County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 25, 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

WEST COVINA GROUP CORPORATION – GROUP HOME CONTRACT NUMBER 07-023-088 COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contract Administration Division (CAD) conducted a review at the West Covina Group Corporation (the Group Home) in May 2014. The Group Home has one site located in San Bernardino County and provides services to DCFS and Probation foster youth, as well as children from other counties. According to the Group Home's program statement, its stated purpose is "to help youths develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society."

The Group Home has a 6-bed site and is licensed to serve a capacity of six boys, ages 11 through 17. At the time of review, the Group Home served four Los Angeles County DCFS children, and one San Bernardino placed child. The placed youth's overall average length of placement was six months, and the average age was 16.

SUMMARY

During CAD's review, the interviewed children generally reported: feeling safe with staff at the Group Home; having been provided with adequate care and appropriate services; and being comfortable in their environment.

The Group Home was in full compliance with 6 of 10 areas of our Contract Compliance Review: Facility and Environment; Health and Medical Needs; Psychotropic Medications; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to SIR's being submitted/cross-reported late and a citation by Community Care Licensing Division (CCLD) for inappropriate supervision; Maintenance of Required Documentation and Service Delivery,

related to a Needs and Services Plan without the Children Social Worker's (CSW) signature or documentation of the CSW being contacted for signature, no documentation for one youth receiving or being referred for a mental health assessment/evaluation and three files did not contain documentation that the County CSW was contacted monthly by the Group Home staff; Education and Workforce Readiness, related to two youth's with several unexcused absences, one youth's grades has been declining and current reports reflect a GPA of 1.33; and Personnel Records, related to staff not meeting education/experience requirements, untimely health screenings and TB clearances, lack of signed copies of the Group Home policies and procedures and lack of completion of required training.

REVIEW OF REPORT

On June 12, 2014, DCFS CAD Contracts Compliance Administrator, Matthew St. John, held an Exit Conference with the Group Home representatives, Gill Hardip, Executive Director and Tonya Alexander, Group Home Administrator. Also present were Out-of-Home Care Management Division (OHCMD) Group Home Monitor, Kirk Barrow, CAD Contract Compliance Administrator, Christopher Jarosz, and CAD Children Services Administrator II, Amy Kim. The Group Home's 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 the Corrective Action Plan (CAP).

A copy of this report has been sent to the Auditor-Controller and CCLD.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. CAD will verify that these recommendations have been implemented during our next compliance monitoring review. OHCMD will provide technical assistance prior to the next contract compliance review.

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

PLB:EM:LTI
DF:AK:ms

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
Hardip Gil, Executive Director, West Covina Group Home
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

WEST COVINA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

4041 Carroll Court
Chino, CA 91710
License # 360911241
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: MAY 2014**
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. 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	
	2. Common Areas Maintained	Full Compliance (All)
	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. Improvement Needed
	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. Improvement Needed
	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. Full Compliance

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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance
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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Improvement Needed

WEST COVINA 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 May 2014 review. The purpose of this review was to assess West Covina 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 Los Angeles County placed DCFS youth were selected for the sample. The Contract Administration Division (CAD) interviewed each youth and reviewed their case files to assess the care and services they received. Additionally, three discharged youth'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. The case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed 22 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 areas out of compliance.

Licensure/Contract Requirements

- A review of Serious Incident Reports (SIRs) revealed that the Group Home did not consistently follow SIR reporting guidelines by failing to timely cross-report two SIRs into the iTrack system.
- Community Care Licensing Division (CCLD) cited the Group Home on November 14, 2013, due to the lack of supervision, resulting in three youths that were able to smoke marijuana in the back yard, with one youth hitting another child in the stomach during the same incident.

As a result of the citation, two staff were suspended for one week. One of the two staff was a new hire on probation and had their probation extended 60 days. In addition, staff received training on proper supervision of children.

During the exit conference on June 12, 2014, the agency acknowledged the findings. The Corrective Action Plan reflects that the agency will follow the SIR guidelines and procedures. SIRs will be completed by the Facility Manager, reviewed and finalized by the Administrator. Further, the two staff that were involved in the CCLD finding are no longer employed by the agency. The agency distributed a form labeled Staff Supervision Policy to their staff.

Recommendations

The Group Home management shall ensure that:

1. SIR's are appropriately documented, cross-reported, and submitted timely to all required parties via iTrack.

2. The site maintains compliance with Title 22 Regulations and free of CCL citations.

Maintenance of Required Documentation and Service Delivery

- One Needs and Service Plan (NSP) did not have the Children Social Worker's (CSW) signature, nor was there any documentation of the CSW being contacted for their signature.
- There was no documentation of one youth either receiving or being referred for a mental health assessment/evaluation.
- Three files did not have documentation that the group home staff/social worker is making contact with the County CSW on a monthly basis.

During the exit conference on June 12, 2014, the agency acknowledged the findings. The CAP reflects that the agency manager will conduct a meeting with the contracted therapist to address the NSP requirements, to stress the need for NSPs to be comprehensive. Further, NSPs will include contact with each resident social worker and efforts to obtain all appropriate signatures timely.

Recommendations

The Group Home management shall ensure that:

3. County CSW's authorization is obtained prior to the implementation of NSPs.

4. Recommended assessments/evaluations are implemented.

5. Documentation of monthly contact with the County CSW is completed.

Education and Workforce Readiness

- Two children's records reflecting several unexcused absences, which resulted in a letter being sent to the Group Home.
- One child's grades were declining and current reports reflected a GPA of 1.33. Records did not indicate how staff is working on correcting the problem.

During the exit conference on June 12, 2014, the agency acknowledged the findings. The CAP reflects the agency request school records every two weeks. The agency staff will communicate with the school regarding resident absences. An incident report will be completed for every call to the school. The Facility Manager will attend school meetings. Residents will be offered tutoring with the school and outside tutoring to help improve school performance.

Recommendations

The Group Home management shall ensure that:

6. All school age children attend school as required and education goals are facilitated.

7. All school age children are provided the appropriate education services to increase academic performance.

Personnel Records

- One personnel file was missing the ProACT certificate and two staff were missing updated CPR and First Aid certificates.
- Two staff's health screenings were late (after seven days of employment) and two staff's TB tests were late (after seven days of employment).
- One staff did not have a signed copy of the Group Home's policies and procedures in their file.
- One staff was missing documented, completed training hours.

During the exit on June 10, 2014, the agency acknowledged the findings. The CAP reflects that no staff will be hired before the health screen and TB tests are completed. Staff will be taken off schedule for missing or expired CPR/First Aid. The agency Administrator will be responsible for the review and completion of the tasks.

Recommendations

All direct care staff attend the required 20 hours of ongoing training.

8. All staff meet education/experience requirements.

9. All appropriate staff have timely health screenings and TB clearances.

10. All staff have signed copies of Group Home policies and procedures in their file.

11. All staff complete required training.

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

The OHCMD's last compliance report, dated August 29, 2013, identified five recommendations.

Results

Based on our review, the Group Home fully implemented 3 of 5 recommendations for which they were to ensure that:

- Staff receives NSP training to ensure that comprehensive initial NSPs are developed.
- Children are informed about their medication and that there is documentation signed by age-appropriate children as verification that they have been informed about their medication, its anticipated benefits, and side effects.
- All children are discharged according to their permanency plan.

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

- SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via iTrack.
- The site is in compliance with Title 22 Regulations and free from CCL citations.

Recommendation

The Group Home's management shall ensure that:

12. The outstanding recommendations from the 2012-2013 monitoring report dated November 27, 2013, which are noted in this report as recommendations 1 and 2, are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract Requirements. The Group Home will consult with OHCMD and CAD for additional support and technical assistance. CAD will verify implementation of recommendations during the next compliance monitoring review and OHCMD will provide ongoing technical assistance.

MOST RECENT REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

WEST COVINA GROUP CORP.

4041 CARROLL COURT
CHINO, CA 91710
(626) 221-6406
FACILITY #36091 0281

CORRECTIVE ACTION PLAN (CAP)

1. LICENSURE/CONTRACT REQUIREMENTS:

4. Are Special Incident Reports (SIRs) appropriately documented and cross-reported timely? (SAFETY)

CAP: West Covina Group Home (WCGH) will take the following steps so that all SIR's are reported to the appropriate agency:

- The Facility Manager on the shift will complete the SIR.
- The Administrator will review the SIR.
- The Administrator will finalize the SIR and send it to the appropriate agency.

WCGH will follow the incident reporting guidelines and procedures.

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)

CAP: WCGH will follow the attached Staff Supervision policy to meet the resident safety and /or physical plant requirements. Refer to ATTACHMENT #1.

Both employees who were involved in the incident occurred on November 14, 2013 are no longer with the WCGH.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY:

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)

21. Are county workers contacted monthly by the GH and are the contacts appropriately documented in the case file? (WELL-BEING)

CAP: WCGC Management will conduct a meeting with our contracted therapist to address NSP requirements. The comprehensive factor will be stressed. All future NSPs will include the following:

- The Therapist and Administrator will make contact with each resident social work. The conversation will be follow-up with an email.
- Therapist completes needs and service plan (NSP) and emailed to the Administrator for review.
- After administrator review, a copy of NSP will be given to resident for review and signature.
- The Facility Manger email this copy of NSP to the social worker for review and signature. After one week if the social worker doesn't respond, he/she will be sent a second email. If the social worker doesn't respond with the second week. A staff will be directed to call the social worker to schedule an appointment to go to he/she office for signatures.
- After all signatures the NSP will be filled in the residents file.

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20. Are recommendations on required and/or recommended assessments/evaluations implemented (psychological, psychiatric, medical evaluations/assessments? (WELL-BEING)

CAP: Administrator will be responsible that the resident psychological or psychiatric assessment evaluation completed within 30 days of intake and the report is filed.

IV. EDUCATION AND WORKFORCE READINESS:

26. Does the agency ensure the child attend school as required and facilitate in meeting the child's educational needs and goals (e.g. IEP conference, tutoring, parent/teacher conference, homework, etc.) If applicable for children placed over 90 days? (WELL-BEING)

CAP:

- WCGH process is to request attendance records every two weeks.
- WCGH communicate with the school and they also call with messages if a resident is absent from there scheduled class.
- WCGH writes an incident report on every call.
- Once the school notify the WCGH about the child educational meetings, that date is documented on the weekly calendar.
- The Faculty Manager will attend the meeting.
- WCGH obtained meeting documents and write an incident report as proof of all educational meetings.
- Resident will be offered tutoring with the school and outside tutoring and WCGH will document when and if the resident except the extra help.

28. Based on the services provided by the facility, had the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)' (WELL BEING)

CAP:

- WCGH will use their resources and school tutoring help to improve child academic performance.
- The facility manager will document all participation of education resources in resident folder.
- WCGH staff will also meet with the counselors to discuss the resident's educational goals and check to see if the resident is on track with moving to the next grade.

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CORRECTIVE ACTION PLAN (PERSONNEL RECORDS)

1. **HEALTH SCREEN PAST 7 DAYS AFTER HIRE:**

   CAP: West Covina Group Home (WCGH) will take the following steps for health screen
   and TB test:

   - No staff will be hired before they complete health screen and TB test.
   - The Administrator will review the new staff file to make sure all the documents are complete.

2. **MISSING/EXPIRED CPR/FIRST AID:**

   CAP: WCGH will take the following steps for CPR/First Aid:

   - Staff will be taken off the schedule for missing or expired CPR/First Aid document.
   - The Administrator will be responsible for this task.

3. **SOCIAL WORKER, SUSAN PENNINGTON:**

   CAP:

   - Social Worker file is complete.
   - The Administrator will be responsible for this task.

Note: All Susan's documents were emailed to Mr. Jarosz. Attached is updated form LIS 536.

Hardip Gill
Executive Director