County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 22, 2013

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

From: Philip L. Browning
Director

CAREPROVIDER CHILDREN AND FAMILY SERVICES 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 Careprovider Children and Family Services Group Home (The Group Home) in December 2012. The Group Home has two sites located in the Fifth Supervisorial District and provides services to DCFS foster youth. According to the Group Home's program statement, its purpose is "to provide a safe environment for all children in our care where they can achieve a feeling of self worth, an appreciation of community, and a respect for culture, family and each other."

Careprovider has two six-bed sites and is licensed to serve a capacity of 12 children, ages 12 through 17. At the time of the review, the Group Home's Kidder-site served six placed DCFS female foster youth, and the Chalburn site served five placed male foster youth. The placed children's overall average length of placement was six months, and their average age was 16.

SUMMARY

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

The Group Home was in full compliance with six of 10 areas of our Contract compliance review: Education and Workforce Readiness; 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 area of Licensure/Contract Requriements, as submission of Special Incident Reports were untimely and Community Care Licensing (CCL) substantiated allegations against the Group Home staff. Deficiencies were also noted in the area of Facility and Environment, as maintenance of the children's bedrooms, and common quarters were inadequate. Deficiencies were also noted in the area of Maintenance of Required Documentation and Service Delivery as the Group Home was not assisting all children in maintaining important relationships and Needs and Services Plans were not comprehensive or timely. Lastly, a deficiency was noted in the area of Health and Medical Needs, as timely initial dental examinations for placed children were not ensured.

Attached are the details of our review.

REVIEW OF REPORT

On January 10, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home staff, Chika Dillibe, Executive Director; Cynthia Williams, Administrator; and Shawn Bettencourt, Administrator. The Group Home representatives were in agreement with the findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address 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.

The Group Home 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:EM:KR
RDS:PBG:kb

Attachments

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

CAREPROVIDER CHILDREN AND FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

517 N. Chalburn Ave.
West Covina, CA 91724
License # 197804534
Rate Classification Level: 12

858 N. Kidder Ave.
Covina, CA 91724
License # 197805235
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: December 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. Full Compliance
	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
	8. Children Assisted in Maintaining Important Relationships	8. Improvement Needed
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation Development of	9. Improvement Needed
	10. Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance
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** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks? 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

CAREPROVIDER CHILDREN AND FAMILY SERVICES
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 December 2012 review. The purpose of this review was to assess Careprovider's (The Group Home) compliance with its County contract and State regulations; and included a review of the Group Home'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, and
- Personnel Records.

For the purpose of this review, five placed DCFS 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 the Group Home's compliance with permanency efforts. At the time of the review, two sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations 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 site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

We found the following four areas out of compliance.

Licensure/Contract Requirements

- We found that appropriately documented Special Incident Reports (SIRs) were not submitted timely and cross-reported to all required parties. It is noted that Careprovider representatives attended the Out-of-Home Care Management Division (OHCMD) SIR training in October 2011, and OHCMD sent to providers, including the Group Home's Administration, the Power-Point presentation for the SIR training.

The Group Home has hired a new Director of Residential Services, who met with the the Group Home's therapist on January 25, 2013, to train her on the process of writing and routing SIRs in order to ensure that SIRs are submitted timely to OHCMD and other required parties. The Director of Residential Services will be responsible for reviewing and submitting timely SIRs to all required parties. The Group Home Therapist will be responsible for reviewing and submitting SIRs in his absence.

- Community Care Licensing (CCL) had substantiated allegations during three separate investigations during the period of December 2011 through December 2012.

  On January 23, 2012, a CCL investigation found that a staff had violated a child's personal rights. It was noted that a staff who worked at the Group Home's headquarters and was not assigned to provide direct care and supervision to the children, made negative statements to a child. The investigation found that the child had not been treated with dignity, as the staff made negative comments regarding the child's decision to wear artificial fingernails and skinny jeans. The Group Home terminated the involved staff, and all remaining staff was provided with sensitivity training on July 9, 2012 and July 10, 2012. Verification of training was submitted to CCL.

  On July 5, 2012, CCL conducted a facility site visit and tested the water temperature in one bathroom. The water temperature in the bathtub was too hot, registering at 123 degrees. During that site visit, the CCL Analyst noted that a facility manager was not at the group home, and two children were home supervised only by child care counselors. Per CCL protocol, a facility manager shall be at the facility at all times, when one or more children are present. CCL cited the Group Home for both deficiencies.

  The Group Home submitted a Plan of Correction (POC). The Group Home contacted a plumber who made the repairs and adjusted the water temperature on July 5, 2012. The Group Home provided CCL with a copy of the invoice. It should be noted that the plumber had been contacted prior to CCL's visit. CCL conducted a follow-up visit on August 1, 2012, and tested the hot water temperature. The hot water temperature was found to be at a safe temperature. CCL approved the POC.

  On August 9, 2012, CCL substantiated an allegation that a staff with a suspended license had been transporting children. The investigation revealed that on February 9, 2012, the Group Home's Administration had discovered that the staff had a suspended license and terminated the staff on February 14, 2012. The Group Home provided CCL with copies of the termination letter for the staff. CCL did not cite the Group Home for this incident, as appropriate action had been taken. CCL did not require further action from the Group Home.

Recommendations

The Group Home's management shall ensure that:

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

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

Facility and Environment

- During a walk-through of the Kidder site, it was noted that there was no smoke detector in the living room and electrical wires were hanging from the ceiling where a smoke detector had previously been. The Administrator was informed of the deficiency and immediately notified maintenance staff. The area of the ceiling from where the smoke detector had been removed was repaired, and a new smoke detector was installed. The OHCMD Monitor verified that a new working smoke detector was installed in the living room.

- A smoke detector was observed hanging from the ceiling in one of the children's bedrooms. The Administrator was informed of the deficiency and immediately notified the maintenance staff. The repair was made, and the OHCMD Monitor verified that a new smoke detector had been properly installed. The facility coordinator for each site will do a home inspection every other week, and will report any safety concerns and maintenance issues to the Residential Director who will ensure any repairs or safety concerns are addressed as soon as they are brought to his attention.

Recommendations

The Group Home's management shall ensure that:

3. Common areas are well maintained

4. Children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- Five initial Needs and Services Plans (NSP) and six updated NSPs were reviewed to verify that the children's progress toward meeting NSP case goals was clearly documented. One child's initial NSP had five case plan goals; however, those goals were eliminated from the updated NSP, and no progress toward meeting those five goals was documented.

  The Group Home's Executive Director stated that the therapist who had prepared the NSP has several years of experience in preparing NSPs. However, she explained the therapist was not familiar with the new NSP template and accidentally lost some information that she had attempted to input into the NSP template. The staff responsible for preparing NSPs will be retrained on using the new NSP template. The Group Home's Executive Director requested the assistance of the OHCMD Monitor to train the staff on preparing the NSP. The training was conducted on March 27, 2013.

- One child informed the OHCMD Monitor that he was not having visits with relatives, or with a responsible adult, and that he was never told that he could request a mentor. The Administrator informed the Monitor that the child was recently placed; however, she acknowledged the oversight, and she immediately initiated the referral process to a mentoring program.

- Of the five initial NSPs reviewed, two were not comprehensive and did not meet all the required elements in accordance with the NSP template. The two initial NSPs did not identify staff responsible for assisting the children in meeting their NSP goals. However, all were timely.

- Of the six updated NSPs reviewed, none were comprehensive, nor did they identify a staff responsible for assisting the child in meeting their NSP goals. However, all were timely. The updated NSPs did not provide the dates for the period for which they were written. Three updated NSPs did not include detailed information on the staff contacts with the DCFS Children Social Workers (CSWs). One updated NSP did not address the progress of several NSP goals that had been documented in the children's initial NSP.

All of the NSPs were developed subsequent to the January 2012 NSP training which the Group Home representatives attended. The Administrator will ensure the children's progress toward achieving their NSP goals are clearly documented in their NSPs, and that monthly contacts with DCFS CSW are included in the details of the updated NSPs. Additional NSP training for the staff responsible for preparing the NSPs was conducted on March 27, 2013 by the OHCMD Monitor.

Recommendations

The Group Home's management shall ensure that:

5. Children are progressing toward meeting NSP case goals.

6. Children are assisted in maintaining important relationships.

7. Staff receive NSP training to ensure comprehensive initial NSPs are developed, that include all required elements in accordance with the NSP template, and are reviewed by Administration.

8. Staff receive NSP training to ensure that comprehensive updated NSPs are developed, that include all required elements in accordance with the NSP template, and are reviewed by Administration.

HEALTH AND MEDICAL NEEDS

- One child's initial dental examination was 30 days late. The child was placed at the Group Home on October 19, 2012, and she received her initial dental examination on December 19, 2012.

  According to the Administrator, the child had been replaced from another agency, and the Group Home staff thought the child had received a dental examination within six months prior to her placement with the Group Home; however, no documentation was found in the child's file to support this.

Recommendation

The Group Home's management shall ensure that:

9. Children's initial dental examinations are timely.

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

The OHCMD's last compliance report, dated June 13, 2012, identified seven recommendations.

Results

Based on our follow-up, the Group Home fully implemented one of seven recommendations, for which they were to ensure that:

- SIRs are appropriately cross-reported in a timely manner.
- The common quarters are well maintained.
- The children's bedrooms are well maintained.
- The children are progressing toward meeting their NSP goals.
- They develop timely updated NSPs.
- They develop comprehensive initial and updated NSPs.
- The outstanding recommendations from the prior monitoring report are fully implemented.

The Group Home did not implement the recommendations regarding appropriately documenting and cross-reporting SIRs to all required parties via I-Track, in a timely manner; ensuring the common quarters are well maintained; ensuring the children's bedrooms are well maintained; that children are progressing toward meeting their NSP goals; development of comprehensive initial NSPs; and the development of comprehensive updated NSPs.

Recommendation

The Group Home's management shall ensure that:

10. The outstanding recommendations from the 2012 monitoring report dated June 13, 2012, which are noted in this report as Recommendations 1, 3, 4, 6 and 7, are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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