County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 28, 2014

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

From: Philip L. Browning
Director

VISTA DEL MAR 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 Vista Del Mar (the Group Home) in October 2013. The Group Home has one site located in the Third Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation youth. According to the Group Home's program statement, its stated purpose is to "provide services to court dependent, emotionally, disturbed, abused and neglect children."

The Group Home has one 24-bed site and is licensed to serve a capacity of 24 males and females ages 13 through 18. At the time of review, the Group Home served 16 placed DCFS children and two Probation youth. The placed children's overall average length of placement was six 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: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival Economic Well Being; Discharged Children and Personal Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to a vehicle used to transport the children that had a broken rear light signal cover; Required Documentation and Service Delivery, related to Updated Needs and Service Plans (NSPs) not including all of the elements in accordance with the NSP template; and Personal Rights and Social/Emotional Well-Being, related to two children that complained about the food served by the Group Home. OHCMD instructed the Group Home supervisory staff to enhance monitoring to ensure compliance with Title 22 Regulations.

Attached are the details of our review.

REVIEW OF REPORT

On November 14, 2013, the DCFS OHCMD Monitor, Mary Espinoza, held an Exit Conference with Amy Jaffe, Senior Vice President of Operations and Maricela Morales, Quality and Electronic Health Records System Manager. The Group Home representatives agreed with the review findings and recommendations; were 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 verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in May 2014.

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

PLB:EM:KR
RDS:me

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
Dr. Elias Lefferman, Executive Director, Vista Del Mar
Amy Jaffe, Senior Vice President of Operations, Vista Del Mar
Leonora Scott, Acting Regional Manager, Community Care Licensing
Angelica Lopez, Regional Manager, Community Care Licensing

VISTA DEL MAR GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

3200 Motor Avenue
Los Angeles CA 90034
License Numbers: 19160072
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: October 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. Improvement Needed
	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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social 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 Children's Social Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Full Compliance

	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	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 Extra-Curricular, Enrichment and Social Activities	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance

	(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'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/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	Full Compliance (ALL)

VISTA DEL MAR GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addressed findings noted during the November 2013 review. The purpose of this review was to assess Vista Del Mar 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 Department of Children and Family Services children were selected for the sample. 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, all five 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 staff files for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following two areas out of compliance.

Licensure/Contract Requirements

- The Group Home vehicle used to transport the children had a broken rear signal light cover. During the Exit Conference the Group Home Administrator provided OHCMD with a photograph as verification that the repair to the vehicle was completed.

Recommendation

The Group Home's management shall ensure that:

1. The vehicle in which children are transported is maintained in good repair.

Maintenance of Required Documentation and Service Delivery

- Five Updated NSPs reviewed were not comprehensive, as they did not include all of the required elements in accordance with the NSP template; although, the children's files contained information on the Group Home's contact with the DCFS CSW, the monthly contact were not documented in the Updated NSPs. Additionally, detailed information regarding services being provided to the children and the children's progress toward meeting case plan goals was missing.

During the Exit Conference, the Group Home Senior Vice President of Operations stated that she will ensure that the monthly contact with the DCFS CSWs is documented on the Updated NSPs. It should be noted that a Group Home representative attended OHCMD NSP training in August 2013. Some Updated NSPs reviewed were developed prior to the training and some were subsequent to the training. The Group Home Administrator will provide additional training to the staff responsible for preparing the NSPs by the end of January 2014. OHCMD will visit the Group Home in May 2014 to provide technical assistance and follow up on the implementation of the recommendations.

Recommendation

The Group Home's management shall ensure that:

2 Staff receives training to ensure comprehensive Updated NSPs are developed.

3 Staff documents the contacts between the Group Home and the DCFS CSW.

Personal Rights and Social/ Social/Emotional Well-Being

- One child reported that the food was "nasty". Another child stated that the Group Home does not serve enough salads.

During the exit conference, the Group Home Vice President of Operations provided OHCMD with a copy of their food survey and menus, which indicated that there were sufficient salads being served and children are able to make meal selections. OHCMD requested that the Group Home discuss the surveys with their nutritionist. The Group Home was open to making necessary changes to improve the children's satisfaction with meals served.

Recommendation

4. The Group Home management shall ensure that children are provided with nutritious meals and that children are satisfied with the meal selection.

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

The OHCMD's last compliance report, dated July 17, 2012, identified one recommendation.

Results

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

- The treatment team develops comprehensive initial Needs, which include all required elements, in accordance with the NSP template.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home Vice President of Operations will ensure that Updated NSPs include monthly contact between the Group Home and the DCFS CSW and the children's progress toward meeting their goals. Additionally, the Group Home will make the necessary changes to the menu to ensure children are satisfied with the meal selection. OHCMD will visit the Group Home in May 2014 to provide technical assistance and follow-up on the implementation of the recommendations.

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.

Lyn Konheim
Co-Chair, Board of Directors

Rick Wolf
Co-Chair, Board of Directors

Louis Josephson, Ph.D.
President/Chief Executive Officer

VISTA DEL MAR
CHILD & FAMILY SERVICES

January 3, 2014

Department of Children and Family Services
Out of Home Care Management Division
Mary Espinoza
9320 Telstar, Suite 216
El Monte, California 91731

Re: Corrective Action Plan for Level 12 Facility Audit (Handler)-facility review dated 10/22/2013 *(revised 1-15-2014)*

Dear Ms. Espinoza:

Our Corrective Action Plan re *Does the Group maintain vehicle in which the children are transported in good repair (*I-Licensure/Contract Requirements*)* is the following:

Please see attached updated protocol for reporting and repairing Vista Del Mar fleet vehicles. Please note that the following clause has been added; *"If a vehicle needs to be removed from the fleet for any reason, an "OUT OF SERVICE" notice is attached to the dashboard of the vehicle until the necessary repairs have been made and the vehicle is safe for use. Additionally, the keys to any vehicle not in services are removed from the guard shack and kept separately in the Maintenance Department."* In the case of the vehicles that were brought up for you to inspect, one of the vehicles had a broken tail light and signal. This vehicle had in fact, been removed temporarily from the fleet and was not being used by any agency staff and children. Unfortunately, the maintenance worker was not aware of this and mistakenly brought this vehicle up to you for review.

Regarding *Are County Workers contacted monthly by the GH and are the contacts documented in the case file,* the following corrective action plan has taken place:

On November 15th, I conducted training with the clinicians, unit director and Quality Assurance Department. Please see attached outline for content of the training. It was emphasized that on PAGE 14 of the NSP, the clinician must note specific dates of contact and the genera; contact content rather than just noting generally that contact was made each month. In addition, on their weekly progress notes, clinicians must note contact date with CSW as well as any important information reviewed.

Lynn Cohen, LCSW, Unit Director, will review every completed NSP and signs off on them. In addition, I am also reviewing the NSPs to ensure compliance with this requirement.

In addition, regarding getting feedback and providing solutions for resident who are not feeling satisfied with the food, the following currently occurs:

Quarterly food surveys are completed by all residents and then reviewed by me and by our Director of Food Services. Changes to our menu can then be made. In addition, I meet monthly with residents who are on our Resident Council. During this meeting, they are given the opportunity to share feedback from their peers regarding our program. In addition, for any red flag issues or concerns regarding nutrition and health, residents are referred to be evaluated by our nutritionist. Furthermore, Lynn Cohen, LSCW, Unit Director and the Youth Development Counselor Supervisors has met with all staff to check in with the residents after meals to get their feedback. Lynn Cohen to inform Senior Vice President, regarding meals that the residents enjoyed as well as meals that were not their preference. This writer will then share this information with the Director of our Food Services Company's so changes can be made as indicated. Most residents report being generally satisfied with the food (as per surveys that are done quarterly as well as through one on one discussions).

Please let me know if additional information is needed.

Sincerely,

Amy Jaffe, LCSW
Senior Vice President of Intensive Intervention Programs

Cc: Lynn Cohen, LCSW, Handler Unit Director
Quality Assurance Department
Contracts Compliance Department