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

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Director

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March 2, 2016

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

From: Philip L. Browning
Director

PENNY LANE CENTERS GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Penny Lane Centers Group Home (the Group Home) in April 2015. The Group Home has nine sites located in the Third Supervisorial District and two sites located in the Fifth Supervisorial District, which provide services to the County of Los Angeles DCFS placed children and Probation placed youth. According to the Group Home's Program Statement, its stated purpose is "to provide each child with an individualized treatment or needs and services plan that will address and successfully treat a child's presenting problems and ensure the child's safety, permanency and well-being."

The Group Home maintains a 45-bed site and ten 6-bed site. The Group Home is licensed to serve a capacity of 99 males and females ages 12 through 18. At the time of review, the Group Home served 39 DCFS placed children and 49 Probation placed youth. The placed children's overall average length of placement was four months and their average age was 16.

SUMMARY

During CAD's Contract Compliance 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 8 of 10 areas of CAD's Contract Compliance Review: Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; 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 following areas: Licensure/Contract Requirements, related to two Community Care Licensing (CCL) citations; and Health and Medical Needs, related to one child not receiving an initial dental exam within 30 days of intake.

Attached are the details of CAD's review.

REVIEW OF REPORT

On August 31, 2015, Theodore Howard, DCFS CAD, held an Exit Conference with Group Home representative, Melissa Mercer, Residential Director. DCFS staff included Greta Walters, Out-of-Home Care Management Division. The Group Home representative was in agreement with the review findings and recommendations, was receptive to implementing systemic changes to improve their 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 CAP addressing the recommendations noted in this report. CAD conducted a follow-up visit to the Group Home on September 9, 2015, to verify implementation of the CAP.

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

PLB:EM:LTI:th

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Ivelise Markovits, Founder, and Chief Executive Officer, Penny Lane Centers
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

PENNY LANE CENTERS GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License # 191202002
Rate Classification Level: 12

License # 191202003
Rate Classification: 12

License # 19122188
Rate Classification: 12

License # 191290246
Rate Classification: 12

License # 197605935
Rate Classification: 12

License # 191221975
Rate Classification: 12

License# 191220837
Rate Classification: 12

License # 191220863
Rate Classification: 12

License # 191221387
Rate Classification: 12

License # 198207800
Rate Classification: 12

License # 198207799
Rate Classification: 12

	Contract Compliance Review	**Findings: April 2015**
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. Full Compliance 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	Full Compliance (All)

	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 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	**Education 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 Performance and/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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance
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	Full Compliance (All)

	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 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 the 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)

PENNY LANE CENTERS GROUP HOME
CONTRACT COMPLIANCE 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 April 2015 review. The purpose of this review was to assess Penny Lane Centers Group Home's (the Group Home's) 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,
- Education 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 DCFS placed children and four Probation placed youth were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services 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, 6 of 7 reviewed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed six 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

CAD found the following areas out of compliance:

Facility and Environment

- Community Care Licensing (CCL) citations.

CCL cited the Group Home as a result of deficiencies and findings on January 13, 2015. According to the report dated January 13, 2015, CCL substantiated a personal rights violation concerning an incident in which a staff member did not allow one child to make or receive personal phone calls on December 18, 2014. On January 21, 2015, the Group Home

submitted a Plan of Correction (POC) indicating that they had retrained all staff members in the home in question on that same date concerning the applicable Title 22 regulations. The POC was cleared by CCL on the same day.

CCL cited the Group Home as a result of deficiencies and findings on January 13, 2015. According to the report dated January 13, 2015, CCL substantiated a violation of safeguards for cash resources, personal property and valuables. Specifically, the citation was regarding an incident involving a child's cell phone, which had been taken at the time of enrollment, by staff for safe keeping; however, it was missing. On January 16, 2015, the Group Home submitted a POC verifying that a new cell phone similar to the one that was reported missing, was purchased. The POC was cleared by CCL on the same day.

Recommendation:

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 regulations and free from CCL citations.

Health and Medical Needs

- Initial dental exams were not conducted timely.

For one child, the initial dental exam due by March 26, 2013, did not occur until June 13, 2013. The Group Home representative stated that this was an oversight due to communication problems with the child's last Group Home placement and current staff not following the established Group Home protocols concerning this matter. The Group Home reported that all staff involved were retrained concerning the required follow up protocol in these situations.

Recommendation:

The Group Home's management shall ensure that:

2. Initial dental examinations are conducted timely.

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

The CAD's last compliance report dated July 21, 2015, identified one recommendation.

Results:

Based on the results of this review, the Group Home fully implemented the prior recommendation in which they were to ensure that:

- Adequate perishable and non-perishable foods are maintained.

The Group Home representative expressed their desire to remain in compliance with Title 22 regulations and contract requirements.

On September 9, 2015, CAD conducted a follow-up visit to ensure the implementation of the CAP. During the visit, four children were interviewed to assess the overall safety of the children. The children reported feeling safe and secure in their respective Group Homes. CAD found that the Group Home had implemented the two recommendations noted in this report. CAD will continue to assess implementation of the recommendations during our next review. OHCMD will provide ongoing support and technical assistance prior to the next review.

September 1, 2015

Ted Howard, CSA I
Department of Children and Family Services
Contract Administration Division
3530 Wilshire Blvd. 4th Floor #079
Los Angeles, CA 90010
(213) 351-0203 (phone) / (213) 637-0035 (fax)

Dear Mr. Howard,

The following is Penny Lane's Corrective Action Plan (CAP) following an announced monitoring visit from DCFS on April 6, 2015. The Contract Compliance Monitoring Review visit was conducted by Ted Howard, CSA I.

Needs Improvement: *Well Being*. The Needs and Service Plan for youth J.M. indicated that he did not receive an initial dental exam within 30 days of being placed at Penny Lane. J. M.'s initial dental exam was due by 3/26/13 and did not occur until 6/13/13.

CAP: In March 2013, Penny Lane had just acquired two new group homes from another agency and the dental appointment was not schedule in a timely manner due to an oversight in scheduling. Soon after this occurred a tracking system was put in place to make sure that all clients receive a dental exam within 30 days of placement. The Main Facility Program Director monitors the tracking system and ensures that all clients are scheduled and receive initial dental exams within 30 days of placement.

The following is to clarify the Community Care Licensing Findings noted in the report.

On January 13th, 2015, Community Care Licensing (CCL) substantiated a Safeguards for Cash Resources, Personal Property and Valuables complaint. CCL concluded that a youth's cell phone went missing from the staff office. The house supervisor was the last person in the chain of custody for the child's cell phone. Penny Lane purchased a replacement cell phone for the youth and put in place a sign in and out sheet for residents requesting staff to safeguard their personal items in the staff office. On January 20th, 2015 Penny Lane submitted a Plan of Correction (POC) to CCL.

On January 13th, 2015, Community Care Licensing (CCL) substantiated a Personal Rights complaint. CCL concluded that a staff member disconnected the phone line while in use by the client. Penny Lane provided the house staff re-training on client personal rights and in particular to clients receiving and making personal phone calls. On January 21st, 2015 Penny Lane submitted a Plan of Correction (POC) to CCL.

As always, we appreciate your feedback and take this an opportunity to better our residential program.

Sincerely,

Melissa Mercer, LCSW
Residential Director