# 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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December 21, 2012

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

From: Philip L. Browning
Director

**DAVID AND MARGARET 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 David and Margaret Group Home (David and Margaret) in September 2012. David and Margaret has one site located in the Fifth Supervisorial District and provides services to DCFS foster youth and Probation Department youth, as well as children from other counties. According to David and Margaret's program statement, its purpose is "to provide a safe and structured environment for remediation and treatment of presenting symptoms of adolescent girls who have histories of abuse, neglect, or delinquent behavior."

David and Margaret has one 50-bed site and is licensed to serve a capacity of 50 girls, ages 11 through 17. At the time of the review, David and Margaret served 14 placed Los Angeles County DCFS foster youth, 19 Los Angeles Probation Department youth, and one Riverside Probation youth. The placed children's overall average length of placement was six-months and their average age was 16.

## SUMMARY

During our review, the children interviewed generally reported feeling safe at David and Margaret; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

David and Margaret was in full compliance with six of 10 areas of our Contract compliance review: 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.

We noted deficiencies in the areas of maintenance of the facility vehicles, documentation and timely submission of Special Incident Reports (SIRs), as well as maintenance of common areas of the facility. It was also noted that there were deficiencies in the area of documentation of service delivery and maintenance of the children's educational records. In addition, Community Care Licensing (CCL) had cited David and Margaret due to deficiencies noted during CCL investigations and evaluations during the period of September 2011 through September 2012. We instructed David and Margaret supervisory staff to enhance monitoring in order to ensure compliance with regulations and to eliminate documentation issues.

Attached are the details of our review.

## REVIEW OF REPORT

On October 19, 2012, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with David and Margaret staff, Michael Miller, Director of Operations, and Andrew Levander, Director of Residential Services. David and Margaret representatives were in agreement with the findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and committed to addressing the noted deficiencies in a Corrective Action Plan (CAP). A copy of this report has been sent to the Auditor-Controller (A-C) and CCL.

David and Margaret provided the attached approved CAP addressing the recommendations noted in this compliance report. We will assess for 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:RRS: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
Cyndy Walkenback, President, Board of Directors, David and Margaret
Charles Rich, Executive Director, David and Margaret
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

**DAVID AND MARGARET GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW**
**FISCAL YEAR 2012-2013**

## SCOPE OF REVIEW

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

The purpose of this review was to assess David and Margaret's compliance with its County contract requirements and State regulations; and included a review of David and Margaret's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- 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
- Personnel Records

For the purpose of this review, seven placed children were selected for the sample. We interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess David and Margaret's compliance with permanency efforts. At the time of the review, one sampled youth was prescribed psychotropic medication. We reviewed her case file to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

We reviewed five staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

## CONTRACTUAL COMPLIANCE

We found the following four areas out of compliance.

### Licensure/Contract Requirements

- During our inspection of the facility vehicles, which are used to transport clients, we found that the mid-row seats for two of 10 vehicles needed repair. The backs of the seats were ripped, and the padding had been removed.

The OHCMD Monitor verified that the seats were repaired. The Residential Program Manager will ensure that the vehicle maintenance staff inspects the vehicles daily to ensure that the vehicles are in good condition, and if any deficiencies are found, to immediately remove the vehicles from service until repairs are completed.

- We found that appropriately documented SIRs were not submitted timely and cross-reported to all required parties. It is noted that David and Margaret representatives did not attend the OHCMD SIR training in October 2011. The Residential Director stated that although representatives did not attend the training, David and Margaret administration received the Power-point presentation for the SIR training from OHCMD. David and Margaret administration retrained staff on SIR reporting protocols on December 4, 2012. Verification of training was submitted to the OHCMD.

- It was noted that on February 16, 2012, CCL had substantiated an allegation of staff inappropriately restraining a child. David and Margaret's Emergency Intervention Plan requires a minimum of two staff to manually restrain a client in order to deter a client from harming him/herself or another client. A Plan of Correction (POC) was submitted and approved by CCL. The POC addressed retraining staff on the Emergency Intervention Policy and a written reprimand for the staff involved. Emergency Intervention training was completed by staff on April 18, 2012, and May 24, 2012.

**Recommendations**

David and Margaret's management shall ensure that:

1. Vehicles used to transport children are maintained in good repair.

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

3. The site is in compliance with Title 22 Regulations and free from CCL citations.

**Facility and Environment**

- During a walk-through of the facility, it was noted in the Wynn cottage that a smoke detector was not working in a bedroom, another smoke detector was hanging from the ceiling of the family room, and a stove burner was not working. In the Turner cottage, a stove burner was also not working.

  The OHCMD Monitor brought the deficiencies to the attention of the Residential Program Manager who immediately notified the maintenance staff. The battery was replaced in the bedroom smoke detector, and the smoke detector in the family room was properly fastened to the ceiling. One stove burner was immediately

fixed, while the other stove burner required a new part. The part has since been installed, and the stove burner is now working properly. The OHCMD Monitor verified the repairs to the smoke detectors and the stove burners.

**Recommendations**

David and Margaret's management shall ensure that:

4. Common areas are well maintained.

5. Children's bedrooms are well maintained.

**Maintenance of Required Documentation and Service Delivery**

- Seven initial Needs Services Plans (NSPs) and 11 updated NSPs were reviewed. All 17 NSPs reviewed were timely; however, none of the NSPs were comprehensive. We found that the NSPs did not provide the dates for the periods for which they were written. In addition, one initial and one updated NSP did not include the date for the court approved psychotropic medication for one child. Six NSPs did not document the progress the youth were making in their physical, dental and/or psychological goals. One updated NSP did not include detailed information on the staff contacts with the DCFS Children's Social Workers nor the youth's visits with her relatives. Two sampled children's NSPs did not include documentation on the progress they were making toward meeting some of their NSP case goals.

  It should be noted that David and Margaret representatives attended the OHCMD's NSP training for providers in January 2012. The OHCMD reviewed NSPs, which were developed subsequent to the January 2012 training. The Residential Director will ensure that children's progress toward their NSP goals are clearly documented in their NSPs, and plans to provide additional NSP training to their staff on the newly formatted NSP template.

**Recommendations**

David and Margaret's management shall ensure that:

6. The children are progressing toward meeting their NSP goals and documentation is maintained.

7. Comprehensive and timely initial NSPs are developed and include all required elements, in accordance with the NSP template.

8. Comprehensive and timely updated NSPs are developed and include all required elements in accordance with the NSP template.

## Education And Workforce Readiness

- Case files for three children did not include school report cards and progress notes. The Residential Director stated that it was an oversight and immediately directed a staff to ensure that all the case files were checked and children's report cards and progress notes were placed in the educational section of the case files.

### Recommendation

David and Margaret's management shall ensure that:

9. Copies of the children's current report cards or progress reports are maintained in the children's files.

## PRIOR YEAR FOLLOW-UP FROM THE DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated May 1, 2012, identified 10 recommendations.

### Results

Based on our follow-up, David and Margaret fully implemented five of 10 recommendations, for which they were to ensure that:

- SIRs are appropriately documented and cross-reported to all required parties via I-Track, in a timely manner.
- The exterior and grounds are well maintained.
- The common quarters are well maintained.
- The children are progressing toward meeting their NSP goals.
- Comprehensive initial and updated NSPs are developed.
- The children are enrolled in school timely.
- Consequences are fair for all the children.
- Children are satisfied with meals and snacks.
- Children are encouraged and assisted in creating and updating life books/photo albums.
- Full implementation of the outstanding recommendations from the prior monitoring report regarding exterior, grounds and common quarters; comprehensive NSPs; fair consequences for children; and children are encouraged and assisted in creating and updating Life Books/Photo Albums.

David and Margaret did not implement the recommendations regarding appropriately documenting and cross-reporting SIRs to all required parties via I-Track in a timely

manner; ensuring common quarters are well maintained; ensuring children are progressing toward meeting their NSP goals; the development of comprehensive initial and comprehensive updated NSPs.

**Recommendation**

David and Margaret's management shall ensure that:

10. The outstanding recommendations from the 2011 monitoring report, which are noted in this report as Recommendations 2, 4, 6, 7 and 8.

## MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of David and Margaret has not been posted by the A-C.

**DAVID AND MARGARET GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY**

**1350 Third Avenue**
**La Verne, CA 91750**
**License # 191500192**
**Rate Classification Level: 12**

| | Contract Compliance Monitoring Review | Findings: September 2012 |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements) | |
| | 1. Timely Notification for Child's Relocation | 1. Full Compliance |
| | 2. Transportation Needs Met | 2. Full Compliance |
| | 3. Vehicle Maintained In Good Repair | 3. Improvement Needed |
| | 4. Timely, Cross-Reported SIRs | 4. Improvement Needed |
| | 5. Disaster Drills Conducted & Logs Maintained | 5. Full Compliance |
| | 6. Runaway Procedures | 6. Full Compliance |
| | 7. Comprehensive Monetary and Clothing Allowance Logs Maintained | 7. Full Compliance |
| | 8. Detailed Sign In/Out Logs for Placed Children | 8. Full Compliance |
| | 9. CCL Complaints on Safety/Plant Deficiencies | 9. Improvement Needed |
| II | **Facility and Environment** (5 Elements) | |
| | 1. Exterior Well Maintained | 1. Full Compliance |
| | 2. Common Areas Maintained | 2. Improvement Needed |
| | 3. Children's Bedrooms | 3. Improvement Needed |
| | 4. Sufficient Recreational Equipment/Educational Resources | 4. Full Compliance |
| | 5. Adequate Perishable and Non-Perishable Foods | 5. Full Compliance |
| III | **Maintenance of Required Documentation and Service Delivery** (10 Elements) | |
| | 1. Child Population Consistent with Capacity and Program Statement | 1. Full Compliance |
| | 2. County Worker's Authorization to Implement NSPs | 2. Full Compliance |
| | 3. NSPs Implemented and Discussed with Staff | 3. Full Compliance |
| | 4. Children Progressing Toward Meeting NSP Case Goals | 4. Improvement Needed |
| | 5. Therapeutic Services Received | 5. Full Compliance |
| | 6. Recommended Assessment/Evaluations Implemented | 6. Full Compliance |
| | 7. County Workers Monthly Contacts Documented | 7. Full Compliance |

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|---|---|---|
| | 8. Children Assisted in Maintaining Important Relationships<br>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation<br>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation | 8. Full Compliance<br>9. Improvement Needed<br>10. Improvement Needed |
| IV | **Educational and Workforce Readiness** (5 Elements)<br>1. Children Enrolled in School Within Three School Days<br>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals<br>3. Current Report Cards Maintained<br>4. Children's Academic or Attendance Increased<br>5. GH Encouraged Children's Participation in YDS/ Vocational Programs | 1. Full Compliance<br>2. Full Compliance<br>3. Improvement Needed<br>4. Full Compliance<br>5. Full Compliance |
| V | **Health and Medical Needs** (4 Elements)<br>1. Initial Medical Exams Conducted Timely<br>2. Follow-Up Medical Exams Conducted Timely<br>3. Initial Dental Exams Conducted Timely<br>4. Follow-Up Dental Exams Conducted Timely | Full Compliance (ALL) |
| VI | **Psychotropic Medication** (2 Elements)<br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review | Full Compliance (ALL) |
| VII | **Personal Rights and Social/Emotional Well-Being** (13 Elements)<br>1. Children Informed of Group Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Appropriate Staffing and Supervision<br>4. GH's efforts to provide Meals and Snacks?<br>5. Staff Treat Children with Respect and Dignity<br>6. Appropriate Rewards and Discipline System<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend or not Attend Religious Services/Activities | Full Compliance (ALL) |

| | | |
|---|---|---|
| | 9. Reasonable Chores<br>10. Children Informed About Their Medication and Right to Refuse Medication<br>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care<br>12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)<br>13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) | |
| VIII | **Personal Needs/Survival and Economic Well-Being** (7 Elements)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity and Quality of Clothing Inventory<br>3. Children's Involved in Selection of Their Clothing<br>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items<br>5. Minimum Monetary Allowances<br>6. Management of Allowance/Earnings<br>7. Encouragement and Assistance with Life Book/Photo Albums | Full Compliance (ALL) |
| IX | **Discharged Children** (3 Elements)<br><br>1. Children Discharged According to Permanency Plan<br>2. Children Made Progress Toward NSP Goals<br>3. Attempts to Stabilize Children's Placement | Full Compliance (ALL) |
| X | **Personnel Records**<br>(7 Elements)<br><br>1. DOJ, FBI, and CACIs Submitted Timely<br>2. Signed Criminal Background Statement Timely<br>3. Education/Experience Requirement<br>4. Employee Health Screening/TB Clearances Timely<br>5. Valid Driver's License<br>6. Signed Copies of Group Home Policies and Procedures<br>7. All Required Training | Full Compliance (ALL) |

David & Margaret
Youth and Family Services
1350 Third Street, La Verne, CA 91750 (909) 596-5921

## Compliance Evaluation Results

Corrective Action Plan

December 10, 2012

Department of Children and Family Services
Out of Home Care Management Division
ATTN: Patricia Bolanos-Gonzalez
425 Shatto Place
Los Angeles, CA 90020
Fax (626) 572-2368

Dear Ms. Bolanos-Gonzalez

This letter will serve as a plan for the findings reviewed and discussed on 10/19/12 with Mr. Kirk Barrow at David & Margaret Youth and Family Services.

3. Licensure/Contract Requirements: David & Margaret will ensure that all agency vehicles are in good repair and inspected regularly to maintain vehicle condition. The agency mechanic and will support agency staff in identifying and repairing vehicles that have been inspected by Campus Supervisor's during evening shift and securing the campus. The inspections are performed nightly by campus security and if any vehicle issues are noted, the issue and vehicle will be logged in Campus Shift Report and vehicle inspection report and the vehicle will be moved to the mechanics area of campus to be inspected and or fixed the following business day. When a campus counselor reserves and drives an agency vehicle they fill out a vehicle inspection form kept in the vehicle, if there are any issues the counselor will write in the issue needing attention and that form is turned in following transportation to the Intervention Office's Vehicle Inspection Box or Front Office receptionist depending on the time of day and day of the week. All vehicles used to transport children are inspected every 5,000 miles. To best assure that the vehicles are being inspected and maintained according to our procedures a re-training will be set up within the month of January 2013 with those responsible for managing and maintaining agency vehicles.

4. We will ensure that all staff responsible for SIR submissions are clear on the expectation and need to send SIR's to OHC along with the other designees as indicated by nature of incident. A retraining with those responsible for SIR submission took place on December 4th in order to review the current plan and procedure for SIR submission. Overall responsibility for this area of safety is the Director of Residential Services and the Residential Intervention Manager. The Residential Intervention Manager reviews all SIR's for accuracy and adds supervisor remarks after review and investigation. The Director of Residential Services will make sure that SIR submissions are sent to the proper parties and will be included in the review and submission of SIR's.

David & Margaret
Youth and Family Services

9. David & Margaret Youth and Family Services will consistently strive to remain in compliance and be free of any substantiated CCL complaints. The employee(s) involved in the substantiated CCL complaint was retrained in Pro-Act and CPI and was presented a performance reminder consistent with agency policy. Ongoing trainings are held weekly on Wednesday's where issues related to safety, performance, compliance and counseling skills are reviewed and taught. It is through education, active supervision and continuous accountability that D&M will remain free of any substantiated complaints. The agency also holds a monthly supervisor training where issues related to care, supervision and professionalism are held to constantly hold a high standard. Primary responsibility for this area is with Director of Residential Services and the agencies Chief Program Officer.

11. David and Margaret Youth and Family Services will ensure that the common quarters are well maintained and be clean, sanitary and promptly manage any safety hazards as they might surface. Within the individual cottages the A.M. Counselors and the Night counselors will continue to use the their inspection logs and wherever indicated they will fill out the maintenance/IT request form and electronically submit as well as print and place in cottage Maintenance/ IT Log. When job is completed it is signed off by the staff member responsible for repair. The logs are available in all areas of the campus. If a smoke detector or stove is not able to be repaired it will be replaced as soon as a new one is available. Primary responsibilities for this area are the Case Managers for each cottage, the Residential Program Manager and the maintenance supervisor.

12. David & Margaret Youth and Family Services will ensure that children's bedrooms are well maintained and meet safety and security requirements. David & Margaret will meet this area of compliance by updating our comprehensive maintenance protocols. The updated procedure includes binders in all campus areas that have print outs of issue needing to be addressed. An electronic version is also sent to the maintenance department who upon fixing the issue documents in the applicable binder the day, time and service completed and who completed the job. Primary responsibilities for this area are the Case Managers for each cottage, Residential Program Manager along with Maintenance Supervisor and staff.

18. David & Margaret will continue to strive to support the residents in our care in making progress towards meeting the Needs and Services Plans case goals. For the residents who did not meet 100% of their NSP goals prior to discharge we will increase our trainings for staff who co-write goals with CSW's in order to assign not only measurable goals but goals that are specific, comprehensive and sensitive to the unique needs of each resident in the care of David & Margaret. The Director of Residential Services along with the Director of Mental Health each held a training on October 24th at their respective team meetings and reviewed the new NSP template Power Point followed by discussion on updates and areas that need more comprehensive documentation. Residential staff along with mental health therapists meets weekly on Wednesday's from 1:00-3:00pm and review treatment, plans, needed services and is the place where documentation needs are addressed and assigned. The Primary responsibility for this area of compliance is the Director of Mental Health, Director of Residential Services with the support of campus Therapists and Case Managers.

David & Margaret
Youth and Family Services

23. David & Margaret will ensure that all NSP reports are comprehensive and we will ensure the timely submission of all initial NSP reports in accordance with Statement of Work Section 2.1.2 (e). The plan moving forward to make sure all initial NSP's, specifically, the inclusion of proper dates, progress notations on psychological health as well as all other required fields is to increase the reviewing of NSP's to include a final comprehensive review by the Director of Mental Health and the Director of Residential Services. Primary responsibility is with Director of Mental Health, Director of Residential Services with the support of campus Therapists and Case Managers.

24. David & Margaret will ensure that all NSP reports are comprehensive and we will ensure the timely submission of all Quarterly reports in accordance with Statement of Work Section 2.1.2 (e). The plan moving forward to make sure all initial NSP's, specifically, the inclusion of proper dates, progress notations on psychological health as well as all other required fields is to increase the reviewing of NSP's to include a final comprehensive review by the Director of Mental Health and the Director of Residential Services. Primary responsibility is with Director of Mental Health, Director of Residential Services with the support of campus Therapists and Case Managers.

27. David & Margaret will ensure that each child's report card and progress if available will be well maintained in each residents file. Upon intake our school liaison will work to get educational records and past academic performance documentation and will enroll youth within 3 days of placement whenever possible. The school liaison will also, upon being in receipt of report cards will place in residents file. If a report card is found to be missing the school liaison with the help of campus Case Managers will work together to obtain the report card and place in the education section of the childes file. Primary responsibility in this area of compliance is the School liaison with the support of campus Case Managers. Case Managers will make sure that needed documents are in each residents file during monitoring and QA inspections.

We hope you will find that these actions sufficient to address the findings mentioned in the audit. Please feel free to contact me if you have any questions or concerns regarding this corrective action plan.

Sincerely,

Andrew Levander, LMFT, M.A.C.
Director
Residential Services
David & Margaret Youth and Family Services
(909) 596-5921 ext. 3191