County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

FESIA A. DAVENPORT
Chief Deputy Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

November 17, 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

CASA EDITHA FOUNDATION, INC., d.b.a. AVA LYN'S 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 Casa Editha Foundation, Inc., d.b.a. Ava Lyn's Group Home (the Group Home) in August 2013. 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 purpose is "to enable these children to increase their independent adaptive skills and decrease their maladaptive behaviors in order to gain skills necessary for successful adult adjustment."

The Group Home has one 6-bed site and is licensed to serve a capacity of six girls and boys, ages 7 through 21 (Non-Minor Dependents with medical conditions). At the time of review, the Group Home served three placed DCFS children and one child from San Bernardino County. The children at the Group Home ranged from mild to profoundly developmentally delay with communication limitations. The placed children's overall average length of placement was 46 months, and their average age was 14.

SUMMARY

During OHCMD's review, one child was interviewed and two children were observed. The interviewed child generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in her environment and treated with respect and dignity. OHCMD observed that the children appeared well cared for and comfortable in their environment.

The Group Home was in full compliance with 7 of 10 applicable areas of our Contract compliance review: Facility and Environment; Maintenance of Required Documentation and Service Delivery; Educational and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Psychotropic Medication was not applicable. Although at the time of the review, one placed youth was prescribed psychotropic medication, he was a Non-Minor Dependent and did not require a Psychotropic Medication Authorization.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to personal monetary allowance logs not always itemizing purchases made for the children and, Community Care Licensing (CCL) cited the Group Home for deficiencies related to Food Services and Buildings and Grounds; and Personnel Records, related to one staff not having had a timely health examination and tuberculosis test within the timeframe required under Title 22 Regulations, and another staff had not completed the required annual training hours.

Attached are the details of our review.

REVIEW OF REPORT

On August 29, 2013, the DCFS OHCMD Monitor, Donald Luther, held an Exit Conference with the Group Home representatives, Luis Araullo, Administrator and Stephen Goodman, Group Home Social Worker. The Group Home representatives: were in agreement 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 conducted a visit to the Group Home on May 20, 2014 to provide technical assistance to assist the FFA with the implementation of their CAP. CAD will verify that these recommendations have been implemented during the 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:dl

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
Edith Avanzado, Executive Director, Casa Editha Foundation
Lenora Scott, Regional Manager, Community Care Licensing
Regional Manager, Community Care Licensing

CASA EDITHA FOUNDATION, INC., d.b.a. AVA LYN'S GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1756 North Hill Avenue
Pasadena, CA 91104
License # 191222785
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: August 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Provided Children's Transportation Needs 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Improvement Needed
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 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	Full Compliance (ALL)

	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/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	Not Applicable (N/A)
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 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	Full Compliance (ALL)

	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)	
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. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed

CASA EDITHA FOUNDATION, INC., d.b.a. AVA LYN'S 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 August 2013 review. The purpose of this review was to assess Casa Editha Foundation, Inc., d.b.a. Ava Lyn's 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, three Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed one child and observed two non-verbal children, 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 placed youth was prescribed psychotropic medication; however, he was a Non-Minor Dependent and did not require a Psychotropic Medication Authorization. Therefore, Psychotropic Medication was not applicable.

OHCMD reviewed three 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 two areas out of compliance.

Licensure/Contract Requirements

- Personal monetary allowance logs were not comprehensive. Although the amount of each purchase was documented, the allowance logs did not always list the items purchased, and receipts for the purchases were not available. During the Exit Conference, the Group Home Administrator reported that he now itemizes each purchase on the allowance logs.

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during an annual visit on October 16, 2012. The Group Home was cited for a Food Service violation, as there was an insufficient supply of non-perishable foods. The Group Home was also cited for a Building and Grounds violation, as the Group Home's backyard had broken glass, older parked cars, and debris that presented a hazard to the children. A Plan of Correction was submitted to CCL on November 7, 2012. The Group Home purchased a sufficient amount of non-perishable foods. In addition, the backyard was cleared of all debris, and a fence was erected to prevent children's access to the parked cars. CCL cleared the citations on April 9, 2013.

During the Exit Conference, the Group Home Administrator stated that the Group Home will ensure that the Group Home will always have a sufficient amount of perishable and non-perishable foods and will remain free from potential safety hazards. Any needed repairs will be completed immediately.

Recommendations

The Group Home's management shall ensure that:

1. The Group Home maintains comprehensive monetary allowance logs and receipts.

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

Personnel Records

- One Group Home staff's personnel file did not include documentation of the employee having completed a health screening or tuberculosis (TB) clearance within the timeframe required in the Title 22 Regulations. The staff was hired on March 10, 2010; documentation in his personnel file included a health screening and a TB clearance that had been completed on March 17, 2006, and did not meet the Title 22 Regulations requirement of completion within one year prior to or within seven days after the employee's date of hire. The staff successfully completed an updated health screening and TB test on September 14, 2013. The Group Home submitted the results to OHCMD and placed a copy in the staff's personnel file.

- One staff member's personnel file did not have documentation of completing the required 20 hours of annual training. The Group Home Administrator submitted documentation to OHCMD that the staff has completed 5 hours of the required 20 annual hours (2.5 hours on August 29, 2013 and 2.5 hours on September 23, 2013) and will continue to participate in trainings to satisfy the requirement by the staff's anniversary date of November 5, 2013.

During the Exit Conference, the Group Home Administrator stated that the Group Home has developed a check list to ensure staff complete all required training and documentation of required training hours is maintained. This information will be maintained by the Group Home Administrator and will be reviewed monthly to ensure staff completes the required amount of required annual training hours.

Recommendations

The Group Home's management shall ensure that:

3. All staff, upon hire, has a timely health screening and TB clearances in compliance with the timeframes of Title 22 Regulations, and copies are maintained in the employee's personnel file.

4. All staff completes the required annual training.

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

The OHCMD's last compliance report dated December 15, 2012, identified five recommendations.

Results

Based on our follow-up, the Group Home fully implemented 4 of 5 recommendations for which they were to ensure that:

- Efforts are made and documented to provide mentors for children who do not have important relationships in their lives,
- All children receive timely dental examinations within the first 30 days of placement or within one year of the last annual examination,
- All children's follow-up examinations are completed in a timely manner, and
- Full implementation of the outstanding recommendations from the OHCMD's 2011-2012 and 2012-2013 monitoring reports regarding obtaining mentors for children who do not have important relationships and children receive timely initial dental examinations.

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

- Full implementation of the outstanding recommendation from the OHCMD's 2012-2013 monitoring report regarding ensuring all new staff members receiving timely initial health screenings/TB clearances.

Recommendation

The Group Home's management shall ensure that:

5. The outstanding recommendations from the 2012-2013 monitoring report dated December 15, 2012, which is noted in this report as Recommendation 3, is fully implemented.

At the Exit Conference, the Group Home Administrator expressed his desire to remain in compliance with all Title 22 Regulations and Contract requirements, including timeframes for newly hired employees to have a timely health screening and TB clearance. The sampled staff were hired prior to the previous 2012-2013 monitoring report. The Group Home Administrator will review

all documentation to ensure that previously completed health screenings and TB clearances are updated if necessary, and that any new hired staff will be in compliance with Title 22 Regulations.

OHCMD conducted a visit to the Group Home on May 20, 2014 to provide technical assistance to assist the FFA with the implementation of their CAP. CAD will verify that these recommendations have been implemented during the next monitoring review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER (A-C)

The A-C conducted a fiscal review of the Group Home's fiscal operations from January 1, 2010 to December 31, 2010. The fiscal report, dated July 10, 2012, states the Group Home had $15,331 in unallowable expenditures and $4,885 in unsupported/inadequately supported expenditures, totaling $20,216.

OHCMD contacted DCFS Fiscal section on November 7, 2014 and was informed that the Group Home owes $9,216.00 and is current on their repayment.

Ava-Lyn's Group Home
1756 North Hill Avenue
Pasadena, CA 91104
PHONE: (626) 794-3916
FAX: (626) 696-3926

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

9/26/13

Dear Ms. Bolanos-Gonzalez;

Attached please find the CAP (Corrective Action Plan) for Ava-Lyn's Group Home in response to the August 2013 monitoring review.

Sincerely,

Luis Araullo
Administrator

Stephen R. Goodman, M.S.W.
Facility Social Worker

I. Licensure/Contract Requirements

7) Are appropriate and comprehensive monetary and clothing allowance logs maintained?

The children's personal allowance logs did not always document what the purchases were, only the allowance amount spent.

CAP: Effective immediately, all children's logs will document what the purchases were for, the amount spent, and will include receipts for the purchases.

Person responsible: Group Home Administrator

9) Is the Group Home free of any substantiated CCL complaints on safety and/or physical plant deficiencies since the last review?

a. On 10/16/12 CCL cited the Group Home for a Food Service violation for lack of perishable foods in supply. A Plan of Correction was submitted to CCL including pictures showing a sufficient amount of non-perishable foods. The citation was cleared on 4/9/13.

b. On 10/16/12 CCL cited the Group Home for building and Grounds violation for broken glass in the backyard, older parked cars and debris that presented a hazard to the children. A Plan of Correction was submitted to CCL, and the backyard was cleared of all glass and debris and a fence was erected to prevent children's access to the parked car. The citation was cleared 4/9/13.

CAP: Quantity of perishable and non-perishable food items are now checked and monitored daily and replaced as needed to ensure always having a sufficient supply. The Group Home Administrator and staff perform daily checks of the inside and outside areas of the buildings and grounds to ensure that the areas clean, in good repair, and free of any possible hazards.

The Group Home continues to strive to ensure compliance with all Title 22 Regulations and the requirements of the contract with the County of Los Angeles.

Person responsible: Group Home Administrator

X. Personnel Records

62) Have employees received timely health screenings/TB clearance?

One staff member did not have documentation of a timely health screening or TB clearance in his personnel file that was in compliance with Title 22 Regulations.

CAP: The employee received an updated physical examination and TB clearance on 9/14/13. All new hired staff will have a completed health screening and TB test within one year prior to hiring or within seven days of hire. The Group Home Administrator will review all personnel case files and will ensure that any previously hired staff not having documentation of compliance with the Title 22 Regulation requirement will immediately complete an updated physical examination and TB clearance.

Person responsible: Group Home Administrator

65) Have appropriate employees received all required training?

One staff lacked the 20 hours of required annual training.

CAP: The employee in question is currently receiving 2½ hours a month of in-service training in addition to yearly Therapeutic Crisis Intervention training. In addition, the employee will take additional trainings to complete 20 hours of annual training by his anniversary date of November 5, 2013, and submit documentation of the training to OHCMD. All direct care employees will receive a minimum of 20 hours a year of required training.

Person responsible: Group Home Administrator

The Group Home Administrator will ensure continued compliance of the Corrective Action Plan.

Sincerely,

Luis Araullo
Administrator

Stephen R. Goodman, M.S.W.
Facility Social Worker