County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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December 10, 2015

To: Supervisor Hilda L. Solis, Chair
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

MARY'S SHELTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Mary's Shelter Group Home (the Group Home) in December 2014. The Group Home has two sites located in Orange County and provides services to DCFS placed children and youth, as well as children from other counties. According to the Group Home's program statement, its purpose is, "to provide services to pregnant teenagers."

The Group Home has one 6-bed site and one 12-bed site and is licensed to serve a capacity of 18 females, ages 12 through 18, infants 0-24 months.

At the time of the review, the Group Home served 8 placed DCFS children. The placed children's overall average length of placement was 11 months, and their average age was 17.

SUMMARY

During CAD's contract compliance 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 treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 areas of our contract compliance review: Educational and Workforce Readiness, Health and Medical Needs, Psychotropic Medication, Personal Rights and Social/Emotional Well-Being, Personal Needs/Survival and Economic Well-Being and Discharged Children.

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to Special Incident Reports not cross being reported to the appropriate parties timely; Facility and Environment, related to bathtubs not being properly maintained; Maintenance of Required Documentation and Service Delivery, related to County Children's Social Workers (CSWs) not being contacted monthly

by the Group Home; and Personnel Records, related to one employee who did not complete a criminal background statement in a timely manner and one employee who did not receive a timely health screening.

Attached are the details of our review.

REVIEW OF REPORT

On January 7, 2015, Lorena Moya-Rivas, DCFS CAD, held an Exit Conference with the Group Home representatives: Barbara Nelson, Executive Director; Clete Menke, Director of Programs; along with Jui-Ling Ho, Out-of-Home Care Management Division (OHCMD). 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 Community Care Licensing Division.

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 monitoring review. The OHCMD will provide on-going technical assistance prior to the next review.

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

PLB:EM
LTI:df

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Barbara Nelson, Executive Director, Mary's Shelter
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

MARY'S SHELTER GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License # 306000793
Rate Classification Level: 12

License # 300613291
Rate Classification Level: 12

	Contract Compliance Review	Findings: December 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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Worker's Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial	9. Full Compliance

	NSPs with Child's Participation 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/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 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in	Full Compliance (All)

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

MARY'S SHELTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point-in-time" monitoring visit. This compliance report addressed findings noted during the December 2014 review. The purpose of this review was to assess Mary's Shelter Group Home's (the Group Home's) compliance with its County contract and with State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The review covered the following 10 areas:

- License/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) placed children were selected. Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the services they received. One child declined to be interviewed due to personal issues she was experiencing at the time of the review. 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 child was prescribed psychotropic medication. The case file was reviewed to assess for timeliness of Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five staff's 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

CAD found the following four areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely or appropriately cross-reported to all parties.

Seven SIRs were reviewed and five were not entered into the I-Track database timely. One was reported two days late and details of the incident were not included in the SIR entered in the I-Track database. Two SIRs were not appropriately cross-reported to Community Care Licensing and one was not cross-reported to the Out-of-Home Care Management Division (OHCMD).

OHCMD addressed the Group Home's SIR reporting deficiencies on February 27, 2014 and March 18, 2014. In response to those letters, the Group Home developed a new protocol, which was subsequently implemented. On March 14, 2014, the Group Home confirmed that all SIRs would be reviewed by the Group Home program director prior to submission and the program director will ensure that all cross-reporting parties are included on the SIR submission to the I-Track database. In addition, all SIRs will be completed by 12:00 noon on the following day of the incident, allowing the program director time to review each SIR individually and seek clarification or give further direction to the reporting staff member.

On April 20, 2015, CAD conducted a follow-up visit to the Group Home and reviewed several SIRs to confirm the Group Home's compliance with the reporting requirements. CAD found the SIRs to be reported timely and cross reported to all the appropriate parties.

Recommendation:

The Group Home's management shall ensure that:

1. All SIRs are timely submitted into I-Track database and appropriately cross reported.

Facility and Environment

- Common areas were not well maintained.

Two bathtubs located in site #2 (Transitional House) were peeling and spots of raw material were exposed. In addition, the kitchen cabinet safety latches were worn down and needed to be replaced.

During the Exit Conference, the Group Home representatives stated the Group Home would make the repairs to both bathtubs in site #2 and replace the kitchen cabinet safety latches. On December 15, 2014, CAD confirmed that the repairs were made to the bathtubs and that the kitchen cabinet safety latches were replaced.

Recommendation:

The Group Home's management shall ensure that:

2. Common areas are well maintained.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker's (CSW) monthly contacts were not documented.

One child had a missing Group Home contact with a CSW.

The social workers now utilize a CSW log, which documents calls/visits between agency staff and County CSWs for each child. On April 20, 2015, CAD confirmed that the Group Home was utilizing a CSW contact log to document monthly contacts with County CSWs.

Recommendation:

The Group Home's management shall ensure that:

3. County CSW's monthly contacts are documented.

Personnel Records

- Criminal Background Statement was not signed timely.

One employee did not complete the criminal background statement and not all the questions were answered on the form. The Group Home representatives stated they would have the employee complete the criminal background statement form. The employee completed the form on January 28, 2015 and a copy was submitted to CAD on February 2, 2015. The Group Home's bookkeeper has been assigned the task of ensuring that each employee completes a criminal record statement at the time of hire.

- Employee Health Screening was not timely.

One employee did not have a health screening completed in a timely manner. The Group Home representatives stated that the health screening was not a requirement at the time the employee was hired. The Group Home representatives stated that they would have the employee complete a health screening. The employee received a health screening on December 11, 2014. A copy of the health screening was submitted to CAD on February 2, 2015. The Group Home's bookkeeper has been assigned the task of ensuring that each employee has completed a health screening at the time of hire.

Recommendation:

The Group Home's management shall ensure that:

4. Criminal background statements are signed timely.

5. Employees receive timely health screenings/TB clearances.

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

The OHCMD's last compliance report dated January 29, 2014, identified six recommendations.

Results

Based on the results of the current review, the Group Home fully implemented 4 of the prior 6 recommendations for which the Group Home was to ensure:

- The Group Home will maintain vehicles in which children are transported.

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

- All employees who transport children possess a valid California Driver's License.

- All employees receive the required training.

The Group Home did not implement two previous recommendations for which the Group Home was to ensure:

- SIRs are timely and cross-reported.

- Common areas are well-maintained.

Recommendation:

The Group Home management shall ensure that:

6. The outstanding recommendations from the 2013-2014 monitoring report dated January 29, 2014, which are noted in this report as recommendations 1 and 2 are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and contract requirements. A follow-up visit was conducted on April 20, 2015 by CAD and the Group Home had implemented all recommendations noted in this report.

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

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

February 2, 2015

Lorena Moya-Rivas
Children's Services Administrator I
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: CORRECTIVE ACTION PLAN

Dear Ms. Moya-Rivas,

This Corrective Action Plan is in response to the audit conducted at Mary's Shelter, the findings of which were documented in the Group Home Monitoring Review Field Exit Summary.

1. Licensure/Contract Requirements

   The review indicated that a number of SIR's were filed late or were not cross-reported to CCL.

   Plan of Correction

   The agency has implemented a new practice that requires SIR's to be submitted to the Program Director for review by 12:00 noon on the day they are due for submission online. By doing so, there will be adequate time for the Program Director to review the SIR's for accuracy and completeness prior to them being submitted to all relevant parties in a timely manner. In addition, Mary's Shelter's in-house memo form now has boxes to be checked by house staff if the memo pertains to activities that would require an SIR. This will alert social work staff to the need to complete an SIR that day.

   Adherence to the above actions related to the timeliness and cross-reporting of SIR's will be the responsibility of the Program Director.

2. Facility and Environment

   The report noted that both bathtubs in the Transition House were peeling and that spots of raw material could be seen. In addition, about 1/3 of the child safety locks in the kitchen were not working (worn out from use).

   Plan of Correction

   A repair kit for the bathtubs was purchased on 01/09/2015. A copy of the receipt for that purchase is included as part of this Plan of Correction. The kit was used to repair the chipped sections of the bathtubs on 01/10/2015. To ensure safety in the bathtubs, new bathmats were also purchased and are now in the bathtubs. The agency's Facilities Coordinator will inspect all agency bathtubs as part of her monthly safety inspection.

   Additional safety latches for kitchen cabinets were purchased on 01/08/2015. A copy of the receipt for that purchase is included as part of this Plan of Correction. The latches were installed on 01/10/2015.

The agency's Facilities Coordinator will inspect cabinet latches as part of her monthly safety inspection and have them repaired/replaced as necessary.

3. Maintenance of Required Documentation and Service Delivery

The report indicates that child #2 had a missing contact with the CSW for the month of November 2013.

Plan of Correction

In response to this finding agency social workers now utilize a "CSW Log." which documents calls/visits between agency staff and the assigned CSW for each resident. A copy of a blank CSW Log is included as part of this Plan of Correction.

4. Personnel Records

Employee #1 did not complete the criminal statement form (all questions were not answered).

Plan of Correction

The staff member in question completed the Criminal Record Statement on 01/28/2015. A copy of that form is included as part of this Corrective Action Plan. The agency's bookkeeper has been assigned the task of ensuring that, at the time of hire, each employee has a completed Criminal Record Statement in his/her personnel file.

5. Personnel Records

Employee #5 did not have a health screening.

Plan of Correction

The staff member in question received a physical on 12/11/2014. A copy of the Physical Status Report that was completed as part of that physical is included as part of this Corrective Action Plan. The agency's bookkeeper has been assigned the task of ensuring that, at the time of hire, each employee has a completed health screening in his/her personnel file.

Thank you for your department's review of Mary's Shelter. If you have any questions about this Plan of Correction, I am most easily reached at (714) 721-0501.

Sincerely,

Clete Menke
Program Director
Mary's Shelter
P.O. Box 10433
Santa Ana, CA 92711-0433