGON CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

714 Morse Avenue
Placentia, CA 92870
License Number: 306001904
Rate Classification Level: 12

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

CONTRACTUAL COMPLIANCE

Based on our review, Paragon Center was in full compliance with seven of 10 sections of our Contract Compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; 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 one child's file and three staff files, and/or documentation from the provider, Paragon Center fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

Seven of 16 reviewed Special Incident Reports (SIRs) involving DCFS children were not reported timely into the I-Track System, and one SIR was not cross-reported to the OHCMD. Therefore, eight SIRs were not properly reported in accordance with the Group Home Contract Exhibit A-VIII (Special Incident Reporting Guide for Group Home). The Administrator acknowledged the deficiencies and stated that she and the staff members will review Exhibit A-VIII to ensure compliance in reporting SIRs.

Recommendation:

Paragon Center's management shall ensure:

1. All SIRs are appropriately documented and cross-reported timely.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of one child's file and three staff files, and/or documentation from the provider, Paragon Center fully complied with 11 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

The one initial and two updated Needs and Services Plans (NSPs) reviewed were not comprehensive. Specifically, the NSPs lacked all required elements of the template being completed, and the NSPs contained a few inaccurate dates and/or type of NSP

(initial or updated). Additionally, some NSP/Quarterly Only Report sections did not document the treatment goal and/or the information was not consistent with the treatment goal. Furthermore, some treatment goals were dropped without documenting whether the goal had been modified and/or achieved.

The Administrator acknowledged the NSP deficiencies. She stated that although the therapist had attended the NSP training conducted by the OHCMD and the Probation Department in January 2012, she found the training to be confusing.

The Monitor followed-up with the therapist who explained that she was confused because the information which appeared on the projector slides at the training did not match the information given by the presenter. The therapist recalled, however, that the presenter acknowledged that the slide presentation needed to be revised. The presenter informed the attendees that the training slides would be corrected and forwarded to all in attendance. The therapist acknowledged receiving the revised NSP training presentation material. The Monitor requested that she would review the training material before the Monitor provides the additional support NSP training to the therapist and staff members.

Recommendations:

Paragon Center's management shall ensure:

2. All initial NSPs are comprehensive.

3. All updated NSPs are comprehensive.

PERSONNEL RECORDS

Based on our review of three personnel files, Paragon Center fully complied with 13 of 14 elements reviewed in the area of Personnel Records.

Two staff members did not receive the initial Emergency Intervention Plan (EIP) certification in a timely manner. The Administrator stated that the EIP training is held on a quarterly basis, and uncertified staff members are not allowed to work alone with children until certified in their EIP of Therapeutic Crisis Intervention (TCI). Furthermore, the Administrator stated that if newly-hired staff members cannot attend the scheduled quarterly TCI certification training, the agency will locate another TCI training session for the staff member to attend.

The EIP certification utilized by Paragon Center is TCI; however, their program statement states PRO-Act is their EIP. The Administrator stated that the group home previously utilized PRO-Act certification; however, for sometime has certified their staff members in TCI. The Administrator stated that the agency will request to amend their program statement to be consistent with the EIP they currently utilize.

Recommendation:

Paragon Center's management shall ensure:

4. All staff members receive timely certification in the EIP and ensure the program statement's EIP is consistent with the certification the staff members receive.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued November 30, 2010.

Results

The OHCMD's prior monitoring report contained four outstanding recommendations. Specifically, Paragon Center was to ensure the following: all SIRs were submitted in accordance to Exhibit A-VIII (Special Incident Reporting Guide for Group Home); NSPs were comprehensive and included all required elements; children were encouraged and assisted in creating and maintaining photo albums/life books; and staff members received the required training per Title 22 Regulations and Paragon Center's program statement.

Based on our follow-up of these recommendations, Paragon Center fully implemented one of four recommendations. Paragon Center did not implement the recommendations regarding all SIRs being submitted in accordance to Exhibit A-VIII; NSPs being comprehensive, including all required elements; and staff members receiving the required training pertaining to timely certification of the EIP. Corrective action was requested of Paragon Center to further address the three recommendations that were not implemented.

Recommendation:

Paragon Center's management shall ensure:

5. Full implementation of the outstanding recommendations from the 2010 monitoring report, which are noted in this report as Recommendations 1, 2, 3, and 4.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Paragon Center has not been posted by the Auditor-Controller.

PARAGON CENTER, INC.

July 2, 2012 (Revised)

Kristine Kropke Gray

Department of Children & Family Services

Out of Home Care Management Division

9320 Telstar Avenue

El Monte, California 91731

Dear Ms Kropke Gray

In response to the Annual Group home evaluation Review conducted on January 25, 2012 at Paragon Center, Inc. The following is the Group Home Corrective Action Plan (CAP) for the Group Home Compliance Review. Per our Conversation on July 2nd, this is a revised CAP per Kristine Kropke Gray.

I. **LICENSE/ CONTRACT REQUIREMENTS**

SIR'S- Special Incident reports were documented and cross reported but the facility incidents that occurred over the weekends were not submitted timely (within 24hrs). Paragon Center fully understands that all incidents must be documented within 24hrs. Upon reviewing Exhibit A-VIII (Guidelines for group homes) by Paragon Management Group home understands that all SIR's are submitted within 24hrs. Paragon Center will ensure that all SIR's are submitted in a timely matter. Group Home Administrator [redacted] will be responsible for submitting all SIR's timely.

Mailing Address: P.O. Box 6803 Fullerton, CA 92834
Telephone: (714) 572-0175

II. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

NSP- Paragon Center will ensure that all NSP's will be comprehensive; dates are accurate and have specific and measurable treatment goals and method to achieve the goals. Treatment Team will review all areas of NSP before submitting final NSP. Administrator [redacted] will be responsible for final review of all NSP's to ensure that all element of the NSP before submitted to SW and other treatment team members.

III. PERSONNEL RECORDS

Emergency Intervention Training- Our TCI (Therapeutic Crisis Intervention) training is offered every 3 months starting the first of the year in January. If Paragon Center has new hire and new hire is unable to attend the TCI training provided within the 3 months, Paragon Administration will notify Program Consultant / Facility Trainer to search for other programs where new hire are able to get TCI training completed in a timely manner. Administrator [redacted] is fully aware that new hires that have not completed the TCI training are not allowed to be left with clients by themselves until they are TCI trained.

If you have any questions regarding the Group Home Compliance CAP, please feel free to contact Denita Trowel Administrator 714-321-5704.

Sincerely,

Denita Trowel

Administrator

Mailing Address: P.O. Box 6803 Fullerton, CA 92834
Telephone: (714) 572-0175