County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

FESIA A. DAVENPORT
Chief Deputy 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

August 7, 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

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 Community Treatment Facility (The CTF) in November 2012. The CTF has one site located in the Fourth Supervisorial District and provides services to County of Los Angeles DCFS foster children, as well placements from various counties. According to the CTF's program statement, its purpose 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."

The CTF is licensed to serve a capacity of 40 male and female youth, ages 11 through 17. At the time of the review, the CTF served 29 placed DCFS children and eight children placed through various counties in California. The placed children's overall average length of placement was seven months, and the average age was 16.

SUMMARY

During the OHCMD review, the interviewed children generally reported feeling safe at the Group Home and having been provided with good care and appropriate services. However, some children did not feel they were treated with respect and dignity. The Monitor brought these concerns to the Administrator and the Clinical Director's attention. The Administrator stated that Star View takes the issue of treating children with respect and dignity very seriously. She said that over the last several months, the CTF has provided staff members with an eight-hour training, as well as the continued weekly team meetings in an attempt to foster respect and dignity for their diverse population.

The CTF was in full compliance with 4 of 10 areas of our Contract compliance review: Education and Workforce Readiness; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

OHCMD noted deficiencies in the areas of: Licensure/Contract Requirements; related to Community Care Licensing citations; Facility and Environment, related to unkempt children's bedrooms; Maintenance of Required Documentation and Service Delivery, related to non-comprehensive initial Needs and Services Plans (NSP) and untimely and uncomprehensive updates NSPs; Health and Medical Needs, related to untimely follow-up medical and initial dental exams; Personal Rights and Social/Emotional Well-Being, related to the provision of meals and snacks and staff not treating children with respect and dignity; and Personnel Records, related to untimely health screenings and required training.

Attached are the details of our review.

REVIEW OF REPORT

On February 7, 2013, the DCFS OHCMD Monitor, Kristine Kropke Gay, held an Exit Conference with the CTF representatives: Dr. Natalie Spiteri, Administrator; Rob McKinstry, Administrator Coordinator; Karen Maugher, Clinical Director; and Colette Esparaza, Quality Assurance Director. The CTF representatives: agreed with most of the review 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 and Community Care Licensing.

The CTF 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: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
Kent Dunlap, Executive Director, Star View Adolescent Center
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

STAR VIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the November 2012 review. The purpose of this review was to assess Star View's Community Treatment Facility's (The CTF) compliance with its County contract requirements and State regulations and included a review of the CTF'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, seven placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) monitor interviewed each child and reviewed their case files to assess the care and services they received. Additionally, five discharged children's files were reviewed to assess the CTF's compliance with permanency efforts. At the time of the review, all sampled children were prescribed psychotropic medication. OHCMD reviewed the case file to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD 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

OHCMD found the following six areas out of compliance.

Licensure/Contract Requirements

- In reviewing Special Incident Reports (SIRs) from January 1, 2012 through November 30, 2012, it was noted that of 79 submitted SIRs, three were not submitted into I-TRACK System timely, and two SIRs were not reported to OHCMD. Furthermore, some reviewed updated Needs and Services Plans (NSPs) documented special incidents that were not submitted into I-TRACK System in accordance with the SIR guidelines for CTF requirements. The Administrator stated that, to prevent the

above-mentioned from occurring in the future, the SIR reporting responsibilities have been assigned to the Director of Residential Services and will be reviewed by the Administrator Coordinator and Administrator, to ensure timely, accurate, and reasonable submission of SIRs. It was noted that two CTF representatives had attended the SIR training for providers conducted by OHCMD in October 2011.

- Community Care Licensing (CCL) cited the CTF as a result of multiple deficiencies and findings during CCL's investigations.

  On December 11, 2012, CCL substantiated two Personal Rights Violations by a staff member as a result of an incident that occurred on November 4, 2012, in which a Youth Counselor (YC) intentionally hit a child on his head during a restraint. It was also substantiated that the YC used profanity against another child during the same incident. According to CCL and the CTF documentation, the CTF immediately suspended the YC from duty and terminated the YC on November 8, 2012. The deficiency was cleared during CCL's site visit on December 11, 2012. DCFS deemed the allegation of Physical Abuse to be substantiated. A Corrective Action Plan (CAP) was requested by OHCMD; the CAP was approved on January 8, 2013.

  On November 9, 2012, CCL substantiated a Personal Rights Violation by a staff member against a Dependent child of San Diego County. CCL's investigation revealed that, on October 28, 2012, a YC grabbed a child by the back/right side of the throat and pushed the child's head down in order to retrieve a pen that the staff member had loaned the child. The child reported that she did not suffer any injuries; however, she did find the incident painful. The child reported that she received prompt medical attention after the incident. The CTF immediately suspended the YC upon learning of the incident. The YC voluntarily resigned, effective November 2, 2012. The CTF submitted a Plan of Correction (POC) to CCL on November 16, 2012, which stated the above-mentioned, as well as in-service trainings for staff members. The SIR submitted by the CTF documented that the CTF had contacted the Los Angeles County Child Protection Hotline (CPHL) and was advised that the incident would be cross-reported to law enforcement and San Diego County Child Protective Services (CPS). The Child Welfare Services Case Management System documented that a report was made to DCFS, but was Evaluated Out. However, a referral was generated to San Diego County CPS; the disposition was unfounded.

  On October 25, 2012, CCL substantiated a Personal Rights Violation in which a YC retaliated against a child by shoving and swinging with closed fists at the child on October 12, 2012. According to the CCL investigation, the CTF Licensed Vocational Nurse had examined the child after the incident and had informed the Licensing Program Analyst that the child suffered no visual injuries, nor had the child complained about pain; no medical treatment was required. A review of the child's records revealed the child was offered prompt medical treatment after the incident and suffered no injuries or pain, CCL reviewed the YC's files and observed that YC had completed a Pro-Act Refresher Course on May 12, 2012. The CTF had immediately suspended the YC while conducting the investigation. The CTF Management filed a report with the CPHL and reported the incident via I-TRACK on October 13, 2012.

The YC was terminated effective October 16, 2012. However, according to CTF SIR #307937, the internal investigation, including video surveillance of the incident, concluded that the YC acted defensively and aggressively towards the child. CTF Administration provided in-service trainings with appropriate staff regarding fight/flight/freeze, related to crisis and in-moment self control for staff. The DCFS investigation deemed the allegation of Physical Abuse inconclusive.

On November 9, 2012, CCL imposed a Civil Penalty of $150, due to the same deficiency within a 12-month period, as referenced above.

On October 25, 2012, CCL's Annual Review revealed a Buildings and Grounds citation: 1) the Moon Unit had peeling paint on a bathroom door; 2) the Sun Unit had a door with several large holes. On November 1, 2012, the CTF submitted a POC to CCL, which stated that the Moon Unit door was sanded and repainted and the Sun Unit door was refaced.

On September 5, 2012, CCL substantiated Conduct Inimical, because the CTF did not comply with a subpoena to provide CCL a copy of camera surveillance tapes related to an alleged incident of sexual abuse by a staff member, which reportedly had occurred in May 2012. Both DCFS and CCL subsequently deemed the allegation of sexual abuse unfounded. A review of the CPHL referral and investigation narrative revealed that the child had recanted her allegations; she stated she made false allegations because she wanted to leave the CTF. Torrance Police Department investigated the incident and closed its investigation as unfounded, due to the child admitting to making false allegations. Additionally, their review of the video tape revealed that the child did not have contact with the staff member. Further, the CTF's internal investigation revealed that the staff member accused of abuse did not work the date of the alleged incident.

Upon following up on the matter, CCL informed OHCMD that CCL deemed the allegation of sexual abuse unfounded based on Torrance Police Department's viewing of the video surveillance tapes and investigative report, as well as the child admitting to making false allegations during the investigation. CCL further stated that the CTF had, at some point during the investigation, made the surveillance tapes available for review by CCL's Bureau of Investigations; however, the investigator did not review the video surveillance tapes. Per the CCL Licensing Program Analyst (LPA), the video tapes expired or were recycled (erased) after 30 days.

The CTF appealed CCL's citation for Conduct Inimical; however, the appeal was denied at the Regional level. On April 18, 2013, CCL hand-delivered a video camera waiver to ensure the CTF is aware that providing all records to CCL includes video surveillance tapes.

On June 13, 2012, CCL substantiated a Personal Rights Violation in which a YC retaliated by hitting a child in the back of her head on May 10, 2012. CCL stated that the YC used excessive force by twisting the child's arm during a wall restraint. The CTF submitted a Plan of Correction (POC) to CCL, which stated that the YC was

immediately suspended pending completion of the internal investigation. Subsequently, the YC was terminated for not following agency polices and Personal Rights regulations. The CTF conducted staff in-service trainings related to abuse prevention and mandated reporting, with ongoing training. Although CCL did not cite any other staff, the CTF terminated another YC on May 10, 2012, for failing to be candid about the incident in her written statement. The Department of Children and Family Services deemed the allegation of physical abuse substantiated. OHCMD requested a CAP; the CAP was approved September 6, 2012.

On June 13, 2012, CCL substantiated a Personal Rights Violation related to an incident that occurred on May 10, 2012. A child approached a YC very closely and attempted to kick the YC. The YC responded by grabbing the child by the shirt and forcefully shoving the child back. The CTF stated that the child did not file a compliant against the YC; however, the incident was observed on the CTF's surveillance video by CTF's Management on May 10, 2012, while Management was reviewing footage of another incident. Per CCL documentation, the CTF immediately suspended the YC and subsequently terminated the YC, upon completion of the internal investigation, on May 14, 2012. According to the SIR, the CTF contacted the CPHL and was advised that information would be forwarded to the Case-Carrying CSW as an "Info Only." OHCMD verified with a supervisor at CPHL that an "Info Only" was forwarded to the CSW.

On May 16, 2012, CCL substantiated a Personal Rights Violation related to a former YC having inappropriate contact with a former CTF child. In addition, CCL substantiated a violation of Reporting Requirements, in that the CTF administration failed to report the allegation involving the child's letters associated with the YC to CCL, upon their discovery. The CTF had terminated the YC, effective January 25, 2012, but failed to report the allegations to the CPHL. DCFS deemed the allegation of General Neglect to be substantiated and the allegation of Sexual Abuse to be inconclusive. A CAP was requested and received by OHCMD.

On May 10, 2012, CCL's Case Management visit revealed a deficiency related to Restraint and Seclusion. Two children did not have a signed Restraint Order in their files. The CTF submitted a POC to CCL on June 11, 2012, which stated that the Restraint and/or Seclusion Orders will be monitored by a Registered Nurse and cross-checked for accuracy and completeness, and then compared to the Restraint/Seclusion Log.

On February 21, 2012, CCL substantiated an allegation of failure to comply with Responsibility for Providing Care and Supervision. CCL's investigation revealed that on or about January 29, 2012, a child had sexually assaulted another child due to the negligence of two YCs. The investigation also revealed that the perpetrator child rigged the bathroom lock so that it would not lock properly and both children could gain entry into the locked bathroom without staff monitoring the bathroom. The CTF provided a POC to CCL which stated that two YCs received disciplinary action notices for not maintaining acceptable standards of supervision. The victim child's therapist implemented a Safety Plan for the child. DCFS deemed allegations of General

Neglect by the YCs to be substantiated and Sexual Abuse by a child to be inconclusive. A CAP was requested and received by OHCMD. On February 1, 2012, Stars Behavioral Health Group Regional Quality Assurance Team, which is part of Stars Incorporated, debriefed with the CTF Clinical Management Team to review the client's histories, systems, interventions and preventative future plans. Additionally, an in-service training was provided on February 3, 2012, regarding program structure and appropriate supervision.

The Administrator stated that Star View has taken several new measures to ensure children are not harmed by staff and are appropriately supervised by staff. They include the following: a two-step hiring process for Youth Counselors which includes the use of an integrity-based screening tool and initial screening interview with the Human Services Manager and Administrative Coordinator. If a candidate is deemed appropriate by the Human Services Manager and the Administrative Coordinator, the candidate is interviewed by the CTF Program Manager. The Administrator also stated that their security cameras, installed February 2012, allow the opportunity to review and educate staff members on methods to improve their response to escalated children. According to the Administrator, in April 2013, the CTF added an additional staff member to the Nocturnal Shift to increase supervision on the dorms.

Recommendations

The CTF's management shall ensure that:

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

2. The facility is compliant with Title 22 Regulations and County contract requirements to ensure the safety and well-being of placed children being free from any abuse by staff members.

Facility and Environment

- Although the facility has undergone interior improvements and renovations, several of the children's bedroom walls were in the process of being patched and/or painted due to the children's destructive behaviors. OHCMD and the CTF's administrative staff conducted a walk-through of each child's bedroom and identified repairs that were needed. On February 7, 2013, during a follow-up visit, it was observed that most of the deficiencies were repaired. OHCMD was e-mailed photographs of the remaining repairs that were completed.

  The CTF Home Administrator stated that facility damage is an ongoing issue, given the nature of the children they serve. They have hired an additional Maintenance Technician to tend to the physical plant's increase in repairs needed throughout the facility, including the children's bedrooms. The Administrator also discussed the pro-active approach her maintenance staff have put into practice trying to maintain the facility.

Recommendation

The CTF's management shall ensure that:

3. The children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- Seven initial NSPs were reviewed. All seven initial NSPs were timely and contained detailed and specific information about the child. The OHCMD monitor found that the NSPs had improved since the last review. However, all seven NSPs were not comprehensive, as they lacked detail information and did not include all the required elements in accordance with the NSP template.

- Thirteen updated NSPs were reviewed; one updated NSP was not timely. Although all of the updated NSPs were informative and detailed, none were comprehensive. In addition, some updated NSP Quarterly Only sections related to visitation, education, life skills and special incidents lacked updated information. One updated NSP SIR Quarterly Information section was incorrectly documented. One child's updated NSP contained incorrect information, in that it documented another child's Therapeutic Behavioral Services goals.

In January 2012, the OHCMD conducted NSP training. Although the CTF did not send representatives to the training, the Clinical Director explained that they had received the NSP training presentation from OHCMD and had utilized the information to train the therapists in completing NSPs. The Administrator stated that to ensure initial and updated NSPs are timely and comprehensive, the Director of Treatment Services, Director of Quality Assurance, and the Clinical Director conducted an NSP in-service training with all Primary Therapists on April 10, 2013. Verification of training was submitted to OHCMD.

Recommendations

The CTF's management shall ensure that:

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

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

Health and Medical Needs

- One child did not receive a timely yearly follow-up medical examination. The annual physical examination was due by October 21, 2012; however, it was not conducted until November 28, 2012. The Administrator stated that the Director of Nursing is revising their nursing audit tool, which will include timely completion of a child's annual medical examination.

- One child did not receive a timely initial dental examination. The initial dental examination was due by May 25, 2012; however, it was not conducted until June 1, 2012. During the Exit Conference, the Administrator stated they now contract with a mobile dental hygienist to come on site on a monthly basis to ensure newly-admitted children receive an initial dental examination timely. The CTF's nursing audit tool will also include this information to ensure compliance.

Recommendations

The CTF's management shall ensure that:

6. Children's annual/follow-up medical examinations are timely.

7. Children's initial dental examinations are timely.

Personal Rights and Social/Emotional Well-Being

- Four of seven interviewed children reported not liking the food. Three children complained of being served spoiled milk. One child complained of too much chicken being served, while other food complaints consisted of chicken and pork having too much fat, the food having no taste, and wanting "white bread" rather than wheat bread "with seeds." One child reported that the food is "sometimes good and sometimes bad," while another child stated that although the food was "very bad..." the chili "was good." One child reported that Neptune Unit gets "...the last of everything...some kids eat up the snacks or save snacks," and complained that the eggs were undercooked, with egg shells and that the bacon is cold.

  In regard to the complaints of spoiled milk, the Administrator stated that they have advised their contracted food service provider that any milk that is not used immediately during meals and snack time, is to be thrown away and not returned to refrigeration. On two occasions during the review, OHCMD inspected the milk in the cafeteria refrigerator and did not find the milk to have expired dates. As far as the other food complaints, the Administrator Coordinator stated that it is very difficult to satisfy all children while maintaining healthy and balanced meals. They pointed out that the cafeteria also serves a salad bar in case the children do not like the main entrée. The Administrator stated that the children's complaints will continue to be addressed at their Community Meetings, and the children's concerns are discussed in the weekly manager's meeting, which a representative from the food service provider attends. OHCMD reviewed approximately two months of the meal schedules and found the listed meals to contain a variety of balanced meals, with each food item's caloric intake listed.

- In reference to children being treated with respect and dignity, one child did not answer the question directly and began to discuss a restraint that occurred with another child whom she refused to name. OHCMD brought this incident to the Clinical Director's attention, who was aware of the specific child involved in the restraint. The Clinical Director stated that the incident was captured on the video surveillance camera and

showed that staff did not exhibit any aggression toward the other child. However, this does not negate the fact that the child may not feel she is being treated with respect and dignity, especially in light of several incidents in which staff members were terminated or received training for incidents captured on the video surveillance camera of staff retaliating and/or harming children.

Another child stated that some staff used profanity toward the children, but refused to disclose staff names, although the Monitor interviewed this child on two different days, in an attempt to obtain staff names.

A third child reported that sometimes some children are treated differently and that "some staff have an attitude they need to leave at the door," and therefore did not believe that some children were treated with respect and dignity.

The Administrator did not agree that the last child's statement supported that children are not treated with respect and dignity. The Administrator further stated that the population of children being served is highly variable in regard to their relationships with staff, which may range from very positive and connected to disconnected and/or dissatisfied with staff. The Administrator stated that weekly team meetings will continue to foster connections and support children and staff's relationships.

Recommendations

The CTF's management shall ensure that:

8. Children are provided satisfying, healthy and palatable meals and snacks.

9. Children are treated with respect and dignity.

Personnel Records

- One staff member did not receive a timely Tuberculosis clearance before being re-hired. The Administrator stated that the Human Resources Manager will ensure that all newly-hired and re-hired staff members have a completed checklist of all requirements, to ensure compliance.

- One staff member did not receive the Emergency Intervention Plan Refresher Course (Pro-ACT) every six months, per the CTF's program statement. The Administrator stated that the Training Department hired a training assistant who is responsible for tracking Pro-ACT trainings and that the Pro-ACT trainings will be offered three to four times per month.

Recommendations

The CTF's management shall ensure that:

10. Newly-hired and re-hired staff members will receive a timely Tuberculosis clearance.

11. Staff will receive the Emergency Intervention Plan Refresher Course in accordance with Star View's program statement.

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

The OHCMD's last compliance report, dated July 12, 2012, identified 12 recommendations.

Results

Based on our follow-up, the CTF fully implemented 4 of 12 recommendations, for which were to ensure that:

- Reportable SIRs are submitted into I-TRACK in accordance with Exhibit A-VIII,
- Safety of all children is maintained, children are free from abuse and neglect,
- Children are progressing toward meeting NSP case goals,
- Comprehensive initial NSPs are developed,
- Comprehensive updated NSPs are developed,
- Children receive an initial medical examination timely,
- Children feel safe in the Group Home,
- Children are treated with respect and dignity,
- Children are provided with satisfactory meals and snacks,
- Employees receive a criminal clearance timely,
- Employees receive the Emergency Intervention Plan Refresher Course (Pro-ACT) in accordance with Star View's program statement, and
- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report.

Based on our follow-up, the CTF did not fully implement eight previous recommendations for which they were to ensure that:

- Appropriate documentation and cross-reporting of SIRs to all required parties via I-TRACK System, in a timely manner.
- The safety of all children is maintained.
- Children are free from abuse and neglect.
- Comprehensive initial NSPs are developed
- Comprehensive updated NSPs are developed.
- Children are treated with respect and dignity.
- Children are provided with satisfactory meals and snacks.
- Employees receive Emergency Intervention Plan Refresher Course (Pro-ACT) in accordance with the CTF's program statement.

Recommendation

The CTF's management shall ensure that:

12. The outstanding recommendation from the 2011 monitoring report, which are noted in this report as Recommendations 1, 2, 4, 5, 8, 9, and 11, are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

STAR VIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

4025 West 226TH Street
Torrance, CA 90505
License #197803340
Rate Classification Level: Community Treatment Facility

	Contract Compliance Monitoring Review	Findings: November 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. Full Compliance
	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. Full Compliance
	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. Full Compliance
	9. Development of Timely, Comprehensive Initial	9. Improvement Needed

	NSPs with Child's Participation 10. Development of 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. Improvement Needed 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	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)	13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Not Applicable 6. Full Compliance 7. Improvement Needed

Star View Children & Family Services
4025 W. 226 Street
Torrance, California 90505
Telephone: (310) 373-4556
Fax: (310) 373-2826

March 7, 2013

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 **Group Home Monitoring Review Field Exit Summary, DATED 2/7/13**:

I. **Licensure/Contract Requirements: 4. Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely? 9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?**

- OHCMD Monitor remarked that several SIRs during this period were neither reported timely, nor reported to applicable parties – OHCMD, nor reported. SVAC Administration reviewed those specific SIRs and concurs with our Monitor's findings. In order to prevent future untimely submission, not reporting to applicable parties, and required submissions of SIRs, SVAC reassigned the reporting responsibilities to Director of Residential Services, Kelly McMahon in late 2012. In conjunction with the Director of QA and Behavioral Analyst, the need to report SIRs using good judgment and sound discretion when utilizing the guidelines for reporting the incidents will be reviewed by the Administrative Coordinator, along with the Administrator to ensure timely, accurate, and reasonable submission.

- Although, Star View is not free of any substantiated CCL complaints on safety, we have answered all requested Plans of Correction and have not heard otherwise regarding approval of our plans from CCL, therefore consider ourselves to be in compliance. As soon as Star View receives documentation, we will forward a copy of the findings along to OHCMD. Star View has taken several new measures to ensure children are not harmed by staff and appropriately supervised by staff:

    - In order to better select candidates for Youth Counselor positions, Star View has added two steps to the hiring process of Youth Counselors. Starting in May 2001, an integrity-based screening tool called the Personnel Selection Inventory (PSI), which includes domains focused on non-violence, stress tolerance, and risk avoidance, has been administered

to all candidates. An initial screening interview has been added utilizing the results of the PSI and is completed directly after the PSI by the Human Resources Manager and Administrative Coordinator. If it is then determined that the candidate will advance to an interview with the hiring CTF Program Manager, an interview with the Program Manager is conducted concentrated on role-play strategies with clients during crisis situations to increase the quality of our hires.

- In addition, following intense incidents with clients, our security cameras (added in February, 2012) allow us opportunities to review and educate our employees on how to improve their responses to escalated clients. This includes, but is not limited to posture, body language, and spatial boundaries when interacting with agitated clients.

- Additionally, we utilize client care cards to keep our clients safe. Client care cards are unique to each child. The care card is accessible at each staffing station and gives a brief overview of the client's significant history and background, identifies 3 of their primary triggers, underlying functions of their behaviors, interventions to utilize, preferred staff, and adaptive coping strategies. The client care card is updated at least at every monthly treatment team, weekly team meetings, and as needed. The care card's accessibility can be especially useful for staff that work on-call or are less familiar with the child. This process and system will be monitored by the Administrative Coordinator along with the Administrator to ensure compliance.

- Starting in April, 2013, Star View added an extra staff member to the NOC shift to increase supervision on the dorms. Also,

- Star View is currently budgeting to add a House Manager on NOCs in 13-14 (covering both the CTF and the PHF). However, to do this, additional funds for the PHF from DCFS and DMH are required. This funding has been requested.

II. Facility and Environment: 12. Are children's bedrooms well-maintained?

- Facility damage and repairs is an ongoing process given the nature of the clientele served. All needed repairs noticed during facility walk-thru were corrected and pictures were submitted to our Monitor for verification of compliance. Our clientele often have destructive coping strategies when dealing with poor self-regulation abilities. Therefore, this is an ongoing process. The agency has hired an additional Maintenance Technician to tend to the physical plant and increase repairs, including, but not limited to the client bedrooms. Maintenance personnel complete weekly physical inspections of the facility. Any noted items needing to be replaced or repaired are documented on a work order form. Also, direct care staff, and especially the housekeeping department will complete work orders for any items that they observe to not be in good condition. The work order forms are given to the Maintenance department and prioritized according to safety risk. Once the work order is completed, it is documented as such by the assigned technician and filed in the Maintenance department. This system will be monitored by the Director of Facilities and Administrative Coordinator, along with the Administrator to ensure compliance.

III. Maintenance of Required Documentation and Service Delivery: 23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? 24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

- OHCMD Monitor indicated during our exit conference that NSP quality of content was quite improved over this last monitoring period, however technical details were an area in need of improvement. Therefore, Director of Treatment Services, Director of QA, and Clinical Director conducted an NSP in-service training with all Primary Therapists on 04/05/2013 (see attached in-service) to ensure initial and updated NSPs are timely and comprehensive. Also, Director of Treatment Services, Director of QA, Principal, and Clinical Director will meet their departmental staff to perform in-services regarding the specific information that each department provides, including timeliness of completion on an ongoing basis. Director of Treatment Services and/or assigned designee(s) will perform utilization reviews of accurate completion of NSPs. Utilization reviews of the NSPs occur twice monthly, and include dates, diagnosis, medical necessity, goals aligning with Day Treatment Intensive program, progress, and that interventions are appropriate and updated. Also, Star View began converting client medical records to an electronic medical record (EMR) in February 2012. EMR requires documentation from the Primary Therapists, who complete the NSPs, to be approved by their supervisor. Although NSPs are currently not part of the EMR system. The requirement to have documents reviewed by the supervisor has increased thoroughness, specifically addressing completion and response to progress. This new process, which is completed by the Director of Treatment Services, increases the level of examination and quality of NSP documentation. Director of Treatment Services, Director of QA, and Clinical Director will ensure compliance.

IV. Health and Medical Needs: 31. Are required follow-up medical examinations conducted timely? 32. Are initial dental examinations conducted timely?

- Director of Nursing is in the process of revising a NOC shift (11pm – 7:30am) nursing auditing tool, which includes timely completion of annual medical examinations. NOC shift (11pm – 7:30am) nurse and/or assigned designee will be responsible for completing the nursing auditing tool. General Practitioner will be notified by a nursing staff when a child's annual medical examination is due. Medical Records Technician audits each child's chart on a monthly basis to verify timely completion. Medical Records coordinates with Psychiatrists, Doctors, Director of Nursing, and Nursing to ensure annual medical examination has been completed timely. QA Director and Director of Nursing, along with Administrator will ensure compliance.

- Star View contracted with a mobile dental hygienist in May 2012 to screen every new admission to the facility. Prior to arrival, dental hygienist is sent the client census. Mobile dental hygienist comes to the facility monthly to provide services. Upon completion of services, dental hygienist provides Director of Nursing with documentation of services provided, as well as a list of clients seen or not seen. Director of Nursing monitors master list and collaborates with dental hygienist to ensure that all children are seen in a timely manner. Director of Nursing is in the

process of revising a NOC (11pm – 7:30am) shift nursing auditing tool, which includes timely completion of initial dental examinations. Director of Nursing and Clinical Director, along with Administrator will ensure compliance.

V. **Personal Rights and Social /Emotional Well-Being: 39. Do children report the group home's efforts to provide nutritious palatable meals and snacks? 40. Do children report being treated with respect and dignity?**

- Due to several complaints regarding the freshness of milk, Star View collaborated with our contracted food service provider, HCI. It was agreed that milk that is not used immediately during meal and/or snack time is to be thrown out and not kept. House Managers will perform a head count of clients requesting milk prior to it being distributed to control waste. Temperature logs are maintained by the dietary department to ensure freshness of food products. HCI completely revamped the menu in July 2012 and it was certified by the California Department of Education, Nutritional Services Division, in February 2013. HCI incorporated the findings from the Dietary Guidelines for Americans of 2010 and the Requirements of the Healthy, Hunger Free Kids Act of 2010 to introduce a menu that is well balanced and offers a greater variety and quantity of fresh fruits and vegetables. One of the key recommendations of the Dietary Guidelines for Americans is to eat more lean protein items such as chicken. However, HCI has tried to mix up the menu and serve it in different forms such as on the bone, off the bone, and shredded in addition to a variety of different seasoning types. As for the white bread recommendation, this is in complete contrast with the science, Dietary Guidelines for Americans recommendations, and the stipulations under the Healthy, Hunger Free Kids Act. We are directed to serve whole grain products as much as possible with 100% compliance for the 2014-2015 school year. HCI and Star View Administration will review the snack list on 5/28/13 to ensure enough variety is included. In regards to the eggs being undercooked, HCI Administration will address this directly with their dietary staff on 5/28/13. HCI maintains a cook-temperature log of all hot items indicating if the appropriate cook temperature was achieved. HCI Administration will review this log on 5/28/13.

- Further complaints will continue to be addressed at community meeting. Concerns are then shared in a weekly manager's meeting, in which an HCI representative attends. Administrative Coordinator and Administrator oversee this system and will communicate any concerns directly to the HCI Manager.

- Star View takes the issue of treating the children with respect and dignity very seriously. The following are specific actions that have been taken and will continue to be taken to ensure children are treated with respect and dignity:

    - Over the last several months, Star View provided an off-site, 8 hour, mandatory Cultural Competency training derived from the California Brief Multicultural Competency Scale to enhance staff's sensitivity to cultural differences and trauma responses for clients served. Increased understanding and sensitivity is an attempt to foster respect and dignity for a diverse population.

    - Weekly team meetings continue to be conducted as a forum for trainings and case consultation in an effort to provide staff the opportunity to process frustrations versus acting them out on the milieu.

- Daily community meeting is being restructured with an emphasis on conflict mediation and problem resolution between staff and clients.

- The agency continues to focus on attachments, attunement, vicarious trauma, caregiver affect management, and an overall understanding of complex trauma interventions to support staff and increase empathic responses to clients. This is all part of the ARC model, about which we have previously reported, which we began to implement in 2011.

- Agency's camera system is used as a training method to focus on body language, proximity, response to crisis, and effective Pro-ACT interventions.

Star View will continue to utilize the progressive discipline process already in place as needed when these training efforts appear ineffective. All of the above noted strategies are aimed at increasing overall quality of care and the children feeling that they are being treated with respect and dignity.

X. Personnel Records: 62. Have employees received timely health screenings/TB clearance? 65. Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid, required annual, and emergency intervention)?

- Human Resources Manager and/or assigned designee will ensure that all new hires and/or re-hires have TB clearance prior to employment. A checklist is completed to ensure that all new or re-hire requirements are met.

- The Training department hired a training assistant, who is responsible for manually tracking Pro-ACT trainings. Director of Training will then notify managers and staff as needed to be scheduled for training. Pro-ACT trainings will be offered 2x/month. Director of Training and Program Managers, along with Dr. Spiteri will ensure compliance.

- Attached are the curriculums for the Pro-ACT 4 and 8 hour refresher trainings. Also attached are schedules for the Pro-ACT 4 hour and 8 hour refreshers for the next seven months (June through December 2013). The Pro-ACT trainings will be offered monthly, however exact dates may be subject to change as related to staff, facility, and training needs. The Pro-ACT refresher courses include specific training related to treating children with respect and dignity and children feeling comfortable in their environment. Administrative Coordinator will submit the above-requested verification of staff trainings to OHCMD, on a flow basis, through December 2013. Director of Training and Administrative Coordinator, along with the Administrator will ensure compliance.

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

Sincerely,

Natalie Spiteri, Psy.D.
Administrator