County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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October 5, 2012

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

From: Philip L. Browning
Director

PENNY LANE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Penny Lane in February 2012, at which time they had eight six-bed sites and one 45-bed site.

Penny Lane has eight sites located in the Third Supervisorial District and one site located in the Fifth Supervisorial District and provides services to Los Angeles County DCFS foster youth and Los Angeles County Probation youth. According to Penny Lane's program statement, "the purpose of the Penny Lane Residential program is to provide each child with an individualized treatment or needs and service plan that will address and successfully treat a child's presenting problems and ensure the child's safety, permanency and well-being." Penny Lane is licensed to serve a capacity of 93 children, ages 12 through 18.

For the purpose of this review, nine placed children were interviewed; seven DCFS and two Probation Department placed youth, and their files were reviewed. The children's average length of placement was three months and the average age was 16. Three discharged children's case 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 the time of discharge. Four staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Four of the sampled children were prescribed psychotropic medication. We reviewed their case files to assess 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 Penny Lane's compliance with the County contract and State regulations. The visit included a review of Penny Lane's program statement, administrative internal policies and procedures, nine placed children's case files, three discharged children's case files, and a random sampling of personnel files. A visit was made to the group home 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

Generally, Penny Lane was providing good quality care to DCFS placed children, and the services were provided as outlined in Penny Lane's program statement. The children interviewed stated that they liked residing in the group homes and they felt safe. The children also reported they were treated with respect and dignity.

The review revealed that Penny Lane needed to ensure the development of comprehensive Needs and Services Plans (NSPs). It was noted that educational goals were not measureable or specific, educational information was missing from some NSPs; generic visitation information was used on several NSPs, and some NSPs were documented on old NSP templates.

Penny Lane's Quality Improvement/Social Worker Supervisor (QI/SW Supervisor), Laterra Champion-Watson was receptive to implementing systemic changes to improve compliance with State regulations and the County contract.

NOTABLE FINDINGS

The following were the notable findings from our review.

- Since our last review, CCL had cited Penny Lane during an investigation, which involved a substantiated allegation of Neglect/Lack of supervision. On or about September 2, 2011, a child had been sexually assaulted by another child. Penny Lane was required to submit a written Plan of Correction (POC), which addressed

the monitoring and supervision of residents. The POC was submitted to CCL, and CCL issued clearance of the deficiency citation.

- Nine initial NSPs and ten updated NSPs were reviewed, one initial NSP was comprehensive; but the remaining NSPs were missing measureable and specific educational goals. Some NSPs were missing educational information and contained generic information, not specific to the child.

  It should be noted that most of the NSPs reviewed were prepared prior to the OHCMD NSP training for providers. Penny Lane staff attended the NSP training conducted by the OHCMD in January 2012. Penny Lane reported that the information obtained through the training and from the Monitor was helpful, and they will continue to work with Penny Lane's Licensed Clinical Social Workers to improve in this area.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit conference held June 29, 2012.

In attendance:

Laterra Champion-Watson, Quality Improvement (QI)/Social Worker (SW) Supervisor; Rich Williams, Residential Clinical Manager; Shiva Berjis, Residential Supervisor; Cathy Blair, Program Director of the Main Facility: Carlos Robles, Facilities Manager; Jerry Majewsky, Program Director, Penny Lane Group Home; and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The QI\SW Supervisor was in agreement with our findings and recommendations. She also understood that the educational goals that were documented in the NSPs were not measureable and specific. She stated that the information and suggestions received from the Monitor was helpful and that they would begin doing things differently in an effort to ensure 100% compliance in all areas.

Penny Lane provided an approved Corrective Action Plan (CAP) addressing the one recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of the recommendation 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:RRS:KR
EAH:PBG:sn

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
Wendy Carpenter, Assistant Director, Penny Lane Group Home
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

PENNY LANE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

Main Facility
15302 Rayen Street
North Hills, CA. 91343
License Number: 191202002
Rate Classification: 12

Satellite 1 Group Home
9723 Burnet Street
North Hills, CA. 91343
License Number: 191202003
Rate Classification Level: 12

Satellite 2 Group Home
16656 Nordhoff Street
North Hills, CA. 91343
License Number: 19122188
Rate Classification Level: 12

Satellite 3 Group Home
13804 Osbourne Street
Arleta, CA. 91331
License Number: 191290246
Rate Classification: 12

Satellite 4 Group Home
8616 Valjean Ave.
North Hills, CA. 91343
License Number: 197605935
Rate Classification: 12

Satellite 5 Group Home
8806 Haskell Street
North Hills, CA. 91343
License Number: 191221975
Rate Classification: 12

Satellite 6 Group Home
11641 Balboa Blvd.
Granada Hills, CA. 91344
License Number: 191220837
Rate Classification: 12

Satellite 7 Group Home
9630 Wilbur Ave.
Northridge, CA. 91324
License Number: 191220863
Rate Classification: 12

Satellite 8 Group Home
9845 Hayvenhurst Ave.
North Hills, CA. 91343
License Number: 191221387
Rate Classification: 12

	Contract Compliance Monitoring Review	Findings: February 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 & Log Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies 9. Sign In/ Out Logs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance

II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 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	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. Progressing Toward Meeting the NSP Case Goals 6. Timely Initial Needs and Services Plans 7. Comprehensive Initial Needs and Services Plans 8. Therapeutic Services Received 9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated Needs and Services Plans 13. Comprehensive Updated Needs and Services Plans	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Timely School Enrollment 2. Attend School As Required 3. Facilitate Educational Goals 4. Academic Performance and/or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Emancipation/Vocational Programs Provided 8. Facilitate ILP Emancipation Planning	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. Consequences Fair 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/ Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation 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 Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP Goals 3. Stabilize Placement Prior the Removal	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 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. Child Abuse 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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Rate Classification: 12

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the February 2012 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Penny Lane was in full compliance with eight of ten 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; Discharged Children; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of nine children's case files and/or documentation from the provider, Penny Lane fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

CCL had cited Penny Lane during an investigation which involved a substantiated allegation of Neglect/Lack of supervision. On or about September 2, 2011, a child had been sexually assaulted by another child. Penny Lane was required to submit a written Plan of Correction (POC) which address the monitoring and supervision of residents. The POC was submitted to CCL, and CCL issued clearance of the deficiency citation.

Recommendations

Penny Lane's management shall ensure:

1. All sites are in compliance with Title 22 Regulations and the County contract requirements.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of nine children's case files and/or documentation from the provider, Penny Lane fully complied with 11 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

The review revealed that Penny Lane needed to ensure the development of comprehensive NSPs. It was noted that educational goals were not measureable or specific; post-high school plans were missing from some NSPs; generic visitation information was used on several NSPs; and some NSPs were documented on an old NSP template.

Penny Lane's Quality Improvement/Social Worker Supervisor, Laterra Champion-Watson, stated that Penny Lane would ensure the correct template is used and that they would apply the concepts from the 2012 NSP training which Penny Lane representatives attended in January 2012.

Recommendations:

Penny Lane's management shall ensure:

2. The treatment team develops comprehensive initial NSPs.

3. The treatment team develops comprehensive updated NSPs.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REPORT

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 dated July 15, 2011.

Results

The OHCMD's prior monitoring report contained four outstanding recommendations. Specifically, Penny Lane was to ensure that common areas are maintained; NSPS are comprehensive; medical exams are timely; and dental exams are timely.

Based on our follow-up, Penny Lane fully implemented three of four recommendations. Penny Lane did not implement the recommendation regarding, comprehensiveness of NSPs.

Recommendation:

Penny Lane's management shall ensure:

4. Full implementation of the outstanding recommendations from our prior monitoring report which are noted in this report as Recommendations 2 and 3.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Penny Lane has not been posted by the Auditor-Controller.

Penny Lane

July 26, 2012

Sonya Noil Group Home Monitor
County of Los Angeles
Bureau of Children and Family Services
Out of Home Care Investigations
9320 Telstar Ave. Suite 206
El Monte, Ca. 91731
626 569-6819 (phone) 626 572-2368 (fax)

Sent Via Fed Ex

Performance Action CAP

Dear Ms. Noil

The following is Penny Lane's Corrective Action Plan (CAP) following an announced monitoring visit from DCFS on March 2011, the visit was conducted by Sonya Noil, CSA I. The CAP is due on July 30, 2012.

Needs Improvement: *Licensure/Contract Requirements: Are there Community Care Licensing citations, OHCMD investigations Unit reports on safety and physical plant deficiencies?*
CAP: The agency received a plan of correction from CCL on 09/02/11. The plan of correction was received by CCL regarding how the agency plans to monitor and supervise youth within the facility. The deficiency was cleared through CCL on 11/9/2011

Needs Improvement: *Welling Being.* (1). NSP were missing school information, wrong template, visitation information generic, life skills, permanency goals and educational goals were broad.

CAP: (1) Effective immediately, to aid foster youths in the progression of NSP goals, the Residential Clinical Managers will ensure that all NSPs goals are detailed, specific to the foster youths needs, attainable and outcome-based. The Clinical Managers will monitor the collaboration of the residential treatment team, and County Worker, in successfully implementing the following changes to the delivery and documentation of the foster youth care services. The Residential Clinical Managers will work with the therapists and to ensure that case goals are properly assessed, projected and evaluated within 30 days of initial placement and on a quarterly basis. The Clinical Mangers will review and approve all foster youth treatment objectives and goals to ensure the goals are outcome-based, specific, measurable and attainable. To maintain continuity of services, the Clinical Managers will also conduct a comprehensive evaluation and comparison of clients current quarterly NSPs to previous and/or initial NSPs. This will enable the Clinical Managers to revaluate and if necessary modify treatment goals/objectives based on the client's presenting symptoms and level of function.
(2) The Residential Clinical Managers and Social Work Supervisor will work with the social workers and therapists, to ensure that life skills information, visitation information, school credits and TILP information for foster youths are accurately notated in the foster youths needs and service plan. The designated social worker will secure school credits and grades in order to provide a comprehensive and factual representation of the youth's academic status and functioning. The Clinical Mangers will review and approve all foster youth treatment objectives and goals, to ensure the goals are congruent, practical and attainable. The therapist will reassess the goals quarterly to ensure that each goal is specific and individualized to each youth's unique treatment needs.

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As always, we appreciate your feedback and take this an opportunity to better our residential program.

Sincerely,

Cathy Blair
Program Director

Richard Willens, MFT
Residential Clinical Manger

Shiva Berjis, MFT
Residential Clinical Manger

LaTerra Champion Watson, MSW
Quality Improvement and Social Worker Supervisor

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