County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
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November 12, 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

GARCES RESIDENTIAL CARE SERVICES GROUP HOME CONTRACT COMPLIANCE REVIEW – CONTRACT NUMBER 07-023-031

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Garces Residential Care Services (the Group Home) in February 2014. The Group Home has one site located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its stated purpose is "to provide services to court dependent developmentally disabled children."

The Group Home has one 6-bed site and is licensed to serve a capacity of six male youth ages 7-18. At the time of review, the Group Home served six placed DCFS youth. The placed children's overall average length of placement was 15 months, and their average age was 16.

SUMMARY

During CAD'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 Group Home was in full compliance with 9 of 10 areas of our Contract compliance review: 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.

CAD noted deficiencies in the area of Licensure/Contract Requirement, related to the vehicle used to transport the children having a broken taillight, a drooping headliner, and was in need of upholstery cleaning. CAD instructed the Group Home supervisory staff to immediately implement proper vehicle maintenance procedures to ensure compliance with Title 22 Regulations.

Attached are the details of our review.

REVIEW OF REPORT

On April 11, 2014, the DCFS CAD Monitor, Patricia Kirkpatrick, held an Exit Conference with David Cuevas, 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. DCFS' CAD will verify that these recommendations have been implemented and Out of Home Care Management Division will provide technical assistance during their next visit to the Group Home.

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

PLB:EM:LTI
DLF:AB:pk

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Carlos Garces, Executive Director, Garces Residential Care Services
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

GARCES RESIDENTIAL CARE SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2243 N. Mountain Avenue
Claremont, CA 91711
License Number: 197803661
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. 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	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 Workers 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 3 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)	Full Compliance (All)

	13. Children Given Opportunities to Participate in 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'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)

GARCES RESIDENTIAL CARE 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 addressed findings noted during the February 2014 review. The purpose of this review was to assess Garces Residential Care Services' (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home 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 placed children were selected for the sample. The Contracts Administration Division (CAD) 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, one sampled child was prescribed psychotropic medication. His case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed all Group Home 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

CAD found the following area out of compliance.

Licensure/Contract Requirements

- The Group Home's vehicle in which children are transported had a broken taillight and headlining that was hanging loose. The Group Home Administrator had the broken taillight and the headlining replaced, and submitted photographs of the repairs. CAD verified the repairs during a follow-up visit on March 14, 2014.

Recommendation

The Group Home's management shall ensure that:

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

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD's) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated September 25, 2013, identified six recommendations.

Results

Based on CAD's follow-up, the Group Home fully implemented 5 of the 6 recommendations:

- Timely submittal of all SIRs
- Maintain the exterior of the home and keep it free from potential safety hazards
- Ensure the Group Home common areas are well maintained
- Group Home's plan to ensure the Children's bedrooms are well maintained
- Provide sufficient educational resources available for children's use

The Group Home did not implement one recommendation for which they were to ensure that:

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

The Group Home Administrator stated that the Group Home is in the process of determining a timeline for purchasing a replacement vehicle to transport the children. In the meantime, the Group Home Administrator, David Cuevas, will conduct weekly vehicle inspections to ensure that the vehicle is clean and in good repair. If Mr. Cuevas notes any area in the exterior or interior of the vehicle is in need of repairs or cleaning, the vehicle will be repaired and/or cleaned within three business days. If any possible safety hazard is noted on the vehicle during Mr. Cuevas' weekly inspection, the Group Home will immediately stop using the vehicle to transport the children until the vehicle is repaired.

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.

Bright Horizon Group Home

2243N. Mountain C.A. 91711

County of Los Angeles
Department of Children and Family Services
425 Shatto Place, Los Ángeles, California 90020
Attn: Patricia Kirkpatrick
Contract Compliance, Children's Services Administrator I
Contract Services Bureau, Contracts Administration Division

May 18, 2014

RE: CAP Addendum

GRCS is providing Contracts Administration Division (CAD) with a Corrective Action Plan (CAP) Addendum as requested regarding the findings revealed during the monitoring of our facility.

I. Facility and Environment
Findings: Facility Vehicle in need of cosmetic repairs and maintenance.

The following items have been repaired, installed or provided for facility vehicle.

- (1) New headlining was replaced on 2001 Chevrolet Suburban.
- (2) Tire rotation and schedule oil change was done.
- (3) Cracked rear left taillight was purchased and replace at shop.
- (4) AC was serviced and Freon refilled.

CAP:

- Group Home assigned (CAD) monitor was contacted and a copy of the most current repairs and services for vehicle was provided pictures were emailed as well.
- Administrator will conduct weekly vehicle inspections to ensure that everything is operational and any further maintenance will be scheduled.
- New daily log book will be updated that includes section were staff can report and document vehicle concerns.
- GRCS is in the process of reviewing finances in order to determine a timeline for purchasing a replacement vehicle in the near future.

Respectfully,

David Cuevas