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July 10, 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

AVIVA FAMILY AND CHILDREN'S SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Aviva Family and Children's Services Group Home (the Group Home) in January 2014. The Group Home has one site located in the Second 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 purpose is "to provide a treatment-oriented residential facility for young women, ages 12-17. It seeks to rehabilitate young women who are unable to function adequately in a family setting or in a traditional high school. The period of residence at Aviva Family and Children's Services is designed to provide an opportunity to change self-destructive lifestyles, learn to cope more adequately with the traumatic past and the difficult present, enhance self-esteem, develop appropriate social skills and finish high school."

The Group Home has one 36-bed site and is licensed to serve a capacity of 36 girls, ages 12 through 17. At the time of review, the Group Home served 19 placed DCFS children and 16 placed Probation youth. The placed children's overall average length of placement was two months, and their average age was 16.

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 being treated with respect and dignity. The Group Home was in full compliance with 4 of 10 areas of our Contract compliance review: Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; and Discharged Children.

OHCMD noted deficiencies in the areas of: Licensure/Contract Requirements, related to a Special Incident Report (SIR) not being submitted to OHCMD and Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings during the investigation of a CCL complaint;

Facility and Environment, related to the exterior grounds of the Group Home and common quarters not being well maintained and lack of sufficient recreational equipment, such operable computers; Maintenance of Required Documentation and Service Delivery, related DCFS CSW's authorization to implement NSP were not obtained timely, nor were they discussed with staff and Initial and Updated Needs and Services Plans (NSPs) were not comprehensive, as they did not include all of the elements in accordance with the NSP template; Personal Rights and Social/Emotional Well-Being, related to three youth that reported that the Group Home staff was rude; Personal Needs/Survival and Economic Well-Being, related to a child not being provided with the minimum monetary weekly allowance; and Personnel Records, related to one staff member not having signed a criminal background statement timely.

Attached are the details of our review.

REVIEW OF REPORT

On March 14, 2014, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representatives Jeff Jamerson, Vice President of Probation, Education and DCFS Services; Kim Farnham, Director of Quality Improvement; Milton Brown, Director of Residential Services and Jenny Hoit, Director of Treatment Services. 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 CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will verify implementation of recommendations and will provide technical assistance during our next visit to the Group Home 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:sn

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Acting Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Regina Bette, President and CEO, Aviva Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Lajuannah Hills, Regional Manager, Community Care Licensing

AVIVA FAMILY AND CHILDREN'S SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1701 Camino Palmero
Los Angeles, CA 90046
License # 191800285
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: January 2014
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	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. Improvement Needed
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	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. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Improvement Needed
	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 Worker's Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important	8. Full Compliance

	Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 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/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and 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 Nutritious 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. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance

	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)	11. Full Compliance 12. Full Compliance 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/ Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance
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. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance

AVIVA FAMILY AND CHILDREN'S SERVICES 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 addresses findings noted during the January 2014 review. The purpose of this review was to assess Aviva's Family and Children's Services 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, four Department of Children and Family Services (DCFS) and three Probation children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed six children and youth, as one child runaway. All seven case files were reviewed to assess the care and services they received. At the time of the review, all seven of the sample children were prescribed psychotropic medication. Additionally, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts.

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/Contact Requirements

- In reviewing children's case files, it was discovered that the Group Home documented a physical altercation between two children on an internal report, but did not submit a Special Incident Report (SIR) into the ITrack system as per SIR reporting guidelines.

This was brought to the Group Home's Director of Treatment Services' attention immediately. The Group Home conducted a SIR training for the Group Home staff responsible for submitting SIRs on April 17, 2014. The Group Home provided the sign in sheet as verification to OHCMD.

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during the investigation of a complaint alleging Personal Rights and Neglect/Lack of Supervision Violations. According to the CCL report dated August 19, 2013, it alleged that a staff member had been rude to residents, that; residents steal from other residents and that residents use drugs at the Group Home.

CCL substantiated the allegations. The Group Home submitted a written Plan of Correction (POC), which included disciplining the staff, requiring the Group Home staff to take an active and more involved role in the supervision of residents and Group Home supervisors will rotate throughout the Group Home to ensure staff are providing active and involved supervision of residents. The Group Home staff was re-trained on Pro-ACT on October 15 and 29, 2013, and November 8, 14, and 21, 2013. The training specifically focused on crisis intervention, de-escalation and effective communication with residents. The POC was approved by CCL on November 12, 2013. It should be noted that a referral was generated by DCFS Child Protection Hotline on August 15, 2013 as Evaluated Out to OHCMD and CCL, as there were no identified victims.

Recommendations

The Group Home's management shall ensure that:

1. SIRs are submitted in accordance with the County contract and SIR reporting guidelines

2. The Group Home is in compliance with Title 22 Regulations and County contract requirements and free of CCL citations.

Facility and Environment

- While conducting a site visit, it was noted that the exterior grounds of the Group Home were not well maintained.

Old furniture was being stored in the rear of the Group Home near the basketball court. The Director of Support Services reported he will conduct a weekly walk-through of the facility to ensure the exterior is well maintained. OHCMD verified that the old furniture was removed at the Exit Conference on March 17, 2014.

- A walk-through of the Group Home's interior revealed common areas were not well maintained, as a shower was inoperative. This was immediately brought to the attention of the Group Home representative.

The Director of Residential Services reported that he would conduct a walk-through of the facility weekly to ensure common quarters are being maintained. The Group Home provided OHCMD with an invoice as verification that the shower had been repaired on January 30, 2014.

- The Group Home failed to maintain sufficient educational resources and supplies for placed children, as none of the computers assessable to the children were operable.

The Group Home representative reported that the residents were able to use the office/staff computers to complete homework assignments when needed. The Director of Residential Services reported that three new computers were purchased and installed on March 24, 2014 and placed in the residential facility, one in each unit. The Group Home provided OHCMD with a purchase order as verification on April 18, 2014.

Recommendations

The Group Home's management shall ensure that:

3. The exterior and grounds of the Group Home are well maintained.

4. The common quarters of the Group Home are well maintained.

5. That the Group Home maintain sufficient recreational equipment and an appropriate selection of reading materials and educational resources and supplies, including operable computers, which are age-appropriate and readily available to children.

Maintenance of Required Documentation and Service Delivery

- DCFS CSW's authorization to implement the Needs and Services Plan (NSP) was not obtained timely for 1 of 8 NSPs reviewed. The Director of Treatment Services stated that in efforts to ensure timeliness and efficiency, staff will be expected to set reminders on their outlook calendars.

- For 1 of 8 NSPs reviewed, one NSP was not implemented and discussed with the Group Home staff.

- Seven Initial NSPs were reviewed. The NSPS were timely; however, one was not comprehensive, as it did not include all of the required elements in accordance with the NSP template. Specifically, the NSP was missing the CSWs signature authorizing implementation.

- One Updated NSP was reviewed. The NSP was timely; however, it was not comprehensive as it did not include all of the required elements in accordance with the NSP template. Specifically, the NSP did not address the Group Home's contact with the Department of Probation Officer (DPO).

The NSP deficiencies were brought to the attention of the Group Home's Director of Treatment Services during the course of the review. The Group Home's Director of Treatment Services reported that she would ensure that all NSPs developed are comprehensive. It should be noted that a Group Home representative attended OHCMD's NSP refresher training in August 2013, and were made aware of the NSP requirements. The NSPs reviewed were developed subsequent to the training.

Recommendations

The Group Home's management shall ensure that:

6. The Group Home staff obtains or documents efforts to obtain the DCFS CSW's signature authorizing implementation.

7. The DCFS CSWs and DPOs are contacted monthly by the Group Home and the contacts are appropriately documented and maintained in the children's case file.

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

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

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

- During the course of conducting interviews with the placed children, two children reported that staff was rude and one reported that staff was sarcastic. The interviewed children chose not to identify the staff.

This information was immediately brought to the attention of the Group Home Administration. The Group Home has re-trained all staff on Pro-ACT and on effective interventions and communication with residents. The Group Home provided OHCMD with verification that the training was conducted on December 5, 2013.

Recommendation

The Group Home's management shall ensure that:

10. All children are treated with respect and dignity.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

- A review of the weekly allowance logs revealed that a child had not been provided with the minimum monetary weekly allowance.

This was brought to the immediate attention of the Group Home Administration. The Group Home reported that this was an error on their part and it was immediately corrected. The child received the required weekly allowance; the Group Home provided OHCMD with a copy of the signed allowance sheet on January 29, 2014, as verification.

Recommendation

The Group Home's management shall ensure that:

11. All children are provided with the minimum monetary allowance.

PERSONNEL RECORDS

- While reviewing the personnel records, it was discovered that an employee had not signed a criminal background statement in a timely manner. It was signed four days late.

The Group Home's Vice President of Administrative Services stated that she would ensure that all employees sign a criminal background statement in a timely manner.

Recommendation

The Group Home's management shall ensure that:

12. All employees sign a criminal background statement in a timely manner.

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

The OHCMD's last compliance report dated October 18, 2013, identified seven recommendations.

Results

Based on our follow-up, the Group Home fully implemented 3 of 7 recommendations for which they were to ensure that:

- Children are enrolled in school within three school days,
- All children are provided with $50.00 clothing allowance, and
- Clean towels and adequate ethnic personal care items are provided.

The Group Home did not implement four recommendations for which they were to ensure that:

- The Group Home is in compliance with Title 22 Regulations and County contract requirements,
- County Worker's are contacted monthly
- Initial NSPs are Comprehensive in accordance with the NSP template.
- Updated NSPs are Comprehensive in accordance with the NSP template.

Recommendation

The Group Home's management shall ensure that:

13. The outstanding recommendations from the 2013 monitoring report dated October 18, 2013, which are noted in this report as Recommendations 2, 6, 8 and 9 are fully implemented.

At the Exit Conference, the Group Home's Vice President of Probation and Education and DFCS Services expressed his desire to ensure the development of comprehensive NSPs; the Group Home's Residential Director of Treatment Services will document attempts to obtain the CSWs and DPOs signature and it will be maintained in children's case file. She will also ensure that the Group Home therapist and the residents sign the NSPs at completion confirming participation of

both parties. The Group Home's Director of Treatment Services will conduct regular checks to monitor compliance with the CAP. OHCMD will verify implementation of the recommendations and will provide technical assistance during our next visit to the Group Home in June of 2014.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home has not been conducted at this time.

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Incorporated as Hamburger Home

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President & CEO
Regina Bette, LMFT

aviva
Helping Children & Their Families

April 22, 2014

Patricia Bolanos-Gonzalez
Out of Home Care - Management Division
9320 Telstar Ave., Suite #216
El Monte, CA 91713

Re: Corrective Action Plan (CAP) – Group Home Monitoring Review – Field Exit Summary, 3-17-14

Dear Ms. Gonzalez,

I want to thank you for the opportunity to develop and refine our residential program through our Group Home Monitoring Review process. I also appreciate the time your staff Sonya Noil took to fully inform me of concerns, so that I could complete this CAP. Sonya was very helpful by providing our team with useful knowledge and expertise.

CAP:
#4 Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely? (Safety)

In review of seven open files, The County identified in the nurse's notes that there was an incident of one resident hitting another resident that was not documented in an SIR. In further review of the nurse's notes, it was clarified that the resident reported being hit to her doctor, during a routine doctor's appointment. The resident had been scheduled for the doctor appointment as part of her regular medical check-up (HUB appointment). A nurse from Aviva accompanied the resident to the doctor's appointment. During the check-up, the resident told the doctor that her abdomen hurt because the resident was allegedly hit by another resident. No staff had witnessed this incident. However, the report went into the nurse's notes due to the resident reporting the incident to her doctor for her HUB appointment. This incident was not submitted as an SIR.

There was also an SIR that was not sent to the county worker.

In order to ensure that all incidents are documented and cross-reported, the following procedures were put in place:

Any incident that occurs warranting a special incident report will be documented by the staff that was made aware of or involved in the incident. This will be documented the day the incident occurred and emailed to Residential Leadership (which includes the Director of Treatment Services, Director of Residential Services, Day Treatment Director, Lead Nurse & Vice President of DCFS, Probation & Education). A training on writing SIRs was provided to Residential Supervisors and nurses on 4/17/14. This training also reviewed the procedures for submission of SIRs.

The documentation of the incident will be reviewed and sent within 1 business day of the incident which occurred. In order to ensure that all SIRs are cross-reported in a timely manner, the following procedures were put in place: All I-tracks are written by one author, revised by a reviewer and given to the Residential Administrative Assistant for submission. The Residential Administrative Assistant will assure that the appropriate parties are included in the recipient list of I-tracks.

After submitting the I-track, the Residential Administrative Assistant will email a PDF of the submitted I-tracks to the Residential Case Manager assigned to the case, which will cross check reporting and assure that the county worker(s) are sent the I-track.

#9 Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review? (Safety)

On August 19th, 2013, Community Care Licensing (CCL) conducted an annual compliance review of Aviva's residential program. Aviva's residential program was notified of two substantiated findings. The first finding was based on interviews with residents, during which a resident reported that a staff member spoke to the residents disrespectfully, raised her voice, and made sarcastic remarks (violation of personal rights). The second finding was also a result of interviewing residents. Residents reported that there was a resident sneaking drugs into the residential facility and getting high on the premises (failure to provide responsible care and supervision). These two findings were addressed in a Plan of Correction and the plan was immediately implemented, effective of October 11, 2013. The staff that had been specifically identified as making sarcastic comments and raising her voice, received a write-up and increased supervision, and additional training on how to respectfully communicate with residents. In response to the resident whom snuck in drugs into the facility, a search policy was submitted to CCL for review in addition to a review of supervision expectations. Current search polices do not allow for staff to fully search residents, allowing for residents to find ways to sneak drugs into the residential facility, even when their belongings are searched and despite being asked to shake out their clothing. Additionally, trainings on personal rights, how to communicate effectively and respectfully with residents, and supervision expectations were reviewed in three trainings with overnight staff on 10/15/13, 10/29/13 and 11/8/13 and two trainings with day staff on 11/14/13 and 11/21/13.

The attached training outline on personal rights and responsible care and supervision was reviewed again during an "all-staff" training on personal rights & responsible care & supervision on March 27, 2014. It was determined this training will be reviewed periodically to assure quality care and supervision and that residents rights are always respected.

#10 Are the exterior and the grounds of the group home well maintained? (Front and back yards clean, and adequately landscaped; condition of home exterior, driveway, walkways and fences; window screens) (SAFETY)

During a tour of the facility on January 29, 2014, The County noted debris in the court yard of the residential facility outside of the kitchen.

The debris found during the tour was immediately removed on January 30th, 2014.

To ensure there is no further collection of debris anywhere outside of the residential facility, the Director of Support Services reviewed the debris procedures with maintenance and kitchen staff. The maintenance and kitchen staff were oriented to the procedure, emphasizing that debris should be removed regularly and any debris considered hazardous or could cause injury to residents or staff will not be left outside and will be disposed of immediately. A memo was also sent out to remind and reinforce staff of these expectations. Furthermore, routine inspections conducted by the "Lead Maintenance Worker" will occur weekly on Monday, Wednesday, and Friday's these inspections will ensure removal of any debris or misplaced items in order to maintain a well-kept exterior and grounds.

Please see copy of memo (attached)

#11 Are common quarters well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age-appropriate decorations; and appropriate sleeping arrangements (SAFETY)

During an inspection of the residential facility on January 29, 2014, The County identified a shower knob and drain that needed to be replaced.

The shower knob & drain were replaced by AMP plumbing, Aviva's contract plumber on January 30, 2014 (see attached receipt). Aviva has an on-call plumber through AMP Plumbing, who also provides regular maintenance service at the residential program every 6 months.

To ensure that common quarters are well maintained as stipulated above, routine inspection will be conducted by maintenance. Additionally, residential counselors will notify maintenance as soon as they become aware of any repairs, damage, or problems with the common quarters.

The contact information for the Director of Support Services & Maintenance Lead are posted in the residential facility in case of emergency.

#13 Does the group home maintain sufficient recreational equipment and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children and in good repair (SELF- SUFFICIENCY)

During a tour of the residential facility on January 29, 2014, The County identified that the unit lounges had non-functional computers or no access to computers.

Three new computers were purchased and placed in the residential facility; one in each living unit lounge. They were installed on 3/24/14. This allows for all residents to have access to a computer in the lounge of the living unit. Please see attached receipts for computers.

Maintenance of the computers will be monitored by residential staff assigned to each unit. Should a computer malfunction, staff will notify the residential supervisor, residential leadership and the IT department and submit a request for service to repair the computer.

#16 Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan (WELL-BEING)

In a review of Needs & Service Plans, The County found that one Needs and Service plan was missing a county worker's signature and that there were not timely efforts made to obtain the worker's signature.

The Residential Administrative Assistant will make three attempts via fax to obtain the county worker's signature. These printed receipts of fax to the county worker will be included in all residents' files. The Residential Administrative Assistant will track faxes and fax dates of all Needs & Service Plans to assure that all Needs & Service Plans have been faxed at least three times to the county worker.

#17 Are NSPs implemented and discussed with the group home staff (WELL-BEING)

In a review of Needs & Service Plans, The County found that one Needs and Service plan was missing the signature of the group home staff.

The residential therapist participates in the development of the resident's Needs and Service Plan. The residential therapist reviews the Needs and Service Plan with the resident. During this meeting, the residential therapist and resident will both sign the Needs and Service Plan confirming that both the residential therapist and resident participated in the development of the report and agree to the Needs and Service Plan. This will occur within the first 30 days of placement and quarterly thereafter.

#23 Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

In a review of Needs & Service Plans, The County found that one Initial Needs and Service Plan was missing a resident's signature.

In order to ensure that all residents sign their Initial Needs and Service Plan, a member of the treatment team will review the Needs and Service Plan with the resident in a meeting with the resident. During this meeting, the treatment team member will obtain the resident signature within the reporting period, no later than the due date of the report.

A tracking system has been developed to ensure the timely completion, signatures, and faxing of Needs and Service Plans. The tracking system also serves as a reminder to those who contribute to the Needs and Service Plan report. The tracking system was updated on March 31, 2014 to indicate a due date for completion of the report, which is now 3 business days prior to The County due date. This buffer allows for review of the report, time to print the report and meet with the resident within the report deadline. This tracking system is maintained by the Administrative Assistant. The Director of Treatment Services monitors this process.

#24 Did the treatment team develop timely, comprehensive, updated Needs & Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

In a review of Needs & Service Plans, The County found that one Updated Needs and Service Plan was missing the documentation of a county worker contact for the month of January 2014.

In order to ensure county worker contact occurs, the following system has been put into place:

Therapists and Case Managers will maintain regular contact, at minimum once a month, with county workers assigned to caseload.

In order to ensure documentation of contact with county workers on all Needs and Service Plan, Case Managers and Therapists will maintain thorough records of contact logs, including contact with family and county workers. This information will be input into the Needs and Service Plan in the contact section.
Director of Treatment Services will review all Needs and Service Plans to ensure county workers have been contacted and those contacts have been documented.

#40 Do children report being treating with respect and dignity (WELL-BEING)

On January 28, 2014, three of the residents reported during an interview with The County that they did not feel that staff treated them with respect (yelled at by staff or that staff made sarcastic comments). The residents did not want to identify the names of the staff that were being disrespectful.

On August 19th, 2013, Community Care Licensing notified Aviva's residential program of a finding that staff were violating personal rights: staff must be respectful of residents in care. As a result of this CCL finding, the following was developed:

The staff member identified in the citation was reprimanded and went through Pro-ACT training, specifically focusing on crisis de-escalation, effective communications and interventions with residents. This staff member also met with her supervisor once a week for 30 days during which instances of appropriate interactions and interventions were highlighted and encouraged.

The Residential Program Director ensured that trainings on effective interventions and communications with residents was provided to all staff by December 5, 2013.

In order to ensure residents are treated with dignity and respect, there will be periodic trainings for all staff on effective interventions and communications with residents, providing care and supervision, and personal rights. As

previously mentioned, training on providing care and supervision and personal rights was provided to staff on March 27, 2014. The training outline is attached.

#53 Are children always provided with a minimum monetary allowances (SELF-SUFFICIENCY)

In a review of the documentation of the distribution of allowance, The County found that one resident had not received her weekly allowance within the appropriate time frame.

On 1/29/14, the resident whom had not received all of her allowance was immediately provided with the allowance money owed to her. Please see attached receipt. On 1/28/14 & 1/29/14, Residential Supervisors and Accounting staff was provided with clarification from Sonya Noil regarding the County's expectations for resident's weekly allowances.
On 1/28 & 29/14 Sonya Noil informed Residential Supervisors and Accounting staff that children need to receive their allowance within the first week of placement rather than Aviva's practice of waiting until the next scheduled allowance day which might exceed 7 days. Aviva not only immediately gave the one resident her allowance on 1/29/14 but updated our procedures to the new/updated expectation:

All new residents will receive their allowance within the first week of their arrival. All residents will continue to receive their allowance once a week and the distribution of allowance will be cross checked by residential supervisors.

#60 Did appropriate employees sign a criminal background statement in a timely manner (SAFETY)

Did appropriate employees sign a criminal background statement in a timely manner (SAFETY)

Aviva received a Criminal Background Clearance for this employee on December 15, 2006, twenty one days prior to her start date on January 6, 2007. This clearance was received by submitting a transfer form LIC 9182 as the employee had a clearance with another licensed facility prior to her employment at Aviva. She then signed the Criminal Record Statement (LIC 508) on January 10, 2007, four days after her date of hire when it was noted by the Human Resources Assistant that this from had not been signed.

In order to ensure that employees sign a criminal background statement in a timely manner: All direct line residential applicants sign a Criminal Record Statement (LIC 508) when they complete their pre-hire paper work in the Human Resources department prior to completing their Livescan. The Human Resources department will ensure that when an applicant is eligible for a Criminal Background Clearance Transfer (LIC 9182) that the Criminal Background Statement (LIC 508) is signed at the same time the transfer documentation is received from the applicant.

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Vice President Probation, Education & DCFS

Cc: Sonya Noil

Out of Home Care

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