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 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 Vista Del Mar Community Treatment Facility (the CTF) in November 2013. The CTF 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 CTF's program statement, its stated purpose is "provide services to court dependent, emotionally, disturbed, abused and neglect children."

The CTF has one 24-bed site and is licensed to serve a capacity of 24 males and females ages 14 through 18. At the time of review, the CTF served 14 placed DCFS and eight Probation youth. The placed children's overall average length of placement was eight months, and their average age was 16.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The CTF was in full compliance with 7 of 10 areas of our Contract compliance review: 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 Personal Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirement, related to a Personal Rights violation; Facility and Environment, related to a bedroom window that was shattered; and Maintenance of Required Documentation and Service Delivery, related to three Updated Needs and Service Plans (NSPs) that were not comprehensive as they did not include all of the elements in accordance with the NSP template and none of the Updated NSPs reviewed were developed timely. OCHMD instructed the CTF 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 Assurance and Electronic Health Records System Manager and Michael Nakaji, Supervisor. The CTF 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 CTF 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 CTF in June 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:PBG: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 COMMUNITY TREATMENT FACILITY
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

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

	Contract Compliance Monitoring Review	**Findings: November 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. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Improvement
	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 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 (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/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 COMMUNITY TREATMENT FACILITY
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 Community Treatment Facility Group's (the CTF) compliance with its County contract and State regulations and included a review of the CTF 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 CTF's compliance with permanency efforts. At the time of the review, the 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 CTF 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 three areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) cited the CFT on October 16, 2013, for a Personal Rights violation, as the result of an investigation of a Serious Incident Report dated October 7, 2013. According to report, the CFT staff used improper force when restraining a resident who pushed a staff. The CFT submitted a Plan of Correction to CCL, which was approved on January 13, 2014. This referral was investigated by a DCFS Emergency Response Children's Social Worker. The allegations were deemed unfounded, as the resident admitted to pushing the staff member first out of anger and no

marks or bruises were observed. Further, the resident reported he and the staff member have a good relationship and the resident reported feeling safe at the CTF.

Recommendation

The CTF's management shall ensure that:

1. The CFT is in compliance with Title 22 Regulations and free of CCL citations.

The Facility and Environment

- One of the bedrooms had a shattered window that needed to be replaced. The window was custom made to protect the children in the specialized unit from harming themselves. The CTF Vice President of Operations reported that the window was customized and has been ordered. During the review process, OHCMD was provided with documentation verifying that the window had been replaced.

Recommendation

The CTF's management shall ensure that:

2. The interior of the facility is maintained and free from potential hazards.

3. Children bedrooms well maintained.

Maintenance of Required Documentation and Service Delivery

- Three Updated NSPs reviewed were not comprehensive, as they did not include all of the elements in accordance with the NSP template; specifically, the area documenting monthly contacts between the DCFS Children's Social Workers (CSWs), as the CTF was blank, dates and detailed information in reference to the children's needs and services being provided was missing. Children's progress towards achieving their NSP goals was not documented. Further, none of the Updated NSPs reviewed were developed timely.

During the Exit Conference, the CTF Senior Vice President of Operations stated that she will ensure that the monthly contact between DCFS CSW's and the CTF is documented in detail. The CTF Administrator will provide additional training to the staff responsible for preparing the NSPs by February 2014. OCHMD will verify that training is completed during our visit to the CTF in April 2014.

It should be noted that a Group Home representative attended the NSP training in August 2013. Several Updated NSPs reviewed were developed prior to the training, but some were developed subsequently.

Recommendation

The CTF's management shall ensure that:

4. Staff receives training to ensure comprehensive Updated NSPs are developed in accordance with the NSP template and include contact between the CTF and the DCFC CSW.

5. Quarterly reports are developed timely.

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 four recommendations.

Results

Based on OHCMD's follow-up, the CTF fully implemented two of the recommendations for which they were to ensure:

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

- The staff is trained to include all required elements in accordance with NSP template and the initial NSP are comprehensive.

The CTF did not implement two recommendations for which they were to ensure that:

- The facility in compliance with Title 22 Regulations and County contract requirements.

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

The outstanding recommendation from the 2012-2013 monitoring report dated July 2013, which is noted in the report as Recommendation 4 are fully implemented.

The CTF representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. The CTF Vice President of Operations will ensure that Updated NSPs include monthly contact between the CTF and DCFS CSW and children's progress toward meeting their goals is documented. OHCMD will visit the Group Home to verify that the recommendations noted in this compliance report have been implemented and to provide technical assistance June of 2014.

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 15, 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 CTF Facility Audit (11/19/2013)

Dear Ms. Espinoza:

Our Corrective Action 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 20th, I conducted training with the clinicians. 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.
This writer will review every completed NSP and signs off on them.

Regarding licensure/contract requirements, the substantiated personal rights violation for incident dated 10/10/2013, the staff involved was counseled regarding the incident and optimal coping skills. Staff member took responsibility for his actions, received a formal warning for his reaction and was demoted from Lead Youth Development Counselor to Youth Development Counselor.

Regarding Facility and Environment, the broken window blind was replaced. Maintenance Department has order extra replacement blinds so that if one breaks in the future, it can be replaced quickly. These blinds are custom made so when ordering replacements, there can be a time lag. Having extras on hand will assist with expediting the repair.

Please let me know if additional information is needed.

Sincerely,

Amy Jaffe, LCSW
Senior Vice President of Intensive Intervention Programs

Cc: Quality Assurance Department
Contracts Compliance Department