County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
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November 5, 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

JUNIOR BLIND OF AMERICA 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 Junior Blind of America Group Home (the Group Home) in April 2013. The Group Home has one site located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster children and Regional Center clients. According to the Group Home's program statement, its stated purpose is "to provide services to court dependent, seriously emotionally disturbed, visually impaired, culturally diverse, and multi-disabled children."

The Group Home has one 40-bed site and is licensed to serve a capacity of 40 children, ages 6 through 17. At the time of review, the Group Home served 18 placed DCFS children. The placed children's overall average length of placement was 8 months, and their average age was 15.

SUMMARY

During OHCMD's review, the interviewed children generally 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 7 of 10 areas of our Contract compliance review: Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to a Community Care Licensing (CCL) citation as a result of substantiated allegations of General Neglect and a violation of Personal Rights; Facility and Environment, related to a lack of carbon monoxide detectors in the facility and several beds did not have mattress covers; and Personnel Records, related to one staff member's personnel file not having a Discipline Form. OHCMD instructed the Group Home supervisory staff to enhance monitoring to ensure compliance with service requirements and regulations and building maintenance requirements.

Attached are the details of our review.

REVIEW OF REPORT

On August 7, 2013, the DCFS OHCMD Monitor, Mary Espinoza, held an Exit Conference with the Group Home representative Lisa Dozier, Administrator. The Group Home representative: agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

OHCMD will assess for implementation of recommendations during our next monitoring review.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM:KR
RDS:PBG:ep

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Corina Casco, Associate Vice President, Junior Blind of America
Lenora Scott, Acting Regional Manager, Community Care Licensing
Angelica Lopez, Regional Manager, Community Care Licensing

JUNIOR BLIND OF AMERICA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5300 Angeles Boulevard
Los Angeles, CA 90043
License # 191800260
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2013**
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. Full Compliance
	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 Maintained	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	Full Compliance (ALL)
	2. County Children's Social Worker's Authorization to Implement NSPs	
	3. NSPs Implemented and Discussed with Staff	
	4. Children Progressing Toward Meeting NSP Case Goals	
	5. Therapeutic Services Received	
	6. Recommended Assessment/Evaluations Implemented	
	7. County Children's Social Worker's Monthly Contacts Documented	
	8. Children Assisted in Maintaining Important Relationships	
	9. Development of Timely, Comprehensive Initial	

	NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	
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	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (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	Full Compliance (ALL)

	Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
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/Photo Album	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. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance

JUNIOR BLIND OF AMERICA GROUP HOME
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 addressed findings noted during the April 2013 review. The purpose of this review was to assess Junior Blind of America Group Home'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 children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) 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. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five group home staff files for compliance with Title 22 Regulations and County contract requirements, and site visits were conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- On May 15, 2013, Community Care Licensing (CCL) cited the Group Home for a substantiated allegation of General Neglect/Lack of Supervision. A child had sustained a fractured arm. According to CCL's investigation report and notes, the specific cause of the injury could not be determined, and neither the staff, nor the child was able to give an account of the injury. The incident was reported to the Child Protection Hotline; however, the referral was Evaluated Out,

as the child was not a DCFS dependent. The incident was also cross-reported to law enforcement. According to CCL notes, law enforcement found no evidence of suspected child abuse.

The Group Home submitted a Plan of Correction (POC), which included a plan for increased supervision of placed children, training for staff, and no longer utilizing the services of the temporary staff on duty at the time of the incident. The POC was approved on February 7, 2013; CCL cleared the deficiency.

- On March 21, 2013, CCL substantiated a Personal Rights violation. The Group Home staff failed to send extra underwear to school after a teacher had made the request for a child that had a medical condition. CCL cleared the deficiency upon the Group Home sending additional clothing to school for the child.

Recommendation

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Facility and Environment

- The common areas were not maintained; there were no carbon monoxide detectors in the facility. Upon the finding being brought to the Administrator's attention, the deficiency was immediately corrected; carbon monoxide detectors were purchased and installed. OHCMD verified the installation of the carbon monoxide detectors.

- Children's bedrooms were not well maintained. It was noted that several beds did not have mattress covers. The Group Home provided the missing mattress covers. OHCMD verified that the mattress covers were provided.

Recommendation

The Group Home's management shall ensure that:

2. Common areas are well maintained.

3. Children's bedrooms are well maintained.

Personnel Records

- One employee's personnel folder did not include a signed Discipline Form. The Group Home immediately corrected the deficiency; a copy of the document was placed in the employee's personnel folder, and a copy was submitted to OHCMD.

Recommendation

The Group Home's management shall ensure that:

4. The Group Home Management shall ensure that all required documents are in the Personnel file.

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

The OHCMD's last compliance report, dated September 4, 2012, identified two recommendations.

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

- The treatment team developed comprehensive initial Needs and Services Plans (NSPs).
- The treatment team developed timely, updated NSPs.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

JUNIOR BLIND OF AMERICA

September 9, 2013

Patricia Bolanos-Gonzalez
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9230 Telstar Avenue, Suite 216
El Monte, CA 91731-2895

Re: Correct of Action Plan/Contract Compliance
License #191800260
Vendor # 0346

Dear Ms. Bolanos-Gonzalez:

Please find enclosed Junior Blind of America's Corrective Action Plan (CAP) for the contract compliance Review results dated August 8, 2013.

Area of Review: III. Facility and Environment

11. The group home had no carbon monoxide detectors installed throughout the group home.

Junior Blind Group Home Administrator had carbon monoxide detectors installed the same day and OCHMD verified installation of the carbon monoxide detectors.

Group Home Administrator will ensure that carbon monoxide detectors are monitored and serviced for optimal functioning and safety of the group home residents and staff.

12. Mattress covers were missing on several beds.

Junior Blind Group Home Administrator replaced mattress covers during monitoring visit.

Group Home Administrator will ensure that group home staff replaces the mattress covers in a timely manner after daily laundry for those residents experiencing nocturnal enuresis.

JUNIOR BLIND OF AMERICA

Area of Review: X. Personnel Records

64. Employee did not have signed Discipline Procedures form in her file.

Junior Blind Group Home Administrator provided a signed copy of the form.

The Group Home Administrator will conduct regular audits of personnel records to ensure that all necessary forms and documentation are in the current and in the file.

CCL reports (Complaint Investigations/Annual Reviews) from April 2012 April 2013

All complaint investigations/annual reviews have been corrected per CCL.

Junior Blind Group Home Administrator will continue to provide on going training to staff regarding the health and safety of the residents.

Junior Blind will ensure that the health and safety of the residents continue to be met.

If you have any questions regarding the CAP, please feel free to contact me at 323/295-4555 ext. 275 or by email at ldozier@juniorblind.org.

Respectfully,

Lisa Dozier, MFT
Director of Children's Residential

Corina Casco, LCSW
Associate Vice President of Children's Services